



**First 5 California CARES Plus Program
Request for Exemption from In-Person Observation Requirement**

This Request for Exemption must be completed and signed by the CARES Plus participant and verified by the site Director/Owner. Please attach supporting documentation, as needed.

Participant: Please return this form **as soon as you know** that you need an exemption. Send this form directly to First 5 California for approval.

E-mail to CARESplus@ccfc.ca.gov or mail to First 5 California

CARES Plus Evaluation: L. Vayder
2389 Gateway Oaks, Suite 260
Sacramento, CA 95833

First 5 California will notify the Lead Agency of its decision to grant or deny the exemption, and the Lead Agency will contact the participant.

I, (Print your name clearly.), a participant of the CARES Plus Program, am requesting an exemption from the *Classroom Assessment and Scoring System™ (CLASS™)* in-person observation requirement. I certify I am willing to participate in the observation, but for the reason(s) stated below, I am unable to comply with this CARES Plus requirement.

- Medical reason
- Extended absence from _____ to _____
- Policy of my facility
- Parent disapproval
- Other _____

For each reason checked, please explain or provide supporting documentation.

This exemption is requested for Fall 2013 Spring 2014 (check one or both) because

Participant's Signature: _____ Date: _____

Site Director/Owner Name (please print): _____

Site Director/Owner Signature: _____ Date: _____

First 5 California Use Only		Evaluation	Program Manager
Date: ____/____/____			
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved (reason) _____			