

EXCEPTION REQUEST

Use of form: This form is voluntary. However, when completed and posted next to the license certificate, this form meets the requirements of DCF 250.02(2), 251.02(2) and 252.02(4) of the Wisconsin Administrative Codes. If you fail to comply with the conditions of the exception, the exception will be rescinded and you will be issued a Noncompliance Statement and possibly an enforcement action. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wis. Stats].

Instructions licensee: The licensee shall complete the top section, including signature and date, and submit the form to the licensing specialist for approval. If additional space is required, attach separate sheet(s). All approved exceptions must be posted next to the license. If the licensee wants any changes to the conditions of an existing approved exception, a new request must be submitted to the department for approval. Exceptions are not transferrable. **Exceptions must be resubmitted for approval at license continuation.**

Instructions licensing specialist: The licensing specialist shall complete the "For Department Use Only" section, sign and date the form, and send a completed copy to the licensee. If additional space is required, attach separate sheet(s). If the request contains personally identifiable information for a specific child or staff member, the licensing specialist will also complete a CFS-297A, Exception Granted – Confidential form to be posted next to the license certificate in place of the document containing the confidential information.

Name – Facility	Facility ID Number
Address – Facility (Street, City, State, Zip Code)	County in Which Facility is Located

Applicable Rule Number(s) for which you are requesting an exception

Existing Situation – Specify

Describe your alternative plan to meet the intent of the rule(s) for which you are requesting an exception

Provide dates of proposed exception From: _____ To: _____ (end date may be no later than your next license continuation date)
(mm/dd/yyyy) (mm/dd/yyyy)

Name – Licensee (Type / Print)

Licensee Title / Position (Type / Print)

SIGNATURE – Licensee

Date Signed (mm/dd/yyyy)

FOR DEPARTMENT USE ONLY

Licensing Specialist Action: Approve Deny Begin Date: _____ End Date: _____

Reason for Action – Specify.

Conditions – Specify.

SIGNATURE – Licensing Representative

Licensing Representative Title / Position

Date Signed