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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** |