

California Department of Education Early Education Division

Self-Certification for Classroom Exemption from Title 22 Requirements

Instructions

Enter the contractor information in the required fields. Check **Yes** or **No** for each question. Include signature and date of the Authorized Agency Representative. Upon completion, send this form and all required attachments to the CSPPExempt inbox at **CSPPExempt@cde.ca.gov**.

Contractor Information	
Agency Name:	
Vendor Number:	Contract Number:
Agency Address:	
For classroom name or number:	
Facility Name:	
Facility Address:	

Questions	Yes	No
Is the contractor a Local Educational Agency (LEA)? (As set forth in		
California Education Code (EC) Section 8205, the definition of an LEA is		
either a school district, county office of education, a community college		
district, or a school district acting on behalf of one or more schools		
within the school district. Direct-funded charter schools will be		
considered an LEA for the purposes of this waiver.)		
Does the LEA have a contract to provide California State Preschool		
(CSPP) services?		
Is the LEA performing the CSPP services directly and not through a		
subcontractor?		
Is the LEA performing such services in a school building, as defined by		
EC Section 17283?		
Is the school building in which the services are performed determined to		
be compliant with the provisions of the Field Act? Note: attach a copy of		
the current Facility Inspection Report (FIT) and Office of State Architect		
Certification.		
Is the school building in which services are performed maintained and in		
good repair, as defined in EC Section 17002(d)(1)?		

The purpose of this self-certification is to ensure the California Department of Education and the California Department of Social Services, Community Care Licensing Division that this classroom meets the conditions of the Early Education Division for a classroom licensing exemption pursuant to *Health and Safety Code* Section 1596.792(o)(1).

The above-named agency certifies it has read and understands the conditions set forth in the *Health and Safety Code* Section 1596.792(o)(1).

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Authorized Agency Representative Signature:				
Title:	Date:			
For CDE Use Only				
The following section is for CDE use only. (Self-Certification is not approved until reviewed, signed, and dated by CDE representatives below.)				
Consultant Signature:				
Telephone Number:	Date:			
Administrator Signature:				
Telephone Number:	Date:			

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