

**EXEMPTION APPLICATION INSTRUCTIONS - Read Carefully**

- You may submit an Exemption Application for a program providing group care for children if the program is not operated in a residence and you believe the program meets the criteria for exemption from licensure in Rules 591-1-1-.46(1)(b)1.-14.
- Exempt programs are not required to comply with the Bright from the Start Rules for Child Care Learning Centers, but must comply with the criteria and requirements for exemptions in [Rule 591-1-1-.46\(1\)\(a\) Exemption Requirements](#) and [Rule 591-1-1-.46\(1\)\(b\) Exemption Categories](#). The rules, requirements and Exemption Application are available at <http://www.decal.ga.gov/ChildCareServices/Exemptions.aspx>. Questions may be sent to [ccsexemptions@decal.ga.gov](mailto:ccsexemptions@decal.ga.gov).
- A family child care learning home license is required for a program caring for more than two children for pay in a residence. Licensing information and application are available at <http://www.decal.ga.gov/BftS/StartingACenter.aspx>.
- **Complete:**
  1. A separate Exemption Application for each location/site address.
  2. A separate Description of Services page (page 3) for each exemption category you are applying for.
  3. Complete Attachment A only if you are applying for the religious/faith-based exemption, category 14. The form is available at <http://www.decal.ga.gov/ChildCareServices/Exemptions.aspx>.
- **Complete every section of the exemption application and attach all pages and required supporting documents. *The application cannot be processed if it is incomplete and this will delay a response.* Read the list below carefully and include all the required information with your application.**
- **Required information for all Exemption Applications:**
  1. Program name and location: the site address and county, phone number, website, if applicable, and e-mail address.
  2. Contact information for the person available to answer questions or provide additional information; *must include a current and valid e-mail address.*
  3. Program ownership – check one type of ownership and include the legal name of the owner, which would be one of the following: the name of the individual owner, the partners’ names, the corporation name, the LLC name, or the association name; if government-owned and operated, include the name of the government agency or department.
  4. Months, days and hours of operation; ages of children served; specific dates of operation for the next 12 months; for example, a day camp may operate 6/1/20XX – 8/1/20XX.
  5. Sample copy of the form parents will sign indicating they have been advised and understand the program is not licensed and that informs parents whether the program carries liability insurance.
  6. Copies of printed materials that support and verify the information on the application, such as written policies, advertisements, flyers, brochures, parent handbooks, etc.
  7. Notarized Affidavit of Verification (signature) page
- **Required only when there is a licensed child care program operating on the same property:**
  1. Site plan showing the location of the building(s), parking, and outdoor play area **and**
  2. Floor plan showing the rooms or buildings designated for each program (licensed and proposed exempt programs), toileting facilities, entrances and exits. If a site has a licensed program and the owner is requesting an exempt program on the same property, the licensed and exempt programs must remain completely separated during the hours both are in operation.
- **Required documentation only for categories 3, 4 and 14:** Copy of current accreditation certificate or letter
- **Required information only for category 13 (free programs):**
  1. Copy of the program’s operating budget describing expenses and income
  2. Written identification of the funding source(s)
  3. Copy of a sample form parents will sign acknowledging they have been informed this program is free of any charge. This includes in-kind donations and monetary donations from parents. Business, community or other outside donations may be accepted.

**To submit the completed application and supporting documents:**

- Fax to 404-232-1931 (preferred)
- E-mail to [ccsexemptions@decal.ga.gov](mailto:ccsexemptions@decal.ga.gov) (preferred)  
or
- Mail to the address on the right →

Bright from the Start  
Georgia Department of Early Care and Learning  
2 Martin Luther King Jr. Drive, SE, 670 East Tower  
**Attention: CCS Exemptions**  
Atlanta, Georgia 30334

## EXEMPTION APPLICATION

**PLEASE COMPLETE THIS SECTION BEFORE COMPLETING THE APPLICATION:**

**1. Is the program located at a private residence OR do you operate a family child care learning home at this location?**

- Yes (Stop and see **Note** below.)                       No (Go to #2)

**NOTE:** Programs operated in a residence are not eligible for an exemption. **If Yes, stop here** and go to <http://www.dec.state.ga.us/CCS/Exemptions.aspx> for exemption information or contact the Exemptions Unit at 770-293-2977 or [CCSExemptions@dec.state.ga.us](mailto:CCSExemptions@dec.state.ga.us).

