



## MISCELLANEOUS ENTITIES REQUEST FOR EXEMPTION FROM REGULATION UNDER 40 TAC §745.129

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### Child Care Licensing (CCL)

**Purpose:** Licensing uses this form to determine whether your program is exempt from DFPS regulation based on an exemption for one of the following:

- A neighborhood recreation program: 40 TAC §745.129(1)
- A caregiver who has written agreement with a parent to provide residential care: 40 TAC §745.129(3)
- An emergency shelter for minors: 40 TAC §745.129(4)
- A child or sibling group placed by DFPS: 40 TAC §745.129(5)
- A food distribution program: 40 TAC §745.129(6)
- An emergency shelter for victims of human trafficking: 40 TAC §745.129(7)

**Instructions:** Complete all sections of the form that are relevant to your type of program. If a question does not apply, enter *Not Applicable* in the space.

For further clarification, review 40 TAC Chapter 745 (Licensing), Subchapter C, Operations That Are Exempt From Regulation at: [http://www.dfps.state.tx.us/Child\\_Care/Child\\_Care\\_Standards\\_and\\_Regulations/rules.asp](http://www.dfps.state.tx.us/Child_Care/Child_Care_Standards_and_Regulations/rules.asp).

**Directions:** If you have questions when completing the form, contact your local Licensing office. Please mail the completed form and any other application-related materials to your nearest Licensing office. Information on local Licensing offices can be found at: [http://www.dfps.state.tx.us/Child\\_Care/Local\\_Child\\_Care\\_Licensing\\_Offices/default.asp](http://www.dfps.state.tx.us/Child_Care/Local_Child_Care_Licensing_Offices/default.asp).

#### SECTION A - IDENTIFYING INFORMATION

Program Name		Program Website	
Address		City	Zip Code
Mailing Address (if different)		City	Zip Code
Name of Owner, Partners, Governing Body, or Sponsoring Organization		Is the governing body nonprofit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Name	Your Phone Number	Your Email Address	
Your Address (Street Address, City, State, Zip Code)			

#### SECTION B - PROGRAM INFORMATION

Please answer the following questions about your overall program:
What is the overall purpose of your program?

### SECTION B - PROGRAM INFORMATION

What ages do you serve?

How many children participate in your program?

What are your program's operating hours?

Name the specific days of the week that your business operates:

Describe the program that you are requesting an exemption for:

### SECTION C - REQUIRED DOCUMENTS

Indicate below the documentation that you are submitting with your exemption request. Submitting the documentation with your request helps DFPS process your request efficiently and effectively.

- Description of all services provided
- Description of how each service provided is directly related to the program.
- Copies of information given to parents about the program (including enrollment forms, policies, schedules, and parent guides).
- Daily schedule that describes what children do from the time that they arrive until they leave. (If your program offers services during school breaks, include the schedule for those days too.)
- Weekly or monthly schedule
- Fees collected for the services provided
- Floor plan (including rest rooms, areas used by the children, and areas used by other programs that operate at the same time)
- Informational and advertising materials (including Internet pages and links)
- Other information that demonstrates that your program is exempt

### SECTION D - NEIGHBORHOOD RECREATION EXEMPTION

Complete this section if you are requesting an exemption based on meeting the requirements for being a **neighborhood recreation program** under 40 TAC §745.129(1).

Does your program provide activities designed for recreational purposes?

- No
- Yes

If yes, describe the types of activities:

### SECTION D - NEIGHBORHOOD RECREATION EXEMPTION

What is the age range of the children that you serve?

Does your program's governing body adopt standards for care that, at a minimum, include staffing ratios, staff training, health and safety standards, and mechanisms for monitoring whether and how the program follows the standards, enforces the standards, and receives and resolves complaints from the parents of enrolled children?

- No  
 Yes

Do you accept compensation other than a nominal annual membership fee or solicit donations as payment for services or goods provided as part of the program?

- No  
 Yes

Is your program organized as a nonprofit organization or located at the participant's home?

- No  
 Yes

Do you inform parents that the state does not license your program?

- No  
 Yes

Do you advertise or represent your program as a child care facility, a day care center, a licensed before-school or after-school program, or as offering child care services?

- No  
 Yes

Does your program conduct background checks through the Department of Public Safety on all program employees and volunteers who work with children?

- No  
 Yes

### SECTION E - CAREGIVER WITH WRITTEN AGREEMENT

Complete this section if you are requesting an exemption based on meeting the requirements for being a **caregiver who has a written agreement** with a parent to provide residential care under 40 TAC §745.129(3).

Do you provide care to more than one child or sibling group unrelated to you?

