



**Child Care
Waiver (Exception) Request**

Early Learning Program Information															
Provider Name:		Provider ID #:													
Mailing Address:		City:	State: Zip Code:												
Telephone:		Email:													
<p>Early Learning Program Type (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Family Home Child Care</td> <td style="width: 25%;"><input type="checkbox"/> Child Care Center</td> <td style="width: 25%;"><input type="checkbox"/> School-Age Center</td> <td style="width: 25%;"><input type="checkbox"/> ECEAP</td> </tr> <tr> <td><input type="checkbox"/> Early Head Start/Head Start</td> <td><input type="checkbox"/> Montessori</td> <td><input type="checkbox"/> Tribal</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> School District</td> <td><input type="checkbox"/> Other:</td> <td></td> <td></td> </tr> </table>				<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:		
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Waiver (Exception) Request Details (one WAC per form)															
<p>This request is for a waiver (exception) from child care licensing rule, WAC #: WAC Description:</p>															
<p>Explain, in detail, why you are requesting this waiver (exception). It must be for a specific need of the program or an enrolled child. (Attach additional page, if needed.)</p>															
<p>Explain, in detail, how you will ensure the health, welfare and safety of all enrolled children is not jeopardized if this waiver (exception) request is approved. (Attach additional page, if needed.)</p>															

Requested waiver (exception) dates for this WAC: _____ through _____ <input type="checkbox"/> No end date (not school-age program)		
IMPORTANT! A waiver (exception) goes into effect only when the early learning program receives written notification from DCYF that the request is approved. DCYF may rescind the waiver (exception) 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 (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 is: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved because:		
DCYF Signature	Position Title	Date