

What alternatives were explored before requesting this exception (waiver)?

If this exception (waiver) request is approved, how will your licensed facility meet the health, safety and early learning needs of the children in care?

(Please note that the Department may rescind the exception (waiver) at any time.)

Print name of person completing the form:

Signature of person completing the form:

Licensur Comments and Approval or Disapproval Recommendation

| | |
|---|--|
| Is there a history of valid complaints? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Yes – Please describe (use additional sheets if necessary):

Briefly describe licensing history:

Approval recommended

Disapproval recommended

Explain the recommended approval or disapproval:

Licenser signature

Date

Supervisor Comments and Approval or Disapproval Recommendation

Approval recommended

Disapproval recommended

Explain the recommended approval or disapproval:

Supervisor signature

Date

Regional Administrator Comments and Approval or Disapproval Decision

Approved

Disapproved

Explain the approval or disapproval decision:

Regional Administrator signature

Date