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|  | **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.**

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

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