

## REQUEST FOR EXCEPTION

**Use of form:** This form is voluntary. However, when completed and posted next to the license certificate, this form meets the requirements of DCF 52.02(2), 54.01(3), 57.02(2), 59.01(4), 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 If you fail to comply with the conditions of the exception, the exception will be rescinded and you will be issued a Noncompliance Statement and possibly an enforcement action.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:** 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 CFS-297A, Exception Granted – Confidential. Ongoing exceptions shall be reviewed at license continuation, and documentation of the date of review shall be entered in the space provided. **All approved exceptions 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.

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: \_\_\_\_\_  
(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

Time Limited?

Yes – Expiration Date: \_\_\_\_\_

No

Review at License Continuation:

Review Date: \_\_\_\_\_

Review Date: \_\_\_\_\_

Review Date: \_\_\_\_\_

Reason for Action – Specify.

Conditions – Specify.

**SIGNATURE** – Licensing Representative

Licensing Representative Title / Position

Date Signed