



**Written Plan
For
Licensee Absence**

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:		
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 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?		
<input type="checkbox"/> NO		
<input type="checkbox"/> 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?		
<input type="checkbox"/> NO		
<input type="checkbox"/> 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)		
<input type="checkbox"/> NO		
<input type="checkbox"/> 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 licenser may make a site visit to verify the information.		

Licensee Signature:	Date:
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DEL Licensing section:

IS THERE A HISTORY OF VALID COMPLAINTS?
 NO YES
 IF YES, EXPLAIN

ARE THERE ANY OUTSTANDING FLCA'S? <input type="checkbox"/> NO <input type="checkbox"/> YES	WHEN WAS THE LAST SITE VISIT?
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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

Licensor Signature	Date:
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Supervisor Signature:	Date:
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