

**Licensing Exemption Request for School-aged Child Care Programs
for Non-Child Care Assistance Funded Program (CCAP)**

Complete this Affidavit if Your Exempt Program will NOT be serving Child Care Assistance Program (CCAP) Funded Children.

Name of Program: _____

Sponsoring Agency or Institution: _____

Program Operational Dates: _____

Physical Address of Program: _____

Mailing Address (if different): _____

Telephone: _____

Please describe the funding source for this program :

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| <input type="checkbox"/> TEEN Reach | <input type="checkbox"/> Community Development Block Grant Program (CDBG) |
| <input type="checkbox"/> 21 st Century Community Learning Center grant (CCLC) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) funds |
| <input type="checkbox"/> Child and Adult Care Food Program (CACFP) | <input type="checkbox"/> Workforce Development Grants |
| <input type="checkbox"/> Child Care Assistance Program (CCAP)* | |
| <input type="checkbox"/> Other (please describe): _____ | |

*Note: If your program receives CCAP or Child Care Development Fund (CCDF) funding you must complete a **CFS 672-6 License Exemption Request for School-aged Child Care Programs Seeking Child Care Assistance Program (CCAP) Approval.**

Reason for Submitting this Form (check one):

- Change of Location (List previous address): _____
- Request to Renew Exemption
- New Exemption
- Change in months, days or hours of operation; ages served; program name (Specify) _____

This request for exemption shall be accompanied by the following attachments:

- A Notarized Statement that the facility complies with:
 - a. The Standards of the Illinois Department of Public Health or local health department
 - b. Fire Safety Standards of the Illinois State Fire Marshal
 - c. If operated in a public school building, the health and safety standards of the Illinois State Board of Education.
- A copy of the Employee/volunteer Emergency Preparedness manual or written procedures and a copy of required drill logs.
- A document that details where first aid kits are located in your facility, their minimum contents, how they are inventoried and how staff are informed/trained on their availability, location and contents and procedures for reporting refilling needs.
- A copy of verification of minimum liability insurance coverage for your facility (at the location listed above) of no less than \$300,000 single limit per occurrence.
- Information regarding the availability of a working telephone on site and accessible at all times. If different than that above, provide the number. If not a landline, provide a description of your facility's plan to insure that the phone is in working order at all times.
- Description of where emergency phone numbers are posted and which numbers are available.
- Description of the locations of the Illinois State Police "No Firearms" sign posted at all entrances and a copy of the policy or document that is provided to parents notifying them in writing that firearms are prohibited on the premises.
- A written statement that the facility engages and complies with the background check and clearance requirements to obtain criminal history checks through the Illinois State Police, FBI and checks of the Illinois Sex Offender Registry, and Child Abuse and Neglect Tracking System for employees and volunteers who work directly with children.
- A copy of the facility's written procedure or policy which addresses a staff or volunteer who does not receive a clearance following the IDHS background check.
- A copy of the written notification to parents or guardians indicating the parent or guardian has been advised and understands that the facility and program is not licensed or regulated by DCFS.
- A copy of the parent/guardian form which gathers information on each child enrolled, and details on how and when the information is gathered and used and a description of how records are maintained and disposed of in a manner that protects privacy and confidentiality. At a minimum, the information on each child should include: first and last name of the child, date of birth, name address and phone number of each parent, emergency contact information, and written authorization for medical care.
- A notarized statement that the facility complies with Illinois Department of Human Services Rule 50.820 Staff Qualifications for License Exempt School-Age Providers that all staff members have the appropriate level of professional and educational qualifications and experience to work with school-age youth.

- A notarized statement that the facility complies with Illinois Department of Human Services Rule 50.830 Training Standards for License Exempt School-Age Providers which addresses facility staff members' initial orientation and annual trainings.

By completing this request you are requesting the Illinois Department of Children and Family Services to determine compliance with the Illinois Child Care Act Section 2.09(a-j). You also understand and agree that, upon request, verification of compliance with any or all of the requirements must be submitted.

