

What alternatives were explored before requesting this exception?

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

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

Print name of person completing the form:

Signature of person completing the form:

Licensur comments and approval or denial recommendation

Is there a history of valid complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Yes – Please describe (use additional sheets if necessary):

Briefly describe licensing history:

Explain the recommended approval or denial:

- Approval recommended
- Denied

Licensors signature Date

Supervisor's comments and approval or denial recommendation

- Staffed with Supervisor

- Approval recommended

Explain the recommended approval or denial:

- Denied

Supervisor signature Date

Regional Administrator comments and approval or denial

- Staffed with Regional Administrator

- Approval recommended

Explain the recommended approval or denial:

- Denied

Regional Administrator signature Date