

Sanitizer/Disinfectant Approval Request

(for family home and center providers)

| WAC 110-300-0240(2)(f)(i) If an early learning provider uses a product other than bleach, including wipes, to sanitize or disinfect, the product must | | | | |
|--|---------------------|------------|-----------|--|
| be approved by the department prior to use. | | | , · | |
| Provider Name: | | Provider I | D#: | |
| Mailing Address: | City: Sta | ate: | Zip Code: | |
| Phone: | Email: | | | |
| Proposed Sanitizer/Disinfectant Information | | | | |
| Name of product: | | | | |
| Manufacturer of product: | EPA Registration #: | | | |
| Product must be registered with the U.S. Environmental Protection Agency (EPA) and must be fragrance-free. | | | | |
| List the type of surfaces on which this product will be used (i.e., eating and food prep surfaces, floors, toys, bathroom and diapering surfaces, etc.) | | | | |
| If the department approves the use of this product as I've indicated above, I understand that I must follow the requirements of WAC 110-300-0240(2)(f)(i-vi) regarding department-approved sanitizers and disinfectants. | | | | |
| | | | | |
| Signature | Print name | | Date | |

Submit this completed form, the product label with direction for use, and the safety data sheet (SDS) for your proposed product 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.

DCYF may rescind its approval at any time.

| DCYF Use Only | | |
|-----------------------------|------------|------|
| Provider Case Number: | | |
| The use of this product has | been: | |
| Approved, or | | |
| Approved with these co | onditions: | |
| Disapproved, because: | | |
| | | |
| | | |
| DCYF Signature | Title | Date |