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| C:\Users\eva.freimuth\Downloads\DCYF-Logo-BW (9).jpg | | **Plan to Meet the Experience Qualification**  **for a Child Care Center Director,**  **Assistant Director, or Program Supervisor** | |
| A child care center director, assistant director, or program supervisor who does not currently meet the years of experience qualification pursuant to WAC 110-300-0100 may use this form to outline their plan to meet the requirement and submit it to the local Department of Children, Youth, and Families (DCYF) child care licensing office for approval. | | | |
| Child care center name | | | Provider ID |
| Child care center address City State Zip Code        WA | | | |
| I,       (full name), am seeking approval from DCYF for my plan, as written below, to the meet the following qualification (check one box): | | | |
|  | A **center director** must have two years of experience as a teacher of children in any age group enrolled in the early learning program and at least six months of experience in administration or management, or a department approved plan. WAC 110-300-0100(3)(a)(iii). | | |
|  | An **assistant director** must have two years of experience as a teacher of children in any age group enrolled in the early learning program or two years of experience in administration or management, or a department approved plan. WAC 110-300-0100(3)(b)(iii). | | |
|  | A **program supervisor** must have two years of experience as a teacher of children in any age group enrolled in any early learning program. WAC 110-300-0100(4)(a)(iii). | | |
| **My plan to meet this qualification is to:** *(may include, but is not limited to: applicable past experience, training, or coursework; name of mentor and timeframe for on-site training or mentoring; training or coursework to be completed and anticipated completion dates)* | | | |

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| Signature | Date |
| You may contact me at: Telephone number Email address | |

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| **DCYF Use Only – complete this section and return to the requestor.** |
| This plan has been:  Approved, or  Approved with these conditions:  Disapproved, because |
| DCYF Signature Position Title Date |