- No  
 Yes

Did you have a previous relationship with the child, the sibling group, or their family members?

- No  
 Yes

Do you receive compensation or solicit donations for the care of the child or sibling group?

- No  
 Yes

### SECTION E - CAREGIVER WITH WRITTEN AGREEMENT

Do you have a written agreement with the parent to care for the child or sibling group?

- No  
 Yes

### SECTION F: EMERGENCY SHELTER FOR MINORS

Complete this section if you are requesting an exemption based on meeting the requirements for being an **emergency shelter for minors** under 40 TAC §745.129(4).

Does your program operate as a child care facility that must have a license from DFPS?

- No  
 Yes

Does your program provide shelter or care to a minor and the minor's child or children, if any?

- No  
 Yes

Does your shelter provide care for the minor and the minor's child or children only when there is an immediate danger to the physical health or safety of the minor or the minor's children?

- No  
 Yes

Does your shelter provide care for no more than 15 days, unless one of the following two scenarios is true:

- The minor consents to receiving shelter or care for the minor or the minor's children, and:
  - the minor is age 16 or older, lives separate and apart from his or her parent, and manages his or her own financial affairs; or
  - the minor is unmarried and is pregnant or is a parent

OR

- The minor has qualified for Temporary Assistance for Needy Families and is on the waiting list for housing assistance.

- No  
 Yes

Is your shelter:

- currently under contract with a state or federal agency for the provision of shelter or care to children; or
- a family violence center that meets the requirements listed under Human Resources Code §51.005(b)(3), as determined by the Health and Human Services Commission (HHSC).

- No  
 Yes

### SECTION G: CHILD OR SIBLING GROUP PLACED BY DFPS

Complete this section if you are requesting an exemption based on meeting the requirements for being a **child or sibling group placed** by DFPS under 40 TAC §745.129(5).

Do you have a longstanding and significant relationship with the child or sibling group?

- No  
 Yes

**SECTION G: CHILD OR SIBLING GROUP PLACED BY DFPS**

Is DFPS the managing conservator of the child or sibling group?

- No  
 Yes

Did DFPS place the child or sibling group in your home?

- No  
 Yes

**SECTION H - FOOD DISTRIBUTION PROGRAM**

Complete this section if you are requesting an exemption based on meeting the requirements for being a **food distribution program** under 40 TAC §745.129(6).

Does your program serve an evening meal to children who are two years old or older?

- No  
 Yes

Is your program operated by a nonprofit food bank located in a nonprofit, religious, or educational facility for no more than two hours a day on regular business days?

- No  
 Yes

**SECTION I - EMERGENCY SHELTER: HUMAN TRAFFICKING**

Complete this section if you are requesting an exemption based on meeting the requirements for being an **emergency shelter for victims of human trafficking under DFPS** under 40 TAC §745.129(7).

- No  
 Yes

Does your shelter operate as a child care facility that must have a license from DFPS?

- No  
 Yes

Is your shelter operated by a nonprofit organization?

- No  
 Yes

Does your shelter provide shelter and care for no more than 15 days to youth who are alleged victims of human trafficking (as defined in Penal Code §20A.02) and are 13-17 years old?

- No  
 Yes

**SECTION I - EMERGENCY SHELTER: HUMAN TRAFFICKING**

Is your shelter located in a municipality that has a population of at least 600,000 and is located in a county on an international border?

- No  
 Yes

Is your shelter:

- licensed by (or operated under an agreement with) a state or federal agency to provide shelter and care to children; or
- considered a family violence center that meets the requirements listed under Human Resources Code §51.005(b)(3), as determined by HHSC?

- No  
 Yes

**SECTION J - HOW DFPS PROCESSES YOUR REQUEST**

If the information you submit does not fully demonstrate that your program is exempt, we may request additional documentation or visit your program to obtain additional information.

If we determine that your program does not meet all of the criteria for an exemption, we will send you a letter stating that you must apply for a permit. The letter will also explain how to request an administrative review if you do not agree with Licensing's decision.

If Licensing determines that your program is subject to regulation, you will be operating illegally if you continue to operate without meeting Licensing requirements. We may file suit in district court for both a civil penalty and injunctive relief, if you knowingly engage in activities that require a license or registration.

**SECTION K - PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our privacy policy online at:  
[www.dfps.state.tx.us/policies/privacy.asp](http://www.dfps.state.tx.us/policies/privacy.asp)

**SECTION L - CERTIFICATION**

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 show the program meets all requirements to be exempt from Licensing regulation.

Signature of Owner, Partner, or  
Head of Governing Body:

Title

Date Submitted to Licensing: