

OFFICE USE ONLY
Revised October 2019

Date Received: _____

Supervisor: _____



State of Delaware
Department of Services For Children, Youth and Their Families
OFFICE OF CHILD CARE LICENSING

APPLICATION FOR LICENSE EXEMPTION

INSTRUCTIONS

**PLEASE TYPE OR
CLEARLY PRINT
ALL RESPONSES
SUPPLY ALL REQUESTED
INFORMATION**

⌘ SUBMIT TO ⌘

OFFICE OF CHILD CARE LICENSING
821 Silver Lake Boulevard
Silver Lake Complex, Barratt Building, Suite 103
DOVER, DELAWARE 19904
PHONE: 302-739-5487
FAX: 302-739-6589
Email: kimberly.garvey@delaware.gov

SECTION A – Identification

Applicant: _____ Title: _____ Program Email: _____

Phone #: _____ Alternate or Cell Phone #: _____ Fax #: _____

Program Name: _____

Site Address: _____
(Street Address) (City) (County) (Zip)

Mailing Address: _____
(*If different from site address)
(Street Address) (City) (County) (Zip)

Check the appropriate box if applicable to the site location: State Operated School * *Delaware DOE School Registration #: _____
Please note an exemption cannot be granted for a private residence.

Currently licensed by OCCL? No Yes License #: _____

Is this program run by or affiliated with another organization? If yes, please provide organization information below.

Organization Name: _____

Site Address: _____
(Street Address) (City) (County) (Zip)

Phone #: _____ Fax #: _____ Email Address: _____

Contact Person: _____ Title _____

Has the Applicant been previously licensed, approved, or exempted to provide child care to children in Delaware?

Yes No

If "Yes," note the specific location and the dates of operation: _____

*** IF YOU ARE A SCHOOL REGISTERED WITH DELAWARE DOE, PLEASE SKIP TO SECTION D.**

SECTION B – Program Information

1. Dates of Operation: _____ to _____ Days: M T W Th F Sa Su
Program Hours: _____AM/PM to _____AM/PM
2. Ages of the children to be served (Use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)
From _____ to _____
*** A school-age child attends or has attended kindergarten or a higher grade.**
3. Will a parent of each child in attendance remain onsite each day? Yes No
4. Will a fee be charged for attendance to this program? Yes No
5. Is this an “open door” program that children may enter or leave without being placed with a designated adult? Yes No
6. Are you applying for Delaware Child Care Subsidiary Program (Purchase of Care)? Yes No

SECTION C – Additional Information Attachments

Exemptions from *DELACARE: Regulations for Early Care and Education and School-Age Centers* may be granted under the following conditions:

1. Youth camps that provide care for only school-age children and are issued permits by the Division of Public Health (DPH);
2. An institution, agency, association, or organization under State of Delaware ownership and control;
3. Religion classes conducted by religious institutions during the summer that do not exceed four weeks;
4. Programs established in connection with a business, recreation center, or religious institution in which children are provided care for brief periods of time, while a parent/guardian is on the premises and readily accessible at all times;
5. Programs that offer activities for school-age children who attend at their own discretion on an ‘open door’ basis, where there is no payment and no agreement, written or implied, between the program and the parent/guardian for the program to be responsible for the care of the child;
6. Programs that offer school-age care on a limited basis in order to meet an emergency need;
7. Programs that solely provide lessons or classes, such as tutoring, music, dance, sport, or art; or
8. A public or private school that provides education in the subjects prescribed for the schools of the State. This school reports to the State Board of Education pursuant to 14 **Del.C. §2704**. This exclusion includes programs and preschool education programs for people with disabilities as defined by 14 **Del.C. §3101(4)** operated by these schools, except as stated in subsection 4.B.

Required Attachments:

- (1) **Explanation** of why a licensing exemption applies to this program using the criteria in Section C,
- (2) **Daily Activity Schedule** with times per day for a 2-week period.

SECTION D - Signature

Signature of Applicant

Date

Title/Relationship to Facility