


NOTICE: DCYF recommends licensees inform the following of their intent to provide child care to more than 12 children: your city or county building official, and if applicable, your insurance agent, your home owner's association representative, and the property owner if you are leasing your home.

 Washington State Department of CHILDREN, YOUTH & FAMILIES		Family Home Child Care Capacity of 13+ Waiver Request	
Prior to Completing This Form <ul style="list-style-type: none"> • Ensure MERIT records for you and your staff and volunteers are current. If MERIT shows required qualifications and training requirements are not met, DCYF will disapprove your request. • Ensure all indoor and outdoor spaces you intend to use for the increased capacity has already been measured and approved as licensed space by DCYF. If you do not have the required amount of measured and DCYF-approved square footage for the capacity you are requesting, DCYF will disapprove your request. 			
Family Home Child Care Information			
Licensee's Name:		Provider ID #:	
How many people currently live in your home, including yourself?			
Bathrooms (a room with a working flush toilet and handwashing sink): How many bathrooms are in your home? Describe where the bathrooms are located, licensed or unlicensed space.			
Total Capacity Requested			
Pursuant to WAC 110-300-0358: <ul style="list-style-type: none"> • A provider licensed to care for children ages 2 years and above must not exceed a maximum staff-to-child ratio of 1:8 when operating with 13 or more children. • A provider licensed to care for children under 2 years of age must not exceed a maximum staff-to-child ratio of 1:6 when operating with 13 or more children. Additionally, a provider must not have more than six children under 2 years of age attend at any one time (at least two children under 2 years must be able to walk independently). 			
Enter your current licensed capacity: Enter the # of additional children you want to care for: + _____ Enter what the total capacity would be:		Current Licensed Age Range of Children: to Requested Age Range of Children: to	
Enter the number of children under two years old that you are licensed to care for now: Enter the number of additional children under two years old that you want to care for: + _____ Enter what the total number of children under two years old would be:			
Requirements			
You must meet the following requirements to be eligible for this waiver:		Yes	No
1. You have a total 3 years or more of experience in one or more of these roles: family home licensee, center director, program supervisor, and/or another similar role in a child care setting.		<input type="checkbox"/>	<input type="checkbox"/>
2. You have a Washington State ECE Short Certificate or equivalent.		<input type="checkbox"/>	<input type="checkbox"/>

You must meet the following requirements to be eligible for this waiver:	Yes	No	N/A
3. You have at least one staff person or volunteer with a Washington State ECE Initial Certificate or equivalent who will be on-site when you are operating with 13 or more children.	<input type="checkbox"/>	<input type="checkbox"/>	
4. You have at least 35 square feet of licensed, accessible indoor space for each child included in your requested total capacity. The space must already be measured and approved as licensed space by DCYF.	<input type="checkbox"/>	<input type="checkbox"/>	
5. If you will enroll infants and/or toddlers, you have an additional 15 square feet of licensed, accessible indoor space for each infant or toddler included in your requested total capacity. The space must already be measured and approved as licensed space by DCYF.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. You have at least 75 square feet of licensed, accessible outdoor space for each child included in your requested total capacity. The space must already be measured and approved as licensed space by DCYF.	<input type="checkbox"/>	<input type="checkbox"/>	
If no, you have a plan to rotate groups of children to play outdoors, OR you have a department approved plan to use an off-site play area.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
7. You have at least one working flush toilet and handwashing sink for every 15 household members, staff, and requested capacity of children. A child in diapers does not count for purposes of toilet calculations until the child begins toilet training.	<input type="checkbox"/>	<input type="checkbox"/>	
8. If your home is on a private septic system, you have verification from the local health jurisdiction that the system can accommodate the total number of household members, staff, and requested capacity of children. (You will need to provide DCYF with that verification.)	<input type="checkbox"/>	<input type="checkbox"/>	
9. You have a sufficient number and variety of materials to engage children for your requested total capacity.	<input type="checkbox"/>	<input type="checkbox"/>	
10. You have updated your emergency preparedness plan to account for the total capacity of children requested.	<input type="checkbox"/>	<input type="checkbox"/>	
11. You are aware that, if DCYF approves this waiver, you must inform parents and guardians of enrolled children of the approved waiver prior to operating with 13 or more children. Additionally, you must also inform parents and guardians of new children enrolling in your child care program of the approved waiver.	<input type="checkbox"/>	<input type="checkbox"/>	

Staffing Plan and Intended Use of Licensed Space
<p>When considering this waiver request, DCYF will review your plan to ensure children's health, safety, and well-being when you are operating with 13 or more children, as well as your licensing history.</p> <p>In the space below, please describe how you plan to use your staff and licensed indoor and outdoor space to care for the total capacity of children requested including, but not limited to, supervision, napping, and diapering (if applicable). Attach additional pages if necessary.</p>

Requested waiver dates: _____ through _____ ☐ No end date

IMPORTANT! A waiver goes into effect only when the licensee receives written notification from DCYF that the request is approved. DCYF may rescind the waiver at any time.

Signature of person submitting this request

Print Name

Date

Submit 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 Use Only

This waiver request is (select one):

- ☐ Approved, based upon the written information the licensee provided within this request.
- ☐ Approved, based upon the written information the licensee provided within this request and with the following conditions:
- ☐ Disapproved, because:

DCYF Signature

Title

Date

You must post this complete, department-approved waiver request where parents, guardians, and staff can easily see it at your family home child care.