

EXEMPTION DETERMINATION

SECTION A - IDENTIFYING INFORMATION

Name of Operation			Telephone No.	
Address of Operation: Street	City	State	Zip	County
Address: Mailing if different	City	State	Zip	County
Name of Proprietor, Partners, Governing Body or Sponsoring Organization			Is the governing body nonprofit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address (if different)				
Name of Contact Person			Telephone No.	
Address: Street	City	State	Zip	County

SECTION B - PROGRAM INFORMATION Complete all questions that apply. If it doesn't apply, put N/A in the space.

1. Describe the purpose of the program(s):

2. Is the program currently operating? Yes No

3. Is the program: Child day care (Less than 24-hours a day) Residential care (24-hours a day) Child-Placing Agency

4. Describe the program components. If the program operation varies during the year, include all variations.

	Program 1	Program 2	Program 3
Number of children:	_____	Number: _____	Number: _____
Age range of children:	_____	Ages: _____	Ages: _____
Hours of operation:	_____	Hours: _____	Hours: _____
Days of the week:	_____	Days: _____	Days: _____
Months of the year:	_____	Months: _____	Months: _____

5. If the program is educational:

a.) What are the regular school hours? _____

b.) Is child care offered before or after school? Yes No If Yes, What hours? _____

c.) What grades are served? _____

d.) Is child care offered by the accredited operation or a contracting entity? _____

e.) Does the educational program also provide residential care? Yes No If Yes, do the parents retain primary responsibility for financial support, health problems or serious personal problem of their child in care? _____

6. Identify other organizations or entities that regulate or accredit the program.

7. Are the children related to the provider of the program? Yes No If yes, how related?

8. May children come and go at-will to and from the program operation? Yes No If no, describe how the program accepts and releases children to and from the parent/guardian.

9. Are criminal background checks conducted for all employees and volunteers? Yes No If yes, describe who and how the checks are conducted.

10. Is compensation collected for services?

11. Describe how children are transported to and from the program.

12. Describe the supervision that the program offers during all activities.

13. Explain the information that is given to the parent/guardian about the program (Attach sample copies of forms and policies).

14. Identify any standards for care adopted and used to assess the program. If using standards, include a copy of the standards for care.

15. Do the parents remain on the operation's premises? Yes No If Yes, for what reason or activity, and can the parent be contacted at all times?

16. For a skills program, what is the maximum length of time that a child may be in care each day? _____

17. Describe other programs offered on the operation's premises. (Include whether other programs operate in separate buildings, operate in separate areas of the same building or use the building at different times, and whether the other programs use outdoor areas at the same time. Include whether the other programs have separate caregivers or the same caregivers.)

18. If residential care is provided, is the care offered to each unrelated child or sibling group limited to a set number of continuous days and/or a set number of days per year? Yes No

a.) If yes, what is the maximum number of continuous days a child may be in care? _____

b.) If yes, what is the maximum number of days per year a child can be in care? _____

c.) Before providing residential care, did you previously have a relationship with the child's family? Yes No

d.) Do you receive compensation from the child's parent to provide residential care for the child? Yes No

SECTION C - AUTHORIZATION

I am requesting exemption from licensure for the program as it is described above. I certify that the above description of the program is accurate, true, and complete. I understand that I may be required to provide additional information to support my request for exemption. If my program is exempt, I understand that any change in the program will require another request for exemption.

Signature – Proprietor, Each Partner, or Head of Governing Body

Title

Date

THE FOLLOWING SECTIONS ARE FOR DFPS USE ONLY

SECTION D - EXEMPTION CLAIM

Check the box below to indicate the law or rule that best applies to this request. Consult Human Resources Code, § 42.041 and Texas Administrative Code §745.115, §745.117, §745.119, and §745.129 to complete the citation and evaluate whether the program meets all of the criteria for an exemption. Attach a copy of the law or rule.

Programs Regulated by Governmental Entities §745.115

- 1. Program regulated by other governmental entity. _____
Name of Governmental Agency: _____

Program of Limited Duration §745.117

- 2. Exemption Type: _____

Educational Programs §745.119

- 3. Educational Facility Accredited by TEA, Southern Association of Colleges & Schools (SACS), or accrediting entity approved by TEA or SACS - HRC §42.041(b)(7) and TAC §745.119(1)(2)(3)
Name of Accrediting Agency: _____
- 4. Kindergarten or Preschool Educational Program Part of a Public or Private School accredited by TEA - HRC §42.041(b)(9) and TAC §745.119(1)
- 5. Educational Facility solely for Educational Purposes - HRC §42.041(b)(8) and TAC §745.119(4)
Name of Other Organization: _____
- 6. Educational Facility Either Religious or Not with Limited Custodial Care - HRC §42.041(b)(11) and TAC §745.119(5)

Miscellaneous Programs §745.129

- 7. Exemption type: _____

SECTION E - DETERMINATION

Operation Name: _____

Operation Number: _____

Physical inspection of the operation made by licensing? Yes No Date of visit: _____

Exemption criteria met based on _____

Exemption criteria not met. Subject to regulation * _____

By: _____ Date _____
Licensing Representative

Provider Notified By: Form Letter _____ Date _____

* Note: If you do not agree with this exemption determination, you may request an administrative review. Contact _____ name
in writing at _____ address

At the review, you may present any information about why you disagree with this determination. You have 15 days from receipt of this determination to request an administrative review.