|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Sanitizer/Disinfectant Approval Request** | | | |
| If an early learning or school-age provider, or their designee, uses a product other than bleach, including wipes, to sanitize or disinfect, the product must be approved by DCYF prior to use. | | | | |
| Provider Name: | | | Provider ID #: | |
| Mailing Address:       City:       State:       Zip Code: | | | | |
| Phone: | | Email: | | |
| **Proposed Sanitizer/Disinfectant Information** | | | | |
| Name of product: | | | | |
| Manufacturer of product:       EPA Registration #:  Product must be registered with the U.S. Environmental Protection Agency (EPA) and must be fragrance-free. | | | | |
| List the type of surfaces on which this product will be used (i.e., eating and food prep surfaces, floors, toys, bathroom and diapering surfaces, etc.) | | | | |
| *If the department approves the use of this product as I’ve indicated above, I understand that I must follow the requirements regarding department-approved sanitizers and disinfectants pursuant to WAC 110-300-0240(2)(f)(i-vi) for family home child care and child care centers, or WAC 110-301-0240(3)(d)(i-vi) for school-age programs..* | | | | |
| **Signature** | | **Print name** | | **Date** |

***Submit this completed form, the product label with direction for use, and the safety data sheet (SDS)***

**for your proposed product 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.**

**DCYF may rescind its approval at any time.**

|  |
| --- |
| **DCYF Use Only** |
| |  |  | | --- | --- | | Provider Case Number: | | | The use of this product has been: | | | Approved, or |  | | Approved with these conditions: | | | Disapproved, because: | | | **DCYF Signature Title Date** | | |
|  |