WAC 170-296A-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>
<thead>
<tr>
<th>LICENSEE NAME</th>
<th>DATE</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
</table>

**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 170-296A-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.
## DEL Licensing section:

<table>
<thead>
<tr>
<th>IS THERE A HISTORY OF VALID COMPLAINTS?</th>
<th>WHEN WAS THE LAST SITE VISIT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ NO</td>
<td>☐ NO</td>
</tr>
<tr>
<td>☐ YES</td>
<td>☐ YES</td>
</tr>
</tbody>
</table>

**REVIEW OF PROVIDER NOTES FOR ANY NON-COMPLIANCE ISSUES THAT SHOULD BE TAKEN INTO CONSIDERATION AS IT RELATES TO THIS REQUEST**

**DEL ACTION (LICENSOR DOCUMENT DECISION IN PROVIDER NOTES)**

- ☐ APPROVED
- ☐ NOT APPROVED

If denied, an explanation is required below?

<table>
<thead>
<tr>
<th>Licensor Signature</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>