**2. Is there a licensed child care program operating at this address, on this campus, or anywhere on this property?**     YES     NO  
**If YES, complete a-c below. The application will not be processed without this information.**

a. Program name: \_\_\_\_\_

b. License number: CCLC-\_\_\_\_\_ FR-\_\_\_\_\_

c. **Attach** a site plan and floor plan showing the location of building(s) and outdoor play space, the rooms designated for the licensed program and for the pending exempt program, toileting facilities, entrances and exits.

**REASON FOR SUBMITTING THIS APPLICATION (check one)**                       **New Exemption**

**Change of Location (List previous address)** \_\_\_\_\_

**New Exemption resulting from visit by Bright from the Start consultant (Visit date)** \_\_\_\_\_

**Change in months/days/hours of operation, ages served, or program name (Specify)** \_\_\_\_\_

**PROGRAM LOCATION INFORMATION**

Program name \_\_\_\_\_

Street address \_\_\_\_\_

City                      State                      Zip                      **County**

**County** \_\_\_\_\_

Phone number \_\_\_\_\_

Website \_\_\_\_\_

**E-mail (required)** \_\_\_\_\_

**APPLICANT CONTACT INFORMATION**

**Circle one:** Mr.    Mrs.    Ms.    Dr.    Father    Rev.    Sister    Pastor

First name                      MI                      Last name

Mailing address (Street or P.O. Box) \_\_\_\_\_

City                      State                      Zip

Title \_\_\_\_\_

Main contact number \_\_\_\_\_

Alternate contact number \_\_\_\_\_

**E-mail (required)** \_\_\_\_\_

**LEGAL OWNERSHIP - Check one and enter the name of the individual owner, the LLC, the corporation etc., whichever applies.**

- Individual (Person's name)     Association (Assoc. name)     Partnership (Persons' names)     LLC (LLC name)     Corporation (Corp. name)  
 Government (Agency, office or department name)

**Name of legal owner:** \_\_\_\_\_

**What is the tax status of the organization/program?**     Profit     Non-profit

**BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING**

Have you submitted an application to become licensed at this location?  Yes  No

If Yes, what is the date you submitted the application? \_\_\_\_\_

Do you operate a family child care learning home at another location?  Yes  No If Yes, list the address on the line below:

Are there any programs currently operating at this address that do not have a license or an exemption?  YES  NO

If YES, complete the following:

Program name \_\_\_\_\_ Ages of children \_\_\_\_\_ to \_\_\_\_\_

Months/days/hours of operation

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Description of Services

Complete a separate Description of Services page (page 3 of the Exemption Application) for each different category or location.

**EXEMPTION CATEGORIES 591-1-1-.46(1)(b)1.-14. Check only one. Complete an additional page for each additional category**  
**These are brief descriptions and do not include all criteria for each exemption. It is strongly recommended that you refer to the exemption rules at [www.dec.al.ga.gov](http://www.dec.al.ga.gov) for details.**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>1. <input type="checkbox"/> Government-owned and operated</li> <li>2. <input type="checkbox"/> Private education programs/5 years &amp; older/school day</li> <li>3. <input type="checkbox"/> Before/after-school program operated by accredited private school</li> <li>4. <input type="checkbox"/> Accredited 4's program operated by accredited private elementary/secondary school</li> <li>5. <input type="checkbox"/> Parent's morning/night out for no more than 4 hrs/day; 8 hrs/week</li> <li>6. <input type="checkbox"/> Nursery school, playschool, kindergarten, etc. for ages 2-6 yrs; no more than 4 hrs/day</li> <li>7. <input type="checkbox"/> Day camp for 5 years &amp; older; no more than 12 hrs/day</li> <li>8. <input type="checkbox"/> Short-term educational/recreational activities/classes</li> </ul> | <ul style="list-style-type: none"> <li>9. <input type="checkbox"/> Short-term child care on premises; parents on-site</li> <li>10. <input type="checkbox"/> Instructional, single-skill-based programs operated after the customary school day</li> <li>11. <input type="checkbox"/> Short-term educational program for 5 yrs &amp; older; offers specialized services</li> <li>12. <input type="checkbox"/> Program/facility for 5 years &amp; older operated by national membership non-profit organization</li> <li>13. <input type="checkbox"/> Group care for children for no pay</li> <li>14. <input type="checkbox"/> Religious/faith-based exemption: <u>also requires completion of Attachment A.</u></li> </ul> |
|---|---|

