



Request for Verification of License Exempt Status

UTAH DEPARTMENT OF HEALTH

Note: It may take up to 60 days to process your completed application. An application is considered complete when all required documents have been received.

A. CONTACT & LOCATION INFORMATION:

Applicant's Name: _____

Program Name: _____

Applicant Phone #: (____) _____ Program Phone #: (____) _____

Fax #: (____) _____ Email address: _____

Location Address: _____

Mailing Address: _____

Has your program ever been licensed or certified as a child care program in Utah? Yes No

B. PROGRAM INFORMATION:

Please answer the following questions regarding the services you offer:

1. What ages of children does your program accept?

From _____ months / years (circle one) to _____ months / years (circle one)

2. Does your program receive direct or indirect compensation for child(ren) to attend? Yes No

3. What days of the week and hours are your services offered to children?

<input type="checkbox"/> Mondays _____ (start time) _____ (end time)	<input type="checkbox"/> Fridays _____ (start time) _____ (end time)
<input type="checkbox"/> Tuesdays _____ (start time) _____ (end time)	<input type="checkbox"/> Saturdays _____ (start time) _____ (end time)
<input type="checkbox"/> Wednesdays _____ (start time) _____ (end time)	<input type="checkbox"/> Sundays _____ (start time) _____ (end time)
<input type="checkbox"/> Thursdays _____ (start time) _____ (end time)	

4. Is your program open for school age children for 4 or more hours on days when school is not in session?

(Holidays, summers, off-track, etc.) Yes No

5. How many hours in one day can any individual child be present at your program? _____

6. What is the maximum number of children who may be in attendance at your program at the same time? _____

In addition to completing the information on this page, you must also complete the declaration on page 4.

C. EXEMPT CATEGORY INFORMATION:

If you would like your program to be reviewed for exemption for any reason other than your days and hours of operation and/or the number of children who attend your program, please complete the applicable information on the following pages and the declaration on page 4.

Care Not in Lieu of Parental Care, R430-8-4

1. Are the parents of each child being served present at the facility throughout the time their child attends the program?
 Yes No
2. Does the program prepare or serve meals to children?
 Yes No
3. Does the program change children's diapers?
 Yes No

Care Under Other Government Oversight, R430-8-5

1. Is the program owned or operated by the federal government?
 Yes No
If yes, list the government agency that owns or operates the program: _____
2. Is the facility where the program is located owned by the federal government?
 Yes No
If yes, list the government agency that owns the facility: _____
3. Is the program part of a summer camp that operates on federal land with a federal permit?
 Yes No If yes, include a copy of the federal permit.
4. Is the program operated by an organization that qualifies for tax exempt status under Section 501(c)(3) of the Internal Revenue Code?
 Yes No If yes, include a copy of the verification of the program's 501(c)(3) status from the IRS.
If the program qualifies as a 501(c)(3) program, the program have a written agreement with a local municipality or county that provides oversight of the program and a copy of that agreement must be included.

Care Provided By, At, or as Part of a Course of Study at a Public School, R430-8-9(1)

1. Is the care provided by or at a public school?
 Yes No If yes, list the school and the school district. _____
2. If the care is not provided at a public school, is it provided as part of a course of study at a public school?
 Yes No If yes, list the public school and the school district, the name of the course, and describe how the care provided is part of the course. _____

Care Provided by a Private School, R430-8-9(3)

1. Is the program administered by a private school, or is it part of a course of study at a private school? Yes No

If yes, in what grades does the private school currently have children enrolled? Check all that apply.

1st 2nd 3rd 4th 5th 6th

2. Does the facility receive public funding? Yes No

If yes, please list the public funding sources. _____

3. Does (or will) the facility receive child care subsidy payments from the Department of Workforce Services?

Yes No To receive DWS payments there must be one person in the facility at all times children are in care and one person in a vehicle transporting children in care with current First Aid and Infant and Child CPR certification and copies of those certifications must be included.

4. Does (or will) the facility receive CACFP child nutrition payments from the State Office of Education?

Yes No **If a private school receives public child care food program payments, the program does not qualify for license exempt status and must have a child care license.**

5. Is the school operated in the home of the children who attend the school? Yes No

Care Provided by a Parochial School, R430-8-9(4)

1. Is the program administered by a parochial education institution? Yes No

2. Is the program owned and operated by a religious organization that is registered with the federal government as a 501(c)(3) religious organization? Yes No

If yes, include a copy of verification from the IRS of the organization's status as a 501(c)(3) religious organization.

3. In what grades does the parochial school currently have children enrolled? Check all that apply.

1st 2nd 3rd 4th 5th 6th

4. Does the facility receive public funding?

Yes No If yes, please list the public funding sources. _____

5. Does (or will) the facility receive child care subsidy payments from the Department of Workforce Services?

Yes No To receive DWS payments there must be one person in the facility at all times children are in care and one person in a vehicle transporting children in care with current First Aid and Infant and Child CPR certification and copies of those certifications must be included.

6. Does (or will) the facility receive CACFP child nutrition payments from the State Office of Education?

Yes No **If a parochial school receives public child care food program payments, the program does not qualify for license exempt status and must have a child care license.**

7. Is the school operated in the home of the children who attend the school? Yes No

Care Provided by an Institution of Higher Education, R430-8-9(2)

1. Is the program operated at an institution of higher education? Yes No

If yes, list the name of the educational institution: _____

2. If the program is operated at an institution of higher education, is it operated in connection with a course of study at the educational institution? Yes No
- If yes, list the associated course, and explain how the program is connected with the course: _____
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Care Provided to Related Children, R430-8-7

1. Are all of the children you provide care for your own children, step-children, legal wards, grandchildren, siblings, nieces, or nephews? Yes No

D. DECLARATION:

I certify that the information provided in this document is true and correct. I understand that if I provide false, misleading, or incomplete information, any verification of this program's legally exempt status provided by the Department of Health is null and void.

Printed Name of Program	Printed Name of Applicant
Applicant's Signature	_____/_____/_____ Signature Date

Submit completed application, fees, and all required application documents to:

<p>Mailing Address Child Care Licensing P.O. Box 142007 Salt Lake City, UT 84114-2007</p>	<p><u>North Region</u> Location Address (Do NOT mail items to this address) 3760 South Highland Drive, Room 403 Salt Lake City, UT 84106</p>	<p>Phone: (801) 273-6617 Toll Free: 1-888-287-3704 Fax: (801) 372-4145</p>
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<p style="text-align: center;"><u>South Region</u></p> <p>Child Care Licensing 150 East Center Street, Suite 3200 Provo, UT 84606</p>	<p>Phone: (801) 374-7688 Toll Free: 1-800-894-2588 Fax: (801) 371-1168</p>
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For office use only. Do not write below this line.

- DWS child care subsidy status verified on: ____/____/____ Initials of person verifying: _____
Does the facility receive DWS subsidy payments? Yes No
If yes, were copies of First Aid and CPR certifications included? Yes No
- Food program status verified on: ____/____/____ Initials of person verifying: _____
Does the facility participate in the CACFP food program? Yes No