

Please refer to the requirements  
listed on the **Information to be  
submitted to the Department**

For New Exemption

If you have questions or concerns,  
please contact our intake worker at

1-866-528-1694

Or our main line at 334-242-1425

**INFORMATION TO BE SUBMITTED  
TO THE DEPARTMENT OF HUMAN RESOURCES  
FOR A NEW EXEMPT CHILD CARE FACILITY TO OPERATE**

(These facilities are not currently operating as exempt facilities)

**The following information must be submitted to the Department of Human Resources for an exemption to operate a new Day Care/nighttime Facility, and within fifteen (15) days upon request by the Department. This information will be kept on file by the Department. Please contact the Office of Child Care Services at (866) 528-1694 or (334) 242-1425 if you have any questions. The mailing address is, Department of Human Resources, Child Care Services Division, Office of Child Care Licensing, 50 N. Ripley Street, P.O. Box 304000, Montgomery, Alabama 36130**

1. Notice Form
2. A written fire department inspection report with no violations cited) to be obtained from a representative of the State Fire Marshal's Office or a local fire inspector who enforces the current fire code adopted by the State Fire Marshal).
3. A written health department inspection report (to be obtained from the county health department).
4. Staff Name(s) and Criminal History Background Information Check. (A criminal history background information check must be completed and results – suitability letters – received for all staff.)
5. Proof of property, casualty, and liability insurance in the amount of 1 mil. per occurrence, 2 mil aggregate annual limits, general liability policy (medical pay coverage should be part of the package).
6. Affidavits from parent/guardians (see sample affidavit for parent/guardian)
7. Affidavit(s) for the person responsible for the facility.
8. Other information as requested by the Department of Human Resources in accordance with Act No. 2018-278

**STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES**

**NOTICE TO OPERATE A NEW EXEMPT  
CHILD DAYCARE/NIGHTTIME FACILITY**

☐ Notice to operate new exempt child care facility: Date \_\_\_\_\_

Name Of Local Church Ministry or Religious Non-Profit School: \_\_\_\_\_

Federal Tax Identification Number or Social Security Number: \_\_\_\_\_

Address Of Ministry/School: \_\_\_\_\_  
(Number And Street)

(City) (State) (Zip Code) (County)

Phone Number of Facility: (\_\_\_\_) \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Physical Address of Facility: \_\_\_\_\_  
(Number And Street)

(City) (State) (Zip Code) (County)

Mailing Address of Facility: \_\_\_\_\_  
(Number And Street)

(City) (State) (Zip Code) (County)

Email Address of Facility: (\_\_\_\_) \_\_\_\_\_

Name and Title of the Person with the Authority to Sign the Notice to Operate A New Exempt Facility:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Name and Title of the Person with Responsibility to Work with the Department Representative:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

# STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES

## NOTICE TO OPERATE A NEW EXEMPT CHILD DAYCARE/NIGHTTIME FACILITY

### I. Administration

- A. Is required medical information for staff on file in the facility? Yes ☐ No ☐
- B. Provide staff names on attached staff information sheet.
- C. Provide criminal history background information and results on all staff.

### II. Facility

- A. Attach most recent fire department inspection report.
- B. Attach most recent health department inspection report.
- C. Attach proof of property, casualty, and liability insurance.
- D. Submit parent/guardian and church/school representative affidavits annually to the Department.