Is the intent of this Exemption Application to meet the public emergency need to serve school age children for distance learning?

Yes  No

**Months of operation (check one):**

- Year-round  School year only  School breaks (summer only)  
 School breaks (summer & other)  Other (specify)

\_\_\_\_\_

**Days of operation (Check all that apply)**

- Mon  Tue  Wed  Thu  Fri  Sat  Sun

**Ages of children served:**

From \_\_\_\_\_ to \_\_\_\_\_

**Dates of operation for the next 12 months:**

\_\_\_\_\_  
 \_\_\_\_\_

**Hours of operation:**

From \_\_\_\_\_ to \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_

Is this program currently operating?  Yes  No If Yes, what date did the program begin operating? \_\_\_\_\_

Are fees charged for services? **If NO fees are charged, the following documents must be submitted with the application:**

Yes  No

- 1. A copy of the operating budget for the program,
- 2. Written identification of the funding source(s),
- 3. Copy of a form parents will sign acknowledging they have been informed this program is free.

Is this program currently accredited?  Yes  No If Yes, by what organization? \_\_\_\_\_

**Attach a copy of the current accreditation certificate or letter. (Proof of current accreditation is only required for Categories 3, 4 and 14)**



**PLEASE READ CAREFULLY**

- A. Exemptions approved by the department do not affect the authority of local, regional or state health department officials, the state fire marshal, local fire prevention officials, local or regional building officials or zoning officials to inspect and approve facilities and locations.
- B. An approved exemption is only valid at the address listed on the attached application.
- C. The exemption approval letter must be prominently displayed near the front entrance of the facility.
- D. A notice that the program is not licensed and is not required to be licensed by the state must also be posted in a conspicuous place and must contain letters at least ½ inch high and include the department’s phone number (404-657-5562) and website address ([www.decal.ga.gov](http://www.decal.ga.gov)).
- E. Parents or guardians must sign a form indicating they have been advised and understand this program is not licensed and informing them whether the program carries liability insurance. A sample copy of this form must be submitted with the exemption application.
- F. The program must maintain attendance records for all children.
- G. Parental acknowledgement forms and child attendance forms must be maintained on-site for one (1) year after a child is no longer enrolled in the program.
- H. All records must be made available to any authorized representative of the department upon request.
- I. If the program loses accreditation (if applicable), closes and/or ceases to operate, I/we must send written notice to the department within five (5) business days.
- J. Any substantial material changes such as but not limited to a change of physical location and changes in operating months, days, hours and ages served, will require a new exemption application.
- K. The program may be required to update the department on the status of the program’s exemption and other operating information.
- L. The department may rescind an exemption approval when the program:
  - i. No longer meets exemption criteria.
  - ii. Provides false information during the application process or during an investigation.
  - iii. Fails to comply with local, regional and state health department, fire marshal, fire prevention and building/zoning guidelines/requirements.
  - iv. Fails to provide the department with a valid and current e-mail address or other requested information.

**AFFIDAVIT OF VERIFICATION**

Georgia \_\_\_\_\_ County

I, \_\_\_\_\_, declare that I have the authority to apply for this exemption, sign this document (Printed name of applicant) and enter into this agreement as or on behalf of the owner of this program. I am responsible for completing this document and I read, understand and agree to comply with the contents of this document. The answers and information furnished by me on this application, including any attachments, are true.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME:

This \_\_\_\_\_ Day of (mo) \_\_\_\_\_, (yr) \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

My commission expires \_\_\_\_\_

\_\_\_\_\_  
DATE