



EMERGENCY
Child Care Waiver/Exception Request for:
COVID-19 (2019 Novel Coronavirus)

Child Care Program: Use this form to submit a request for a waiver/exception from a child care licensing rule due to your local community's impact from or response to COVID-19 (Novel Coronavirus). Department of Children, Youth, and Families ("DCYF" or "the department") will fast-track the review and notification process for these requests.

NOTE: An emergency waiver/exception goes into effect only when the licensee receives a confirmation from DCYF's Senior Child Care Licensing Administrator or his designee. An emergency waiver/exception expires when the emergency circumstances end, or as determined by the department. DCYF may rescind an emergency waiver/exception at any time.

Early Learning Program Information

Provider Name: _____ Provider ID #: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Early Learning Program Type (check all that apply):

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Family Home Child Care | <input type="checkbox"/> Child Care Center | <input type="checkbox"/> School-Age Center | <input type="checkbox"/> ECEAP |
| <input type="checkbox"/> Early Head Start/Head Start | <input type="checkbox"/> Montessori | <input type="checkbox"/> Tribal | <input type="checkbox"/> Military |
| <input type="checkbox"/> School District | <input type="checkbox"/> Other: | | |

Waiver/Exception Request Details (one WAC per form)

This request is for a waiver/exception from child care licensing rule, WAC #:

WAC Description:

Explain, in detail, why you are requesting this emergency waiver/exception. It must be in response to an emergency and 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 if this emergency waiver/exception request is approved. (Attach additional page, if needed.)

Requested waiver/exception dates for this WAC: ____ through ____

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/exception 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 program.

DCYF Use Only

This waiver/exception request has been reviewed by:

Licensing Supervisor _____
Signature

Area Administrator _____
Signature

=====
This waiver (exception) request is: Approved
 Disapproved because:

DCYF Senior Child Care Licensing Administrator or Designee Signature

Date