

**Exemption Review Information Form**

**Name of Applicant:** Spring Page, [REDACTED], 48

**Date of Exemption Review:** 12/05/07

**Fact-finding Review Team Member:** Josh Petersen, Family Safety Screening Unit  
Cynthia Robinson, Substance Abuse and Mental Health  
Linda Stoller, Hillsborough County Licensing

**Applicant / other Attendees:** Spring Page

**Disqualifying offense(s)/ Date/ Age at Time of Offense(s):**

[REDACTED] [REDACTED] [REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED] [REDACTED] [REDACTED]

**Non-Disqualifying offense(s)/ Date/ Age at Time of Offense(s):**

[REDACTED] [REDACTED] [REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED] [REDACTED] [REDACTED]

**Program for Which Screened:** Hillsborough County Licensing  
**Facility Name for Which Screened:** Spring Page FDCH

**The following significant information was gathered for the Exemption Review:**  
Ms. Page previously completed the exemption review process in 2001. On September 12, 2002 she was granted a conditional exemption that allowed her to operate a family day care within the Suncoast Region only. She is now seeking a full exemption. Should she be granted an exemption, she would also like to become a foster parent for her 2 nephews.

[REDACTED]

[REDACTED] Ms. Page did not provide any documentation regarding this [REDACTED]

[REDACTED] Ms. Page offered to give an [REDACTED]

**Applicant's version of the disqualifying incident:**

Ms. Page stated that she was [REDACTED] during the time of these [REDACTED]. She also stated that her first husband is who introduced her [REDACTED] and that her mother's death played a role in her [REDACTED]. She admits using [REDACTED]. She does not deny any of her disqualifying offenses.

**Current status with court system/probation:**

Ms. Page is no longer on probation and has no current involvement with the courts.

**Degree of harm to any victim, any permanent or temporary damage or injuries:**

There were no injuries or damages that were noted for any of Ms. Springs disqualifying offenses.

**Stressors in the applicant's life at the time of disqualifying incident and whether they are still present:**

Ms. Page was [REDACTED] during the time of her offenses. She has stated that she no longer [REDACTED]

**Current Stressors, current support system, current living arrangements:**

Ms. Page currently lives with her husband of 7 years, James Glover, and also cares for her 6 year old grandson.

**Work history for last 3 years:**

Ms. Page has been operating a family day care home under Hillsborough County Childcare Licensing since the end of 2002. Hillsborough County licensing reported that Ms. Page has operated a good home with no issues.

**Education/training:**

Ms. Page provided several childcare and educational trainings that she has completed since she has operated her day care home.

**Counseling received:**

Ms. Page completed [REDACTED]. She has completed child care classes, provided services for the Voluntary Pre- Kindergarten (VPK) program and completed her "Director's Credential, Foundational Level" through DCF in June 2005.

**Drug/Alcohol Involvement:**

Ms. Page state that she used [REDACTED] for seven or eight years, but that she has not [REDACTED] since [REDACTED] Ms. Page reported that she chose her children over her [REDACTED]

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**Remorse / accept responsibility:**

Ms. Page accurately signed the Affidavit of Good Moral Character (AGMC).

**References and other Documents:**



Recent letters of reference were provided by Suzette Dean, Principal of "Bible Truth Ministries Academy" and professional reference of 3 years, stated that Ms. Page is a person of outstanding character. Gail Hodges, friend of 30 years, stated that Ms. Page has been inspiring to watch overcome her obstacles.


**Additional Comments/Findings of Fact:**

1. Ms. Page was last arrested in [REDACTED]
2. Ms. Page has operated a family day care home since 2002.
3. Ms. Page provided several training and educational certificates, including completion of her "Director Credential" from DCF.
4. Ms. Page complete [REDACTED]
5. [REDACTED]

**\* Signature of Review Team Members Present:**

 Team Member (Signature and Date)	<u>12/5/07</u>  Team Member Name/Program Represented (print)
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 Team Member (Signature and Date)	<u>12/5/07</u>  Team Member Name/Program Represented (print)
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 Team Member (Signature and Date)	<u>Vash Petersen - Screening Unit</u> Team Member Name/Program Represented (print)
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<hr/> Team Member (Signature and Date)	<hr/> Team Member Name/Program Represented (print)
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