



Request for Exception to a Rule for Child Care Facilities

Use one form for each request. Complete both sides. Keep a copy for your records.

The Office of Child Care (OCC) may grant an exception to an individual rule for a specified period of time when a requirement does not apply to a facility or the intent of the requirement can be met by a method not specified in the applicable rule. To request an exception to a rule, fill out the form completely and send the completed request to your child care licensing specialist. If you do not know who your licensing specialist is, contact OCC at 1-800-556-6616 for guidance.

This form must be complete in order for the exception request to be considered. You may also provide any supporting documents, photos or extra attachments along with this request.

When the OCC licensing specialist receives the request, they will forward the request to the exception review committee. The committee will review the request and make a decision to approve, deny or inform you whether any additional requirements or information is needed to reach a decision. You will receive a copy of the exception response with the decision and a copy will be sent to the licensing specialist, which will be added to your license file. If the request is approved a revised copy of your license will be issued that lists the exception approval and any requirements that apply. The new license will need to be posted. If necessary, your licensing specialist will review the exception with you at renewal time.

According to Office of Child Care rule:

- No exception to a rule shall be granted if the requirement is established by statute or unless the health safety and wellbeing of children is ensured.
- Exceptions may not be implemented until approval is received from OCC.
- The granting of an exception to a rule shall not set a precedent, and each request shall be evaluated on its own merits.
- OCC may withdraw approval of an exception at any time, if deemed necessary to ensure the health, safety and well-being of the children.

Date of Request: _____ Indicate the time period for which you are requesting this exception: _____

To be completed by provider/operator/director:

Has there been a previous request for this exception from this facility? Yes No

If yes, what is the date of the most recent request? _____

Name of Facility: _____

Address: _____

Capacity: _____ Age Range: _____ Phone No: _____

Name of Provider/Operator/Director: _____ License No: _____

