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|  | **Tennessee Department of Human Services**  **Exemption Request** |

Approval of an exemption requires that your program meets the criteria in Tenn. Code Ann. § 71-3-503.

The requestor shall complete the request form and provide any additional documentation to support the request.

The completed form must be submitted to the Tennessee Department of Human Services (TDHS)

at [ChildCareRules.DHS@tn.gov](mailto:ChildCareRules.DHS@tn.gov). A copy of this exemption request and the Department’s response letter shall be retained in the agency records.

**Applicant Contact Information**

**Name:**Click or tap here to enter text.

**Business Mailing Address:** Click or tap here to enter text.

**Primary Telephone Number:** Click or tap here to enter text.

**Alternate Telephone Number:** Click or tap here to enter text.

**Email(required):** Click or tap here to enter text.

**Program Location Information**

**Program Name:** Click or tap here to enter text.

**Physical Address:** Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text.

**Email(required):** Click or tap here to enter text.

**Website mail (if applicable):** Click or tap here to enter text.

**Program Information**

**Program Type (Choose One): Educational**

If your program does not meet a specific program type and you have selected ‘**OTHER**’, please provide specific details to show that your program is clearly distinguishable from licensed child care (attach additional documentation as applicable): Click or tap here to enter text.

Name of Religious Institution or Organization (**Parent’s Day Out only**): Click or tap here to enter text.

Does your program currently participate in the Child Care Payment Assistance Program? YES

Does your program currently participate in the CACFP and / or SFSP? Choose an item.

Has the program ever been regulated by TDHS or Tennessee Department of Education (DOE)? Choose an item.

If yes, provide dates: Click or tap here to enter text.

Do you currently share space with another program or activity?

If yes, provide specific details about the program : Click or tap here to enter text.

Are you on the same premises as a licensed or other regulated program? Choose an item.

If yes, please explain how you plan to keep the programs separated: Click or tap here to enter text.

**Months of Operation:**

**Year-round  School year only  Summer only  Other:** Click or tap here to enter text.

**Days of Operation:**

**Mon  Tues  Wed  Thurs  Fri  Sat  Sun**

**Hours of Operation:** Click or tap here to enter text.

**Ages Served:** Click or tap here to enter text. **Number of participants anticipated:** Click or tap here to enter text.

**Detailed Program or Activity Information**

**Provide a detailed description of the operation of the program or activity, the program’s or activity’s purpose and the applicant’s basis for claiming an exemption. Attach additional pages as necessary. (Required)**

Click or tap here to enter text.

**Provide a detailed daily schedule:(Required)**

Click or tap here to enter text.

**Provide a detailed description of the program’s curriculum, if applicable. Attach additional pages as necessary.**

Click or tap here to enter text.

**Describe records your program will maintain regarding the participants in the program or activity, if applicable:**

Click or tap here to enter text.

**Describe the signage to be posted per Tenn. Code Ann § 71-3-503(b), if applicable:**

Click or tap here to enter text.

**For recreational exemption requests, provide documentation of each staff persons specialized qualifications that are directly related to the recreational activities / services being offered.**

Click or tap here to enter text.

In accordance with the requirements of **Tenn. Code Annotated 71-3-503,** Programs and Facilities Exempt from Licensing:

I, **Click or tap here to enter text** declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

I understand TDHS shall not be required to grant exemptions to programs or activities that offer otherwise exempt opportunities or services as a mere component of a program or activity that the department determines primarily constitutes substitute child care.

No program or activity shall be exempt from licensing solely for the reason that the care and supervision of children that constitutes child care is offered only on a part time or periodic basis.

Exemption from licensure does not exempt the program or activity from compliance with any other local, state, or federal requirements.

**Click or tap here to enter text.** Click or tap to enter a date.

Requestors Name Date