**CHILD WELFARE REQUEST FOR EXCEPTION**

**Use of form:** This form is mandatory. This form meets the requirements of DCF 52.02(2), 54.01(3), 57.02(2), and 59.01(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 If you fail to comply with the conditions of the exception, the exception will be rescinded, and you will be issued a Noncompliance Statement and possibly an enforcement action.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:** The licensee shall complete the top section, including signature and date, and submit the form to the 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 DCF-F- 5024-E, Child Welfare Exception Granted – Confidential for group homes only. Ongoing exceptions shall be re-submitted at license continuation. **All approved exceptions for group home only must be posted next to the license.** Note: If the licensee wants any changes to the existing conditions, a new request must be submitted to the department for approval.

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| 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:       (mm/dd/yyyy) | | To:       (mm/dd/yyyy) | |
|  | | |  | | |
| Name – Licensee / Authorized Representative  (Type / Print) | | | Title / Position – Licensee / Authorized Representative  (Type / Print) | | |
|  | | |  | | |
| **SIGNATURE** – Licensee / Authorized Representative | | | Date Signed (mm/dd/yyyy) | | |
| **FOR DEPARTMENT USE ONLY** | | | | | |
| Licensing Specialist Action:  Approve | Time Limited?  Yes – Expiration Date:       (mm/dd/yyyy) | | | | |
| Deny | No - If “no”, the exception must be re-submitted at the license continuation. | | | | |
| Reason for Action – Specify. | | | | | |
| Conditions – Specify. | | | | | |
|  | | |  | | |
| **SIGNATURE** – Licensing Specialist | | | Date Signed (mm/dd/yyyy) | | |