# Family Home Child Care
## Request to Provide Overnight Care

### Information below to be completed by licensee.

<table>
<thead>
<tr>
<th>Printed licensee’s name</th>
<th>Provider ID #</th>
<th>Date</th>
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I request approval to provide overnight care. WAC 170-296A-6850

<table>
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<tr>
<th>Proposed number of children in overnight care</th>
<th>Age range</th>
<th>Number under two years of age</th>
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Attach a copy of the following:

- The floor plan that identifies licensed space used for sleeping children for overnight care
- Parent/guardian policies (handbook) indicating information regarding overnight care-2375(28)
- Program/operations policy that identify how children will be cared for in overnight care-2400 (10)(a-d)
- Staff policy that identifies staff responsibilities for overnight care-2425(4)(i)
- The typical daily schedule that includes program activities for overnight care-6550(2)(h)

Complete the following information:

Describe the type of sleeping equipment that will be used for children in overnight care-3800 Overnight sleeping. Every child must have a bed or other sleeping equipment for sleep that is safe and in good condition; waterproof or washable and meets the child’s developmental needs.
Safety Plan

Will a night latch, deadbolt or security chain be used on an exit door not used as an emergency exit? If so identify the doors and type of device that will be used. **4425 Night latches, deadbolts and security chains** may be used on exit doors that are not used as an emergency exit.

Identify the staff that will be caring for the children when in overnight care

Licensee signature __________________________ Date ____________

Information below to be completed by DEL licensor.

Based on the information provided above is there sufficient information to accommodate this request?

☐ Yes  ☐ No  If no, explain:

Complaint history

Is there a history of valid complaints?  ☐ Yes  ☐ No  If yes, explain:
DEL action

☐ Approved  ☐ Not approved  Licensor: Document decision in provider notes

If no approved, an explanation is required below.

<table>
<thead>
<tr>
<th>Licensor signature</th>
<th>Date</th>
<th>Supervisor signature</th>
<th>Date</th>
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10.9.3.20 Overnight Care Request
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