Washington State Department of CHILDREN, YOUTH & FAMILIES

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 Center ☐ 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 (exception) dates for this WAC: _____ through _____ ☐ No end date (not school-age program)		
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 (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: ☐ Approved		
☐ Disapproved because:		
DCYF Signature	**Position Title**	**Date**