### III. Requirements

To be exempt to operate a new day care/nighttime facility, the facility shall:

- A. Notify the Department of Human Resources (DHR) at least 30 days prior to operating, be inspected by the Department and be in compliance with requirements before the facility may begin operating.
- B. Provide notice of operation on an annual basis to appropriate fire and health departments.
- C. Provide employee names and their criminal history information pursuant to Alabama code 38-13-3.
- D. Provide proof of property, casualty, and liability insurance, as prescribed by the Department.
- E. Provide the Department upon request, immunization verifications for all children, and medical history forms for all staff and children and certify that the records are being maintained by the school.
- F. Provide the Department within 30 days any updated fire inspection report, health inspection report, new criminal background check suitability letters, or receipt of updated insurance information.
- G. Provide notice to parents or guardians of all of the following information prior to enrollment of a child in the child care facility:
  - a. Staff qualifications,
  - b. Pupil staff ratios,
  - c. Discipline policies,
  - d. Type of curriculum used in the learning program,
  - e. Religious teachings to be given each child, and
  - f. Type of lunch program available.
- H. Post in plain view in a public area a statement that the program is not regulated or licensed by the Department of Human Resources.
- I. Require a parent or guardian to sign an affidavit stating that the parent or guardian has been notified by the responsible individual of the church or school that the child care facility has filed notice to the Department and is exempt from licensure and regulation by the Department. The child care facility shall file the affidavits annually with the Department.
- J. Allow the Department to inspect the facility at any time if it has reasonable cause to believe the facility is not in compliance with the exemption requirements or the safety of a child is at risk.
- K. Have a responsible individual of the child care facility file an affidavit annually with the Department certifying that is has satisfied all the requirements of the exemption.

\_\_\_\_\_  
Signature of church/school representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

**STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES**

**NOTICE TO OPERATE A NEW EXEMPT  
CHILD DAYCARE/NIGHTTIME FACILITY**

**The facility's representative certifies that the program is not receiving federal or state funding, such as but not limited to the Child Care Development Fund (CCDF), Child and Adult Care Food Program (CACFP), and/or the Summer Food Service Program (SFSP).**

\_\_\_\_\_/\_\_\_\_\_  
Signature of church/school representative      Date

\_\_\_\_\_  
Printed name

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**Return the completed notice to operate a new exempt child care facility form and any attachments to the Alabama Department of Human Resources at the address below:**

**Department of Human Resources  
Child Care Services Division  
Office of Child Care Licensing  
50 N. Ripley Street  
P.O. Box 304000  
Montgomery, Alabama 36130**

## STAFF INFORMATION SHEET

## STAFF LIST

NAME:

## Form of Affidavit for Church/School Representative

STATE OF ALABAMA

COUNTY OF (County where facility is located)

Before me, a notary public in and for said state and county, appeared (Name of Church/School Representative) and is known to me, after being duly sworn or affirmed says as follows:

That affiant is the designated representative of (Name of Church/School) church/school and that the below listed parent/guardians have been notified prior to enrollment/re-enrollment that (Name of Church/School) church/School has filed notice with and is exempt under law from regulation by the Department of Human Resources:

(Handwritten signature of Church/School Representative) Representative

The affiant certifies that the child care facility does not receive state or federal funds and that to the best of the affiant's knowledge, no child enrolled in the program received a child care subsidy from the Department of Human Resources; the facility is in compliance with all applicable building, fire, and health codes; the facility has provided the information requested under Section 38 – 7 – 3, Code of Alabama 1975, to all parents or guardians of children enrolled in the facility; and the facility has posted notice in plain view in a public area stating that the child care facility is not licensed or regulated by the Department of Human Resources.

Sworn or affirmed to and subscribed before me this

(Date) day of (Month), 20(year).

\_\_\_\_\_  
Notary Public

Expiration Date \_\_\_\_\_

**Form of Affidavit for Church/School Representative**

STATE OF ALABAMA

COUNTY OF \_\_\_\_\_

Before me, a notary public in and for said state and county, appeared \_\_\_\_\_ and is known to me, after being duly sworn or affirmed says as follows:

That affiant is the designated representative of \_\_\_\_\_ church/school and that the below listed parent/guardians have been notified prior to enrollment/re-enrollment that \_\_\_\_\_ church/School has filed notice with and is exempt under law from regulation by the Department of Human Resources: \_\_\_\_\_

\_\_\_\_\_ Representative

The affiant certifies that the child care facility does not receive state or federal funds and that to the best of the affiant's knowledge, no child enrolled in the program received a child care subsidy from the Department of Human Resources; the facility is in compliance with all applicable building, fire, and health codes; the facility has provided the information requested under Section 38 – 7 – 3, Code of Alabama 1975, to all parents or guardians of children enrolled in the facility; and the facility has posted notice in plain view in a public area stating that the child care facility is not licensed or regulated by the Department of Human Resources.

