



Family Child Care Registration Request for Exception to Rule

Use one form for each request. Complete front and back - type or print.

You must comply with the rule until the exception to the rule has been approved.

Date you want exception to begin: _____ Date you want exception to end: _____

Name _____ Provider No _____

Address _____ Phone No _____

_____ City County Zip Code

If you are requesting an exception for the number of children allowed in care, OAR 414-205-0065(1) and (2), please complete the section below with date of birth and grade in school (if applicable), for each child currently in care. **Indicate which days and hours (example: M-F 8:00-4:00)** each child is in care (including own children, foster children, and any other children for whom you are responsible). Please indicate which child or children the exception is for. Feel free to add another page if needed. Without this information your request cannot be processed.

List all children in care (including own children, foster children, and any other children for whom you are responsible for)					
Name	Birth Date	Age	Grade	Date Care Started	Days & Hours in care
Who are you requesting the exception for?					

1. Rule OAR 414-205- _____ Have you previously requested this exception? Yes No

2. What are you requesting? _____

3. Explain why you need an exception to this rule: _____

4. If the Office of Child Care gives you an exception to this rule, how will you ensure that the exception does not compromise the health, well-being, and safety of children in care?

5. Explain how the needs of children will be met if this exception is approved:

6. Describe any positive and/or negative effects this exception would have on children if granted:

Positive: _____

Negative: _____

A request does not guarantee an approval. Approval does not mean you will be approved again at a later date. The Office of Child Care may place conditions on your exception if this request is approved. The Office of Child Care may rescind the exception approval if it finds that you are not in compliance with other rules or conditions placed on your registration.

Complete and mail this exception request to the address below. If the exception is approved, you will receive a new Certificate of Registration with the exception and any conditions noted. If it is not approved, you will receive a response form with an explanation of why the request was not approved.

Signature of provider

Date of request

Oregon Department of Education is an equal opportunity employer/program.

Office of Child Care
700 Summer St NE
Salem, OR 97301
(503) 947-1400
1-800-556-6616