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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | **Child Care Waiver Request** |
| **Early Learning or School-Age Program Information** |
| Provider Name:       | Provider ID #:       |
| Mailing Address:       City:       State:       Zip Code:       |
| Telephone:       | Email:       |
| Program Type (check all that apply):  [ ]  Family Home Child Care [ ]  Child Care Center [ ]  School-Age Program [ ]  ECEAP [ ]  Early Head Start/Head Start [ ]  Montessori [ ]  Tribal [ ]  Military [ ]  School District [ ]  Other:       |
| **Waiver Request Details (one WAC per form)** |
| This request is for a waiver from child care licensing rule, WAC #:      WAC Description:       |
| Explain, in detail, why you are requesting this waiver. It must be for a specific need of the program or an enrolled child. (Attach additional page, if needed.)      |
| Explain, in detail, how you will ensure the health, welfare and safety of all enrolled children is not jeopardized if this waiver request is approved. (Attach additional page, if needed.)          |
| Requested waiver dates for this WAC:       through       [ ]  No end date**IMPORTANT! A waiver goes into effect only when the early learning or school-age program****receives written notification from DCYF that the request is approved.****DCYF may rescind the waiver at any time.** |
| **Signature of person submitting this request** | **Print name** | **Date** |

Submit to: Your local DCYF child care licensing office.

DCYF will return this request to you with the department’s decision indicated in the space below.

Department-approved waiver request that is not related to any specific child must be posted

 where parents, guardians, and staff can easily see it at the early learning or school-age program.

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| **DCYF Use Only** |
| This waiver (exception) request is: [ ]  Approved [ ]  Disapproved because:       |
| **DCYF Signature Position Title Date**              |