REQUEST FOR A WAIVER FROM THE OFFICE OF EARLY CHILDHOOD

AS A RESULT OF SEVERE STORMS AND FLOODING BEGINNING 8/11/2016 AND MAJOR DISASTER DECLARED ON 8/14/2016– [DR-4277](http://www.fema.gov/disaster/4277)

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| --- | --- |
| Name of Facility |  |
| Address of Facility |  |
| Contact Person | Telephone Number |
| Email Address | Cell Number (optional) |
| License Number (if applicable) | TIPS Number (if applicable) |

In accordance with the Louisiana Administrative Code, the following clear and convincing evidence is submitted for a waiver with the assurance that the health, safety, and well-being of the children involved are not imperiled.

Waiver requested from (please check) the following. **NOTE: Please use one form per waiver request.**

* Bulletin 137 – Louisiana Early Learning Center Type I, Type II, Type III Licensing Regulations
* Bulletin 139 – Louisiana Child Care and Development Fund Program Regulations
* Bulletin 140 – Louisiana Child Care and Education Network Regulations
* Other - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| List the standard number and statement of standard for which a waiver is requested. |
| Please provide in the space below:1. A detailed explanation of why a waiver is being requested at this time.
2. A detailed explanation of the reasons why the standard cannot be met.
3. A detailed description of the alternative method proposed for meeting the intent of the standard sought to be waived.

Please attach an addendum if additional space is needed and indicate if addendum is attached: YES NO |

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_