

BRIGHT FROM THE START  
GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING

**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.dec.al.ga.gov/ChildCareServices/Exemptions.aspx>. Questions may be sent to [ccsexemptions@dec.al.ga.gov](mailto:ccsexemptions@dec.al.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.dec.al.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 and the program is licensed. The form is available at <http://www.dec.al.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 of the required information with your application.***
- **Required information for all Exemption Applications:**
  1. Program name and location: the actual 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*. All correspondence from DECAL will be to the email address you provide.
  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 6/1/14 – 8/1/14.
  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 or not 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 designated for each program (licensed and proposed exempt programs), toileting facilities, entrances and exits.
- **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,
  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@dec.al.ga.gov](mailto:ccsexemptions@dec.al.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

BRIGHT FROM THE START  
 GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING  
 KEEP A COPY OF ALL DOCUMENTS FOR YOUR RECORDS  
**EXEMPTION APPLICATION**

**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) \_\_\_\_\_

APPLICANT CONTACT INFORMATION	PROGRAM LOCATION INFORMATION
First name _____ MI _____ Last name _____	Program name _____
Business mailing address (Street or P.O. Box) _____	Street address _____
City _____ State _____ Zip _____ County _____	City _____ State _____ Zip _____ County _____
Main contact number _____	Phone number _____
Alternate contact number _____	E-mail (required) _____
E-mail (required) _____	Website _____

**PROGRAM 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 listed on the Secretary of State)

Corporation (Corp. name listed with the Secretary of State)  Government (Agency, office or department name)

**Full Name of legal owner (as listed with the Secretary of State):**  
 \_\_\_\_\_

**Please answer the following questions before continuing to complete this application:**

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

2. Is this location a private residence OR do you operate a family child care learning home at this location?  Yes  No  
**If Yes, this program is not eligible for an exemption.**

3. Have you submitted an application to become licensed that is in process at this location?  
 Yes  No If Yes, what is the date you submitted the application? \_\_\_\_\_

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

5. Are there any **additional** programs currently operating at this address that do not have a license or an exemption?  YES  NO **If YES,**  
**complete the following:** Program name \_\_\_\_\_

Months, days and hours of operation \_\_\_\_\_ Ages of children \_\_\_\_\_ to \_\_\_\_\_

**Is there a licensed child care program operating at this address, on this campus, or anywhere on this property?**  YES  NO  
**If YES, complete 1-3 below. The application will not be processed without this information.**

1. Program name: \_\_\_\_\_

2. License number: \_\_\_\_\_

3. **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.

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## 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 box. 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 <http://www.decal.ga.gov/CCS/Exemptions.aspx> for more 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 operated 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>must be currently licensed and accredited, and also requires completion of Attachment A.</u></li> </ul> |
|---|---|

**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 \_\_\_\_\_

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

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

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*)

**Describe the program/services offered (attach additional pages if needed). You will also submit copies of printed information such as policies, sample forms, flyer, budget, advertisements, and other supporting documentation, if applicable or requested.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If children are present at times other than as described above (before or after normal operating hours, before or after school, during school holidays or breaks, summer, teacher workdays, etc.) is there a license or exemption for each of those times?     Yes     No

**If No, complete a separate Description of Services page for each of those other times children are present without a license or exemption and submit with this application.**

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**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.dec.al.ga.gov](http://www.dec.al.ga.gov)).
- E. Families or guardians must sign a form indicating they have been advised and understand this program is not licensed. A sample copy of this form must be submitted with the exemption application.
- F. Certain types of programs must notify families or guardian(s) of enrolled children if you do not carry liability insurance for your program.
- G. The program must maintain attendance records for all children.
- H. 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.
- I. All records must be made available to any authorized representative of the department upon request.
- J. 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.
- K. Any substantial material changes such as but not limited to a change of physical location, ownership, changes in operating months, days, hours and ages served will require a new exemption application.
- L. The program administrator must notify DECAL of changes in the director, phone number, or email address. These changes may be made electronically in the program’s DECAL KOALA account.
- M. The program is required to update the department on the status of the program’s exemption and other operating information such as dates of operation or closure of the program.
- N. The department may rescind an exemption approval when the program:
  - i. No longer meets exemption criteria.
  - ii. Provided false information during the application process or during an investigation.
  - iii. Failed to comply with local, regional and state health department, fire marshal, fire prevention and building/zoning guidelines/requirements.
  - iv. Failed 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  
(Printed name of affiant)  
document 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 AFFIANT

\_\_\_\_\_  
TITLE OF AFFIANT

SWORN TO AND SUBSCRIBED BEFORE ME:

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

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

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

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

\_\_\_\_\_  
DATE