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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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