|  |  |  |  |
| --- | --- | --- | --- |
| **Notification and Staffing Plan for Absence** | | | |
| **Family Home Early Learning Program:** The licensee must have a written plan for when the licensee will be absent but the program remains open for the care of children. If a family home licensee is absent more than ten consecutive operating days, the licensee must submit a written notification to the department and each child’s parent or guardian at least two business days prior to the planned absence. WAC 110-300-0015(1)  **Center Early Learning Program:** The licensee must have a written plan for when the director, assistant director, and program supervisor will be simultaneously absent but the program remains open for the care of children. If the director, assistant director, and program supervisor are simultaneously absent for more than ten consecutive operating days, an early learning provider must submit a written notification to the department and each child’s parent or guardian at least two business days prior to the planned absence. WAC 110-300-0015(2)  **School-Age Program:** The licensee must have a written plan for when the program director and site director will be simultaneously absent but the program remains open for the care of children. If the program director and site director are simultaneously absent for more than ten consecutive operating days, a school-age provider must submit a written notification to the department and each child’s parent or guardian at least two business days prior to the planned absence.WAC 110-301-0015(1). | | | |
| **NOTIFICATION OF ABSENCE** | | | |
| Provider/Program Name: | Provider ID: | | Phone Number: |
| Name of person(s) who will be absent from the early learning or school-age program for more than 10 consecutive operating days: | | | |
| Dates of Absence: | | | |
| How will the children’s parent or guardian be notified prior to the absence? | | | |
| Emergency contact information (person who should be contacted):  Name of emergency contact       Phone number | | | |
| **DURING THIS ABSENCE, THE STAFFING PLAN BELOW WILL BE IN PLACE FOR STAFF TO FOLLOW:** | | | |
| Name of lead teacher(s) who will be present & in charge during absence: | | | |
| Staff roles, responsibilities and work schedule during absence to ensure child-to-staff ratios are met (attach additional page, if needed): | | | |
| How will staff meet each child’s needs during absence? | | | |
| How have staff been made aware of their responsibility to meet and maintain licensing requirements? | | | |
|  | | | |
| Licensee Signature: | | Date: | |