Sworn or affirmed to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_ Notary Public

Expiration Date \_\_\_\_\_



**Form of Affidavit for Parent/Guardian**

STATE OF ALABAMA

COUNTY OF (County where facility is located)

Before me, a notary public in and for said state and county, appeared (Name of Parent/Guardian) and is known to me, after being duly sworn or affirmed, says as follows:

That the affiant is the parent or legal guardian of the minor child(ren) Name of Child(ren); that affiant has been notified by (Name of Church/School Representative), a representative of (Name of Church/School) church/school, that said church or school has filed notice and is exempt under law from regulation by the Department of Human Resources.

(Handwritten Signature of Parent/Guardian) Parent/Legal Guardian

Sworn, or affirmed to and subscribed before me this (Date) day of (Month), 20(Year).

(Signature of Notary) Notary Public      Expiration Date \_\_\_\_\_

**Form of Affidavit for Parent/Guardian**

STATE OF ALABAMA

COUNTY OF \_\_\_\_\_

Before me, a notary public in and for said state and county, appeared \_\_\_\_\_ and is known to me, after being duly sworn or affirmed, says as follows:

That the affiant is the parent or legal guardian of the minor child/children \_\_\_\_\_  
\_\_\_\_\_; that affiant has been notified by \_\_\_\_\_,  
a representative of \_\_\_\_\_ church/school that said church or  
school has filed notice and is exempt under law from regulation by the Department of Human Resources.

\_\_\_\_\_  
Parent/Legal Guardian

Sworn, or affirmed to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public                      Expiration Date \_\_\_\_\_

**C. Medical report for persons giving care to children****MEDICAL REPORT FOR PERSONS GIVING CARE TO CHILDREN**

Name:	Date of birth:
Address:	Position in child care facility:

**To the examining medical doctor, physician's assistant, or certified nurse practitioner:**

**This examination is needed to determine my physical ability to care for children or to perform services in a child care facility (home or center) or to have contact with children in care. I hereby authorize you to furnish a report of my examination to:**

\_\_\_\_\_  
**Name of child care facility or Department of Human Resources**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**TESTS** (to be completed if other verification is not attached):

Date and result of Intradermal Tuberculin Test (Mantoux): \_\_\_\_\_

(Required for initial examination only)

Date and result of chest x-ray if Mantoux was positive: \_\_\_\_\_

**HISTORY** of any chronic disease or disability that may affect his/her ability to care for children or perform services in a child care facility: Yes ☐; No ☐.

**PHYSICAL LIMITATIONS** that may affect his/her ability to care for children or perform services in a child care facility (home or center): Yes ☐; No ☐.

If "YES", to either question, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

In my opinion, the physical examination reveals that the above-named person is free of any infectious or contagious disease and is physically fit to care for children, to perform services in a child care facility, or to have contact with children.

If not, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of medical doctor, physician's assistant, or certified nurse practitioner / Date

**B. Medical report for persons giving care to children**

**DHR-CDC – 737**

**MEDICAL REPORT FOR PERSONS GIVING CARE TO CHILDREN**

Name:	Date of birth:
Address:	Position in child care facility:

**To the examining medical doctor, physician's assistant, or certified nurse practitioner:**

**This examination is needed to determine my physical ability to care for children, to perform services in a child care facility, or to have contact with the children. I hereby authorize you to furnish a report of my examination to:**

*Name of child care facility or Department of Human Resources*

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**TESTS** (to be completed if other verification is not attached):

Date and result of Intradermal Tuberculin Test (Mantoux): \_\_\_\_\_

(Required for initial examination only)

Date and result of chest x-ray if Mantoux was positive: \_\_\_\_\_

**HISTORY** of any chronic disease or disability that may affect his/her ability to care for children or perform services in a child care facility: Yes ☐; No ☐.

