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| STATE OF WASHINGTON**DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES** |
| **Electronic Attendance System Exception to Rule Request** |
| ***By completing this form, providers serving children on Working Connections and Seasonal Child Care can request an exception to the electronic attendance system requirements under WAC 110-15-0126.***Please mail the completed form to: Electronic Attendance System, PO Box 40970, Olympia WA 98504; or email a copy to: electronic.attendance@dcyf.wa.gov. You will receive a written response with the final decision and next steps. |
| **Demographic Information** |
| SSPS#: | If Licensed, Facility Name: |
| Requestor’s Name: | Date of Request: |
| Email address: | Phone Number: |
| Requested Timeframe:[ ]  One-Time [ ]  Ongoing | If one time, through what date? |
| **Reason For Request** |
| Please select a reason(s) below: |
| [ ]  Internet/Data Service Unavailable | [ ]  No Laptop or Computer Access |
| [ ]  Other, explain: |
| **Description for Request** |
| Explain the specific reason, and provide additional details, regarding the reason this exception is being requested: |
| **Alternatives** |
| What alternatives did you look into: |
| [ ]  Using the IVR | ☐ Using another approved system |
| ☐ Using a computer/laptop at another location | [ ]  Connecting to the internet/WIFI at another location |
| [ ]  Other, explain: |
| Explain why the alternative(s) are not an option: |



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| **Provider Expectations** |
| *I understand that if approved for an exception to rule I must:** *Submit copies of my attendance records to DCYF mail or email within seven (7) days of submitting my invoice for payment.*
* *Report to DCYF within ten days if the circumstances around the reason for my request changes.*
* *For an ongoing request, I must be re-evaluated for an extension on my exception request at least every two years.*

*If I don’t comply with these expectations, I understand that I will be considered out of compliance with my exception to rule agreement and I must start using an electronic attendance system to remain eligible for subsidy payments. I certify that my answers are true and complete to the best of my knowledge.*  |
| Print name of person completing the form: |
| Signature of person completing the form: |
| **For DCYF Use:** |
| Approved: [ ]  Yes [ ]  No |
| If approved:[ ]  One-Time [ ]  OngoingDate approved through:      |
| If not approved, explanation:      |
| Name of Evaluator: | Date |