



Alternative Compliance Request

Complete one request for each requirement when an alternative compliance is requested. Submit the completed request to your licensing specialist for review by the licensing coordinator.

Facility name		License number K8	
Street address	City	State	Zip
County	Licensing specialist		
Type of facility: <input type="checkbox"/> Child care center	<input type="checkbox"/> Family child care home <input type="checkbox"/> School-age/day camp	<input type="checkbox"/> Large child care home <input type="checkbox"/> Part-day program	

List the requirement for the alternative compliance requested:

Page: _____ Section: _____ Requirement:

State the reason(s) you are requesting an alternative compliance.

State how your facility will comply with the intent of the requirement.

State how the alternative compliance offers the same protection as the requirement.

Attach any applicable documentation such as pictures and drawings.

Your record of compliance will be taken into consideration. An alternative compliance will not be authorized for critical items affecting the health and safety of a child, such as requirements regarding licensed capacity or staff-child ratios, fire safety issues, or behavior and guidance methods.

Signature of owner, director, or primary caregiver

Date