**PHYSICAL LIMITATIONS** that may affect his/her ability to care for children or perform services in a child care facility: Yes ☐; No ☐.

If "YES", please explain: \_\_\_\_\_

In my opinion, the physical examination reveals that the above-named person is free of any infectious or contagious disease and is physically fit to care for children, to perform services in a child care facility or to have contact with the children.

If not, please explain: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Signature of medical doctor, physician's assistant, or certified nurse practitioner Date

C.

### Child's Medical Report

*(This form may be used for household members younger than 19 years of age)*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child's Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child two months to five years of age and for five-year-olds who are not enrolled in public or private school.

History of Allergies: \_\_\_\_\_

I examined this child on (date) \_\_\_\_\_. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.

\_\_\_\_\_  
Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

\_\_\_\_\_  
Date

C.

### **Child's Medical Report**

*(This form may be used for household members younger than 19 years of age)*

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of Child's Parent or Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child two months to five years of age and for five year olds who are not enrolled in public or private school.**

**History of Allergies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I examined this child on (date) \_\_\_\_\_. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

\_\_\_\_\_  
Date

## **Resources for Church Exempt Facilities:**

Criminal History information can be obtained from <https://dhr.alabama.gov/child-care/instructions-for-child-care-licensing-background-checks/>

Central Registry Clearance forms and directions can be obtained from the above link as well.

*(The central Registry Clearance form is not currently a required form but is recommended as best practice. There is no cost for this clearance.)*

### **Section 38-7-3**

#### **License to operate or conduct child-care facility – Requirements; recordkeeping; parental notifications, etc.; affidavits; inspections and investigations.**

- (a) No person, group of persons, or corporation may operate or conduct any facility for child care, as defined in this chapter, without being licensed or approved as provided in this chapter.
- (b)(1) Except as provided in subdivision (2), the licensure requirements of this chapter do not apply to a child-care facility that is operating as an integral part of a local church ministry or a religious nonprofit school, and is so recognized in the church or school's documents, whether operated separately or as a part of a religious nonprofit school unit, secondary school unit, or institution of higher learning under the governing board or authority of the local church or its convention, association, or regional body to which it may be subject.
- (2) A child-care facility that receives state or federal funds or is operating for profit is not exempt from licensure under this subsection.
- (c) A child-care facility exempt from licensure under subsection (b) shall do all of the following to maintain its license exempt status:
- (1) Provide notice of operation on an annual basis to the appropriate fire and health departments so that the facility may be inspected in accordance with the state and local fire and health requirements, provided the facility shall be inspected at least annually by the appropriate fire department and the appropriate health department.
  - (2) Provide to the department on or before October 1, 2018, and annual thereafter, the following records and certify that the records are being maintained by the church or school:
    - a. Documentation indicating the child0care facility is in compliance with fire inspections and health inspections.
    - b. Employee names and their criminal history information pursuant to Section 38-13-3.
    - c. Proof of property, casualty, and liability insurance, as prescribed by the department.
  - (3) Provide to the department, upon request, immunization verifications for all children and medical history forms for all staff and children and, certify that the records are being maintained by the church or school.
  - (4) Provide the department within 30 days of any updated fire inspection report, health inspection report, new criminal background check suitability letter, or receipt of updated insurance information as required under subdivision (2).
  - (5) Provide notice to parents or guardians of all of the following information prior to enrollment of a child in the child-care facility:
    - a. Staff qualifications.
    - b. Pupil-staff ratio.
    - c. Discipline policies.
    - d. The type of curriculum used in the learning program.
    - e. The religious teachings to be given each child.
    - f. The type of lunch program available.



(6) Post in plain view in a public area a statement that the program is not regulated or licensed by the Department of human Resources.