By completing this request, you are certifying that your program provides care only for school-age children (defined as "full time kindergartener or older") during hours that school is not typically in session—before/after school, school holidays, summer vacation, etc.) and that you are requesting the Illinois Department of Children and Family Services to review the documents you have submitted as part of this packet to determine compliance with the Illinois Child Care Act Section 2.09(j) in order to apply for or maintain eligibility for Child Care Assistance Program (CCAP) through IDHS. You also agree that if requested, you will submit additional documentation to further support compliance with any or all of the requirements.

Program Manager/Operator/Director Signature

Date

INSTRUCTIONS for Programs not requesting CCAP exemption

Please submit to the Illinois Department of Children and Family Services Day Care Licensing Office nearest the location of the facility. You will find a list of the DCFS Licensing Offices in your information packet. Address the packet "Attention: Day Care Licensing Supervisor"

Upon verification of all required items, DCFS will forward a letter which confirms your compliance with the exemption requirements and your status as an exempt facility. This letter is valid for two (2) years.

If you plan to make change to your program or no longer meet any of the requirements as listed above, you must contact the DCFS office issuing your exemption letter to discuss these proposed changes prior to implementation. Changes in program such as, but not limited to include: change in physical location, a change in operating months, days, and/or hours or a change in the ages served. Failure to notify the DCFS office may result in a determination that your facility is no longer exempt.

If you have any questions, please phone the DCFS Licensing office nearest you and ask to speak with a Day Care Licensing Supervisor.

Day Care Licensing Office Contact List

Northern Region

AURORA	630-801-3400	8 E GALENA BLVD, SUITE 300, AURORA 60506
DEKALB	815-787-5300	760 PEACE RD, DEKALB 60115
ELGIN	847-888-7620	595 S STATE ST, ELGIN 60123
FREEPORT	815-235-7878	1826 S WEST AVE, FREEPORT 61032
GLEN ELLYN	630-790-6800	800 ROOSEVELT RD, BLDG D-10, GLEN ELLYN 60137
JOLIET	815-730-4000	1619 W JEFFERSON, JOLIET 60435
KANKAKEE	815-939-8140	505 S SCHUYLER, KANKAKEE 60901
ROCKFORD	815-987-7640	200 S WYMAN ST, 2ND FL, ROCKFORD 61101
STERLING	815-625-7594	2607 WOODLAWN RD, SUITE 3, STERLING 61081
WAUKEGAN	847-249-7800	2133 BELVIDERE ROAD, WAUKEGAN 60085
WOODSTOCK	815-338-1068	113 NEWELL ST, WOODSTOCK 60098

Central Region

BLOOMINGTON	309-828-0022	401 BROWN ST, BLOOMINGTON 61701
CHAMPAIGN	217-278-5500	2125 S 1ST ST, CHAMPAIGN 61820
CHARLESTON	217-348-7661	825 18TH ST, CHARLESTON 61920
DANVILLE	217-443-3200	401 N FRANKLIN, DANVILLE 61832
DECATUR	217-875-6750	2900 N OAKLAND AVE, B, DECATUR 62526
GALESBURG	309-342-3154	467 E MAIN, GALESBURG 61401
JACKSONVILLE	217-479-4800	46 N CENTRAL PARK PLAZA, JACKSONVILLE 62650
LINCOLN	217-735-4402	405 N LIMIT ST, LINCOLN 62656
OTTAWA	815-433-4371	1580 FIRST AVE, OTTAWA 61350
SPRINGFIELD	217-782-4000	1124 N WALNUT, SPRINGFIELD 62702
PEORIA	309-693-5400	5415 N UNIVERSITY ST, PEORIA 61614
QUINCY	217-221-2525	107 N 3RD ST, QUINCY 62301
ROCK ISLAND	309-794-3500	500 42ND ST, SUITE 5, ROCK ISLAND 61201

Southern Region

BELLEVILLE	618-257-7500	1220 CENTREVILLE AVE, BELLEVILLE 62220
MARION	618-993-7100	2309 W MAIN, MARION 62959
MOUNT VERNON	618-244-8400	321A WITHERS DR, MOUNT VERNON 62864

Chicago City and Cook County

CHICAGO	312-808-5000	1911 S INDIANA, CHICAGO 60616
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