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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | | | **Child Care**  **Variance Request** |
| **Requestor Information** | | | |
| Name: | | | |
| Mailing Address: | | | |
| Telephone: | | | Email: |
| Relationship to Child Care Program(s):  Applicant  Licensee  Director/Assist. Director  Program Supervisor/Site Director  Other: | | | |
| **Variance Request Details (one request per form)** | | | |
| This request is for a variance from child care licensing rule, WAC #:  WAC Description:  List other related WAC, if any: | | | |
| Explain, in detail, the alternative way your program will achieve the outcome of this WAC to ensure the health, welfare, and safety of all children in your care. (attach additional page, if needed.) | | | |
| A request for variance must be for a specific program approach or methodology. Explain, in detail, your program’s approach or methodology as it applies to this WAC. (attach additional page, if needed.) | | | |
| Requested variance dates for this WAC:       through        No end date  **IMPORTANT! A variance goes into effect only when the program receives written notification from DCYF that the request is approved. This may take up to 45 business days from the day DCYF**  **receives the complete request. DCYF may rescind the variance at any time.**  Page 1 of 2 | | | |
| **Program(s) Information** | | | |
| 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: | | | |
| **DCYF Use Only** | | This request is submitted for the following program(s):  (attach additional page, if needed) | |
| Approved | Dis-approved |
|  |  | Provider ID: | Facility Name: |
|  |  | Facility Physical Address: | |
|  |  | List the local DCYF office that licenses this program: | |
|  |  | Provider ID: | Facility Name: |
|  |  | Facility Physical Address: | |
|  |  | List the local DCYF office that licenses this program: | |
|  |  | Provider ID: | Facility Name: |
|  |  | Facility Physical Address: | |
|  |  | List the local DCYF office that licenses this program: | |
|  |  | Provider ID: | Facility Name: |
|  |  | Facility Physical Address: | |
|  |  | List the local DCYF office that licenses this program: | |
|  |  | Provider ID: | Facility Name: |
|  |  | Facility Physical Address: | |
|  |  | List the local DCYF office that licenses this program: | |
| **Signature of person submitting this request Date** | | | |

Submit a copy of this request to: **Each** local DCYF child care licensing office indicated above.

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

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

where parents, guardians, and staff can easily see it at the program.

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| --- |
| **DCYF Use Only** |
| This variance request is:  Approved for all programs listed above  Disapproved for all programs listed above because:  Approved/Disapproved for individual programs as indicated above  because: |
| **DCYF Signature Position Title Date** |

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