

Alternative Compliance Request

Check the appropriate box for the type of license for which you are requesting an Alternative Compliance:

- FAMILY CHILD CARE HOME I FAMILY CHILD CARE HOME II PRESCHOOL
 CHILD CARE CENTER SCHOOL-AGE ONLY CENTER

Retain PINK copy for your records. Submit WHITE & YELLOW copies to your Child Care Inspection Specialist.

SECTION I: TO BE COMPLETED BY LICENSEE/PROVIDER

Name of Licensee/Provider _____ Facility Name (if applicable) _____

Street Address _____ City _____ State _____ Zip Code _____

Regulation used for request (indicate Page # and Nebraska Administrative Code reference): _____

Reason for request: _____

How will compliance be met with the intent of the regulation? _____

How will the Alternative Compliance offer the same protection as the regulation? _____

Signature of Licensee/Provider _____ Date Signed _____

SECTION II: TO BE COMPLETED BY CHILD CARE INSPECTION SPECIALIST

Recommendation: Approve Deny

Reason: _____

Authorized Signature _____ Date Signed _____

SECTION III: TO BE COMPLETED BY CHILD CARE LICENSING SUPERVISOR

- The Department of Health and Human Services, Division of Public Health, hereby denies alternative compliance with the above regulation.
- The Department of Health and Human Services, Division of Public Health, hereby grants alternative compliance with the above regulation and is effective from _____ to _____.

Authorized Signature _____ Date Signed _____