(7) Require a parent or guardian to sign an affidavit stating that the parent or guardian has been notified by the responsible individual of the church or school that the child-care facility has filed notice to the department and is exempt from licensure and regulation by the department. The child-care facility shall file the affidavits annually with the department. The affidavit shall be substantially in the following form:

Form of Affidavit for Parent/Guardian

STATE OF ALABAMA

COUNTY OF \_\_\_\_\_.

Before me, a notary public in and for said state and county appeared \_\_\_\_ and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children \_\_\_\_; that affiant has been notified by \_\_\_\_, a representative of \_\_\_\_ church/school, that said church or school has filed notice and is exempt under law from regulation by the Department of Human Resources.

\_\_\_\_\_ Parent/Legal Guardian

Sworn, or affirmed to and subscribed before me this \_\_\_\_ day of \_\_\_\_, 20\_\_.

(8) A responsible individual of the child-care facility shall file an affidavit annually with the department certifying that it has satisfied all of the requirements of this section. The affidavit shall be substantially in the following form:

Form of Affidavit for Church/School

STATE OF ALABAMA

COUNTY OF \_\_\_\_\_.

Before me, a notary public in for said state and county, appeared \_\_\_\_\_ and is know to me, after being duly sworn or affirmed says as follows:

That the affiant is the designated representative of \_\_\_\_ Church/School and that the below listed parents/guardians have been notified prior to enrollment/reenrollment that \_\_\_\_ church/school has filed notice with and is exempt under law from regulation by the Department of Human Resources: \_\_\_\_\_

\_\_\_\_\_ Representative

The affiant certifies that the child-care facility does not receive state or federal funds and, that to the best of the affiant's knowledge, no child enrolled in the program receives a child-care subsidy from the Department of Human resources: the facility is in compliance with all applicable building, fire, and health codes; the facility has provided the information requested under Section 38-7-3, Cod of Alabama 1975, to all parents or guardians of children enrolled in the facility; and the facility has posted notice in plain view in a public area stating that the child-care facility is not licensed or regulated by the Department of Human Resources.

Sworn or affirmed and subscribed before me this \_\_\_\_ day of \_\_\_\_, 20\_\_.

\_\_\_\_\_ Notary Public

(d)(1) On and after March 21, 2018, any church or nonprofit religious school intending to operate a new child-care facility in the state shall notify the department at least 30 days prior to operating, and the department shall inspect the facility and ensure compliance with this section before the facility may begin operating.

(2) The department shall inspect any child-care facility that is exempt from licensure under subsection (b) at any time if it has reasonable cause to believe the facility is not in compliance with this section or the safety of a child is at risk. If the department finds there exists a situation that may put the safety of a child at risk, the department may refer to the fire or health department or to the local district attorney for the proper remedy or action.

(e) The district attorney of the county in which a child-care facility that is exempt from licensure under subsection (b) is located, upon presentment of charges, shall investigate at his or her discretion, any allegations against the church or nonprofit religious school operating the facility under the laws of the state.

(f) The department, upon request, shall provide any documentation necessary to confirm any of the information relevant to a determination of whether a child-care facility is exempt under subsection (b) to the district attorney.

(g) Any child-care facility that is exempt from licensure under subsection (b), upon request by the department, shall provide the department with any information listed in subsection (c) within 15 days.

(h) Nothing in this section or in this chapter prohibits an employee of the department from carrying out the duties of the department as prescribed in this title.

(i) Nothing in this section or in this chapter infringes upon the religious teaching or practices of a licensed faith-based child-care facility.

(j) A child-care facility that is an integral part of a church or nonprofit religious school, other than a child care facility exempt from licensure under subsection (b), shall be licensed in accordance with this chapter no later than August 1, 2019.

*(Acts 1971, 3<sup>rd</sup> Ex. Sess., No. 174, p. 4423, §3; Acts 1981, No. 81-310, p. 396; Act 2018-278, §§ 2,4.)*