

WHAT WILL BE DONE TO MEET THE CHILD'S HEALTH AND SAFETY NEEDS WHEN IDENTIFIED LICENSING STANDARDS ARE NOT FOLLOWED?

HOW WILL THE HEALTH AND SAFETY NEEDS OF THE OTHER CHILDREN BE MET?

WILL THIS REQUEST REQUIRE YOU TO CARE FOR THIS CHILD PAST THE MAXIMUM AGE AS STATED ON YOUR DCYF ISSUED LICENSE?

YES

NO

OTHER COMMENTS:

I declare this information is true and accurate to the best of my knowledge and I understand that my licensor may make a site visit to verify the information.

Licensee Signature:

Date:

Parent section:

PLEASE PROVIDE OTHER INFORMATION REGARDING YOUR CHILD THAT YOU FEEL SHOULD BE CONSIDERED WHEN DCYF REVIEWS THIS REQUEST:

IS THERE ADDITIONAL TRAINING YOU BELIEVE THE LICENSEE SHOULD OBTAIN IN ORDER TO PROVIDE SAFE AND EFFECTIVE CARE TO YOUR CHILD?

Parent/guardian signature:

Date:

DCYF Licensing section:	
CAN THE ENVIRONMENT ACCOMMODATE THIS REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN	
WHAT TRAINING HAS THE LICENSEE COMPLETED THAT PREPARES THEM TO CARE FOR THIS CHILD? IS FUTURE TRAINING RECOMMENDED?	
IS THERE A HISTORY OF VALID COMPLAINTS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN	
ARE THERE ANY OUTSTANDING FLCA'S? <input type="checkbox"/> NO <input type="checkbox"/> YES	WHEN WAS THE LAST SITE VISIT?
REVIEW OF PROVIDER NOTES FOR ANY NON-COMPLIANCE ISSUES THAT SHOULD BE TAKEN INTO CONSIDERATION AS IT RELATES TO THIS REQUEST	
A SITE VISIT MAY BE MADE PRIOR TO DCYF ACTION: TO OBSERVE CHILD IN CARE, VIEW HOW ALL CHILDREN'S NEEDS ARE BEING MET AND DETERMINE IF THE ENVIRONMENT CAN ACCOMMODATE THIS REQUEST.	
SITE VISIT DATE	
DCYF ACTION (LICENSOR DOCUMENT DECISION IN PROVIDER NOTES) <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED IF DENIED, AN EXPLANATION IS REQUIRED BELOW	
Licensor Signature	Date:
Supervisor Signature:	Date: