



Tennessee Department of Human Services
Exemption Request

The requestor shall complete the request form and provide any additional documentation to support the request. The completed form must be notarized and submitted to the Tennessee Department of Human Services (TDHS) at 505 Deaderick Street, Child Care Services 15th floor, Nashville, Tennessee 37243 or ChildCareRules.DHS@tn.gov. A copy shall be retained and kept on file for a year from the date of submission along with a copy of the response letter for agency records.

Applicant Contact Information		Program Location Information	
Name:		Program Name:	
Business Mailing address:		Physical address:	
Primary Contact number:		Telephone Number:	
Alternate Contact number:		E-mail (required):	
E-mail (required):		Website:	
Program type: (select only one)	Educational Camp Recreational	Parents' Day Out Casual Care Other	
Does your program currently participate in the Child Care Certificate Program?		Yes	No
Does your program currently participate in CACFP and/or SFSP?		Yes	No
Has the program ever been regulated by TDHS or the Department of Education (DOE)? Yes No			
If yes, please provide dates			
Number of participants anticipated:		Ages of children to be served	
Dates program will operate		Hours of operation	

Please 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 field)**

Please provide a detailed description of the program's curriculum, if applicable. (attach additional pages as necessary):

***(Optional depending on exemption requested)**

Please provide your program's detailed daily schedule.

*(Required field)

Describe records to be kept regarding participating children and signage to be posted per T.C.A. § 71-3-503(b).

(for internal use only)

Request received by

Date received

In accordance with the requirements of **Tenn. Code Ann. § 71-3-503, Program and facilities exempt from licensing;**

I, _____, attest that the information provided above is true and accurate to the best of my knowledge.

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.

REQUESTOR'S NAME

REQUESTOR'S SIGNATURE

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public

My commission expires: _____