**Child Care Foundational Training (CCFT) – Trainer Qualifications Exception Request**

**Use of form:** This form is to be completed for any trainer requesting an exception to the Child Care Foundational Training (CCFT) Trainer Requirements. Completion of this form does not guarantee an exception will be granted. Exceptions are granted on a case-by-case basis to meet the needs of a specific training participant population with identified language or geographic barriers who would otherwise be unable to attend a CCFT training. If DCF determines that a situation has resolved and the approved trainer is no longer needed to meet the needs of a specific population, the exception may be withdrawn, and the trainer will be removed from the active trainer list.

**Trainer instructions:** The trainer will complete the top section, including signature and date, attach a current resume, and submit the form to DCF for approval. Electronic signatures may be used. If additional space is required, attach separate sheet(s). Exceptions are individual and training-specific, and are not transferrable to any other DCF-approved training or trainer.

**Approval process:** A DCF representative shall complete the “For Department Use Only” section, sign and date the form, and send a completed copy to the trainer and the Wisconsin Registry. If additional space is required, attach separate sheet(s).

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| Trainer Name | | | | | | | | | | | |
| Approved Training Sponsor Organization Name | | | | | | | | | | | |
| Trainer Address (Street, City, State, Zip Code) | | | | | | | | | | | |
| Trainer Email Address | | | | | | | | | | | |
| CCFT trainer qualifications for which you are requesting an exception: (Check all that apply)  Tier 3 Trainer Endorsement from the Wisconsin Registry  Approved AHT trainer (Required for the Intro and Infant and Toddler courses only)  Two years of experience in an ECE program working directly with children | | | | | | | | | | | |
| Describe the geographic or language barriers of the specific training participant population. | | | | | | | | | | | |
| Describe why you as an individual should be granted an exception to meet the need(s) of this population. | | | | | | | | | | | |
| Describe your alternative plan to meet the intent of the qualification for which you are requesting an exception (i.e., “I have 10 years of experience coaching ECE programs in the same geographic area which gives me many lived experience examples to share”). Please be sure to attach your current resume. | | | | | | | | | | | |
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| Name – Trainer (Type / Print) | | | | |  | Approved Training Sponsor Organization (Type / Print) | | | | | |
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| **SIGNATURE** – Trainer | | | | |  | | | Date Signed (mm/dd/yyyy) | | |  |
| **FOR DEPARTMENT USE ONLY** | | | | | | | | | | | |
| Department Action: | Approve  Deny | Action Date: | | | | |  | | | | | |
| Rationale for Approval (all rationale must be met to approve):  Trainer is the only or one of limited individuals able to meet the needs of the specific participant population identified in the request.  Trainer or training agency is able to demonstrate how they will meet the intent of the qualification. | | | | | | | | | | | |
| Conditions, if any:  The Department may withdraw this exception approval at any time. | | | | | | | | | | | |
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| **SIGNATURE** – Department Representative | | |  | Department Representative Name / Title | | | | |  | Date Signed | |