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| STATE OF WASHINGTON **DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES** | | |
| **Electronic Attendance System Exception to Rule Request** | | |
| ***By completing this form, providers serving children on Working Connections and Seasonal Child Care can request an exception to the electronic attendance system requirements under WAC 110-15-0126.***  Please mail the completed form to: Electronic Attendance System, PO Box 40970, Olympia WA 98504; or email a copy to: [electronic.attendance@dcyf.wa.gov](mailto:electronic.attendance@dcyf.wa.gov). You will receive a written response with the final decision and next steps. | | |
| **Demographic Information** | | |
| SSPS#: | | If Licensed, Facility Name: |
| Requestor’s Name: | | Date of Request: |
| Email address: | | Phone Number: |
| Requested Timeframe:  One-Time  Ongoing | | If one time, through what date? |
| **Reason For Request** | | |
| Please select a reason(s) below: | | |
| Internet/Data Service Unavailable | | No Laptop or Computer Access |
| Other, explain: | | |
| **Description for Request** | | |
| Explain the specific reason, and provide additional details, regarding the reason this exception is being requested: | | |
| **Alternatives** | | |
| What alternatives did you look into: | | |
| Using the IVR | ☐ Using another approved system | |
| ☐ Using a computer/laptop at another location | Connecting to the internet/WIFI at another location | |
| Other, explain: | | |
| Explain why the alternative(s) are not an option: | | |



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| **Provider Expectations** | |
| *I understand that if approved for an exception to rule I must:*   * *Submit copies of my attendance records to DCYF mail or email within seven (7) days of submitting my invoice for payment.* * *Report to DCYF within ten days if the circumstances around the reason for my request changes.* * *For an ongoing request, I must be re-evaluated for an extension on my exception request at least every two years.*   *If I don’t comply with these expectations, I understand that I will be considered out of compliance with my exception to rule agreement and I must start using an electronic attendance system to remain eligible for subsidy payments. I certify that my answers are true and complete to the best of my knowledge.* | |
| Print name of person completing the form: | |
| Signature of person completing the form: | |
| **For DCYF Use:** | |
| Approved:  Yes  No | |
| If approved:  One-Time  Ongoing  Date approved through: | |
| If not approved, explanation: | |
| Name of Evaluator: | Date |