# Request for Exception to a Rule for Child Care Facilities

**Oregon Department of Early Learning and Care**

Use one form for each request. Complete both sides. Keep a copy for your records.

The Child Care Licensing Division (CCLD) may grant an exception to an individual rule for a specified period of time when a requirement does not apply to a facility or the intent of the requirement can be met by a method not specified in the applicable rule. To request an exception to a rule, fill out the form completely and send the completed request to your child care licensing specialist. If you do not know who your licensing specialist is, contact CCLD at 1-800-556-6616 for guidance.

**This form must be complete in order for the exception request to be considered. You may also provide any supporting documents, photos or extra attachments along with this request.**

When the CCLD licensing specialist receives the request, they will forward the request to the exception review committee.   The committee will review the request and make a decision to approve, deny or inform you whether any additional requirements or information is needed to reach a decision. You will receive a copy of the exception response with the decision and a copy will be sent to the licensing specialist, which will be added to your license file. If the request is approved a revised copy of your license will be issued that lists the exception approval and any requirements that apply. The new license will need to be posted. If necessary, your licensing specialist will review the exception with you at renewal time.

**According to Child Care Licensing Division rule:**

- No exception to a rule shall be granted if the requirement is established by statute or unless the health safety and wellbeing of children is ensured.
- Exceptions may not be implemented until approval is received from CCLD.
- The granting of an exception to a rule shall not set a precedent, and each request shall be evaluated on its own merits.
- CCLD may withdraw approval of an exception at any time, if deemed necessary to ensure the health, safety and well-being of the children.

Date of Request: _____

Indicate the time period for which you are requesting this exception: _____

## To be completed by provider/operator/director:

Has there been a previous request for this exception from this facility?          Yes          No

If yes, what is the date of the most recent request? _____

Name of Facility: _____

Address: _____

Capacity: _____          Age Range: _____          Phone No: _____

Name of Provider/Operator/Director: _____ License No: _____

You are entitled to language assistance services and other accommodations at no cost. If you need help in your language or other accommodations, please contact DELC at 503-947-1400

1. **List the rule number and subject matter for which an exception is requested (e.g. OAR 414-300-021 furniture):**

2. **Explain your reason for the request (Documentation may be attached). Please confirm your response contains the following information:**
- What specifically are you requesting?
- How will this be implemented?
- What is preventing you from complying with this rule as it is written?

3. **Provide an explanation of how you will ensure the health, safety and wellbeing of child care children if this request is granted. (Note: Exceptions cannot be granted to statute).**

**For Registered Family home providers ONLY:** If you are requesting an exception for the number of children allowed in care, OAR 414-205-0065(1) and (2), please complete the section below with date of birth and grade in school (if applicable), for each child currently in care. **Indicate which days and hours (example: M-F 8:00-4:00)** each child is in care (including own children, foster children, and any other children for whom you are responsible). Please indicate which child or children the exception is for. Feel free to add another page if needed. Without this information, your request cannot be processed.

**List all children in care (including own children, foster children, and any other children for whom you are responsible)**

| Name | Birth Date | Age | Grade | Date Care Started | Days & Hours in care |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Who are you requesting the exception for? | | | | | |
| | | | | | |
| | | | | | |

Signature (required): _____

Position: _____ Date of Request: _____