



**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: <input type="checkbox"/> One-Time <input type="checkbox"/> 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:

- | | |
|--|--|
| <input type="checkbox"/> Using the IVR | <input type="checkbox"/> Using another approved system |
| <input type="checkbox"/> Using a computer/laptop at another location | <input type="checkbox"/> Connecting to the internet/WIFI at another location |
| <input type="checkbox"/> Other, explain: | |

Explain why the alternative(s) are not an option:

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 Ongoing

Date approved through:

If not approved, explanation:

Name of Evaluator:

Date