**cHILD cARE lICENSING pROGRAM**

**RESQUEST FOR EXEMPTION FROM CHILD CARE LICENSURE**

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| **Section A-Owner Information**  Name of Owner (First and Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Section B – Facility Information**  Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. The child care facility is located in:  a residence (home) or  other building. If in other building, describe where the program will be located: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Describe the purpose of the program:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Number of children enrolled or planning to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Are or will all of the children be related to the Owner? Yes  No   If Yes, submit proof of relationship of each child in care to the owner (for example: birth certificates, marriage certificates, and etc.).   1. Age range of children enrolled or planning to enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Hours of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm 3. Days of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Length of program: (for example year-round, summer only, other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Will the Owner be responsible for the children in care? Yes  No  If No, attach a copy of the Program’s policy regarding the responsibility of children while attending the program.   **Section C– Exemptions**  **Please check all applicable exemption citations for your program**  A facility in which child care is regularly provided and each child's parent is on the premises within reasonable proximity and accessibility to the child  A facility located on a United States Department of Defense or United States Coast Guard installation that is located on federal property, or a facility certified as a family child care provider by a branch of the United States Department of Defense or by the United States Coast Guard  A recreational program that allows children to attend but that does not assume responsibility for care of the children  A daytime therapeutic program of supervised, educational, and rehabilitative services for children with special needs or with behavioral problems  A program whose primary function is educational and that  (A) is certified as a pre-elementary school under AS 14.07.020 and 4 AAC 60;  (B) serves children ages three through five years and, under 4 AAC 60.020, is exempt from 4 AAC 60; or  (C) is operated as a Head Start preschool program required to meet standards established under 42 U.S.C. 9836a;  A temporary facility that provides care for one specific one-time occurrence scheduled for less than five weeks in any 12-month period, including a conference or weekend seminar; for purposes of this paragraph, a temporary facility does not include a day camp or similar facility or program  A facility that regularly provides care to four or fewer children who are not relatives of the caregiver; “regularly provides care” means that a child is enrolled for regular care, regardless of whether that child receives full-time or part-time care  A facility in which the caregiver is a relative of all of the children  A facility in which the caregiver is caring for a child in the child's own home, regardless of whether the caregiver is a relative of the child  A public or private elementary school program, kindergarten through grade six, lasting seven or fewer hours each day; the exemption in this paragraph does not apply to child care provided at the school site before or after school  A day camp or similar facility or program that:   1. holds a current accreditation or certification from the American Camping Association or another national accreditation group with standards the department finds are substantially similar to the requirements of this chapter; a facility or program that believes it should be exempt under this paragraph shall submit the standards to the department for review and approval; 2. provides services for children age five years and older; 3. operates more than five weeks in any 12 -month period; and 4. operates only during the summer, winter, and spring school breaks.   Submit copies of the following documents with this form: Program advertisements, State of Alaska Business License, parent newsletters, enrollment forms, contracts for services and any other program information that explains your program operations.  I certify that the above description of the program is accurate and true. I understand that I may be required to provide additional information.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name of Owner or Operator Title (if applicable)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  Signature of Operator or Owner Date |