

REQUEST FOR RATIO EXCEPTION

Provider's name: _____ Date _____

Consultant: _____

Initial accreditation date: _____

Most recent accreditation date: _____

Licensing status:

Is the provider licensed? No Yes

If the provider is licensed, does the request require a licensing exception? No Yes

If a licensing exception is required, that exception must be granted before the request is submitted to the City, and a copy of the licensing exception must be attached.

What is the period for which this exception is requested:

From: _____ To: _____

Have you had a ratio exception approved within the past two years? No Yes

If yes, date _____

Describe in words the ratio requirement that is relevant to this situation. (For example: *Accreditation requires that if I have two children under 2 years of age, I can have no more than four 2-6 year olds*):

Describe in words the exception you are requesting. (For example: *I am requesting an exception to allow me to have two children under two and five children between 2 and 6 years of age for three mornings a week.*)

Please describe your plan for meeting the following needs for the children in your group. (Add additional pages if needed).

Diapering and Toileting

Feeding Schedules

Nap routines

Outside Play

Comforting of children when needed

Individual attention for each child

Execution of emergency plans (tornado, fire evacuation, etc):

Name of emergency back-up person _____

Provider signature _____ date: _____

Satellite staff

_____ This request is denied for the following reasons:

_____ Satellite staff recommend approval for the following reasons:

If approved, list any conditions: NA

If approved, describe the process that the consultant will use to monitor and evaluate the provider's capacity to maintain accreditation standards during the period of the exception:

Consultant

Date

Satellite Director

Date