

**DEPARTMENT OF CHILD AND FAMILIES**

Division of Early Care and Education  
Milwaukee Early Care Administration

**Certification Special Needs Exception**  
Certified Child Care by Milwaukee Early Care Administration

**Use of form:** This form is to be used by ALL Certified Child Care Operators in Milwaukee County who wish to care for a child with special needs over 12 years of age. This form is to be submitted to the certifying agency and is in compliance with DCF 202.08(6). Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

**Provider Information**

Date Form Completed	Provider Number
Name – Child Care Operator (Last, First, MI)	Tax ID / Social Security Number
Start Date for Child Care	

**Family Information**

Name – Parent (Last, First, MI)	Telephone Number
Name – Child (Last, First, MI)	Date of Birth

Describe special needs:

Yes  No Does this child require one-on-one assistance?

Describe plan to accommodate child's special needs:

Submit completed form to certifier or certification agency: Milwaukee Early Care Administration: 1220 West Vliet Street, 2<sup>nd</sup> Floor , Milwaukee, WI 53205 or Fax to (262) 446-7800. You can also drop this form off at the above address during business hours of 8:00 am – 4:30 pm, Monday through Friday. If you have any questions concerning this form contact your certifier.

<b>SIGNATURE</b> – Provider Completing the Form	Date Signed
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**FOR DEPARTMENT USE ONLY**

Certification Specialist Action: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Time Limited? <input type="checkbox"/> Yes – Expiration Date: _____ <input type="checkbox"/> No	Review at Certification Renewal: Review Date: _____ Review Date: _____ Review Date: _____
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Reason for Action – Specify.

Conditions – Specify.

<b>SIGNATURE</b> – Certification Representative	Certification Representative Title / Position	Date Signed
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**CERTIFICATION AGENCY: APPROVED FORM MUST BE FORWARDED TO COORDINATOR FOR SPECIAL NEEDS, T: (414) 615-6347, F: (414) 615-6394 and copies to MECA Certification Supervisor for certification to be adjusted.**