



**Child Care  
Variance Request**  
(for family home and center providers)

<b>Requestor Information</b>	
Name:	
Mailing Address:	
Telephone:	Email:
Relationship to Early Learning Program(s): <input type="checkbox"/> Applicant <input type="checkbox"/> Licensee <input type="checkbox"/> Center Director/Assist. Director <input type="checkbox"/> Center Program Supervisor <input type="checkbox"/> Other:	
<b>Variance Request Details (one request per form)</b>	
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 early learning 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 _____ <input type="checkbox"/> No end date <b>IMPORTANT! A variance goes into effect only when the early learning 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.</b>	

<b>Early Learning Program(s) Information</b>		
Early Learning Program Type (check all that apply):		
<input type="checkbox"/> Family Home Child Care	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> ECEAP
<input type="checkbox"/> Early Head Start/Head Start	<input type="checkbox"/> Montessori	<input type="checkbox"/> Tribal
<input type="checkbox"/> Other:	<input type="checkbox"/> School District	<input type="checkbox"/> Military
<b>DCYF Use Only</b>		This request is submitted for the following early learning 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: _____		
<b>Signature of person submitting this request</b>		<b>Date</b>

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 early learning program.

<b>DCYF Use Only</b>		
This variance request is:		
<input type="checkbox"/> Approved for all programs listed above		
<input type="checkbox"/> Disapproved for all programs listed above because:		
<input type="checkbox"/> Approved/Disapproved for individual programs as indicated above because:		
<b>DCYF Signature</b>	<b>Position Title</b>	<b>Date</b>