



Written Plan
For
Licensee Absence

WAC 110-300B-5775(3) The department must approve the licensee's policy and procedure for licensee absence. The department may require modifications to the proposed policy and procedure if it does not meet licensing requirements.

LICENSEE SECTION:

Table with 3 columns: LICENSEE NAME, DATE, TELEPHONE NUMBER

STAFFING PLAN TO INCLUDE:

NAME OF QUALIFIED PRIMARY STAFF PERSON(S): (all required documentation must be attached or on file in the licensing office prior to approval of this written plan)

STAFF ROLES AND RESPONSIBILITIES. REMEMBER THE STAFF-TO-CHILD RATIOS MUST BE MET:

HOW WILL YOU PREPARE YOUR STAFF TO MEET THE INDIVIDUAL NEEDS OF THE CHILDREN?

HOW WILL THE PARENTS BE NOTIFIED PRIOR TO YOUR ABSENCE?

EMERGENCY CONTACT INFORMATION FOR YOU: (Name and phone number of who should be contacted)

Name of emergency contact Phone number

NOTICE OF ABSENCES WAC 110-300B-5810

The department must be notified 48 hours prior to the following absences when the absence is during child care hours:

Will you be engaging in outside employment or ongoing activities outside the child care during operating hours?
[] NO
[] YES If yes what is the expected schedule

Will you be taking a vacation or absence exceeding seven consecutive days when the child care will remain open?
[] NO
[] YES Please indicate the dates of the expected vacation or absence

Will you be away from the child care for regular absences scheduled during child care hours? (Regular absence is an absence that is planned and reoccurring, and is more than four hours in duration)
[] NO
[] YES Please indicate when the regular absence/absences will occur

I declare this information is true and accurate to the best of my knowledge and I understand that my licensor may make a site visit to verify the information.

Licensee Signature: Date:

10.9.3.26 Licensee absence
08/01/2018

DCYF Licensing section:	
IS THERE A HISTORY OF VALID COMPLAINTS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN	
ARE THERE ANY OUTSTANDING FLCA'S? <input type="checkbox"/> NO <input type="checkbox"/> YES	WHEN WAS THE LAST SITE VISIT?
REVIEW OF PROVIDER NOTES FOR ANY NON-COMPLIANCE ISSUES THAT SHOULD BE TAKEN INTO CONSIDERATION AS IT RELATES TO THIS REQUEST	
DCYF ACTION (LICENSOR DOCUMENT DECISION IN PROVIDER NOTES) <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED IF DENIED, AN EXPLANATION IS REQUIRED BELOW	
Licensors Signature	Date:
Supervisor Signature:	Date: