



**First 5 California CARES Plus Program
Request for Exemption from Classroom Observation**

County Name: _____

Participant Name: _____

Participant ID: _____

As Executive Director for the Lead Agency for the local CARES Plus program, please accept this request for an exemption to the observation requirement on behalf of the above-named participant who was selected randomly for First 5 California’s statewide evaluation.

I certify that the program administrator for the Lead Agency has spoken with the participant’s program Director/Owner and has fully explained the purpose of the observation. The Director/Owner has been given all the materials explaining how the observation will occur, either in-person or through videotaping and the confidentially measures that have been put in place.

I certify that the Director/Owner indicated objections in writing at the time the participant applied (See participant’s Form P.1). The detailed reasons for those objections are:

I propose that in exchange for the above-named participant, the sample include the following participant:

Participant Name: _____

Mailing Address: _____

Email: _____ Phone number _____

DATED: _____

Executive Director Name: _____

Signature: _____