



**STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES**

Declaration Pursuant to RCW 43.216.305

Date: _____

Provider Name: _____

Provider ID: _____

1. I _____ declare I am the licensee or the licensee's authorized
(Full Name & Title)
agent and voluntarily make this declaration.

2. Pursuant to RCW 43.216.305(2)(b) I declare:

I intend to continue to operate a licensed child care facility from the date of this declaration until further notice.

or

I intend to cease or stop operating my licensed child care facility on the following date _____ and I will return my license to DCYF. I understand that by discontinuing the operation of my licensed child care facility, I must reapply for a child care license if I decide to provide child care in the future.

3. Pursuant to RCW 43.216.305 I declare, to the best of my knowledge that I am in compliance with all licensing rules.

4. I understand that a person may be subject to penalties under Chapter 9A.72 RCW for making a materially false written statement.

I declare under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

DATED and signed at _____, Washington, on the _____ of _____
(City) (Day) (Month) (Year)

Signature: _____

Address: _____

Print full name: _____

Telephone: _____

Email Address: _____

Please return this form to your licensor at the local DCYF office.