



CHILD CARE LICENSING PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

REQUEST FOR EXEMPTION FROM CHILD CARE LICENSURE

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:

Blank lines for describing location

2. Describe the purpose of the program:

Blank lines for describing purpose

3. Number of children enrolled or planning to enroll:

4. 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.).

5. Age range of children enrolled or planning to enroll:

6. Hours of operation: am pm to am pm

7. Days of operation:

8. Length of program: (for example year-round, summer only, other):

Blank lines for length of program

9. 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:
 - (A) 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;
 - (B) provides services for children age five years and older;
 - (C) operates more than five weeks in any 12-month period; and
 - (D) operates only during 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 Owner or Operator

Date