

# 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 \_\_\_\_\_