

FACILITY INFORMATION		
FACILITY NAME		
PHYSICAL ADDRESS		PHONE NUMBER
PROGRAM TYPE THE REQUEST IS FOR	DATE OF REQUEST	EMAIL ADDRESS

GENERAL INFORMATION
<p>What Section of the <i>Community Care and Assisted Living Act (CCALA)</i> and/or <i>Child Care Licensing Regulation (CCLR)</i> are you requesting an exemption for? (Refer to the CCALA or CCLR to ensure that you have chosen the correct section of legislation): _____</p> <ul style="list-style-type: none"> ▪ Proposed Start date: _____ ▪ Proposed End date: _____

DETAILS OF THE REQUEST	<i>(Additional documentation may be attached if needed.)</i>
Give the details of why you are requesting this exemption.	
Give the details of how you will let all of the children's parents/guardians know you have asked for this exemption. Include any concerns expressed by parents.	

Give the written details of your plan, clearly showing how you have assessed, and will address all of the areas listed below. The answers should show how you will ensure that the children's health, safety and dignity are maintained during the time that the exemption is in place. Answer all sections that relate to your request.

Care and Supervision (Do you need to think about; changes to registration, routines, programming, transitions, equipment and environment?)

Staffing (Do you need to think about; staff qualifications/skills and abilities, staff screening, staff training including professional development and orientation, additional training needed or staff-to-child ratios?)

Safety Measures/Emergency Management (Do you need to think about; changes to your fire drills, emergency plans including supplies, or evacuation plans?)

APPLICANT INFORMATION *(must be licensee, licensee contact, or facility manager)*

- I declare that the information that I have provided is correct and if this request is approved it is my responsibility to at all times fully meet the plan that I have put forward in this application.

Title in the organization

- Licensee
 Licensee Contact
 Manager

DATE _____
(DAY/MONTH/YEAR)

APPLICANT NAME (PLEASE PRINT)

APPLICANT SIGNATURE