

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
BUREAU OF SERVICES FOR CHILD CARE

LAS VEGAS OFFICE	ELKO OFFICE	CARSON CITY OFFICE
4180 S. Pecos Rd., Suite 150 Las Vegas, Nevada 89121 Phone: 702-486-7918 Fax: 702-486-6660	1010 Ruby Vista Drive Suite, 101 Elko, Nevada 89801 Phone: 775-753-1237 Fax: 775-753-1242	4126 Technology Way, 3 rd Floor Carson City, Nevada 89706 Phone: 775-684-4463 Fax: 775-684-4455

INITIAL APPLICATION FOR CHILD CARE FACILITY LICENSE

All applications must be complete, signed, notarized and returned to the appropriate office referenced above.

Any application that is incomplete i.e. not signed and/or not notarized will be returned without processing.

THE FACILITY/AGENCY MAY NOT BEGIN OPERATION WITHOUT A LICENSE ISSUED. LICENSES ARE NOT TRANSFERABLE FROM ONE OWNER TO ANOTHER AND ARE VALID ONLY FOR THE PREMISES DESCRIBED ON THE LICENSE.

1. IDENTIFYING INFORMATION:

Owner: _____
 Child Care Facility: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address if different from physical address: _____
 Telephone: _____ Fax: _____ Email: _____
 Corporate Office: _____ City: _____ State: _____ Zip: _____
 Corporate Contact Person: _____
 Telephone: _____ Fax: _____ Email: _____ Pager: _____
 Citizenship: _____ If not U.S., provide explanation: _____
 After hours contact information for the owner/director: Telephone: _____ Email: _____
In times of emergencies, the Bureau may need to reach the owner/director to relay important information.

2. ACTION REQUESTED: INITIAL APPLICATION/LICENSE

TYPE OF FACILITY

Check all that apply ✓	<u>Number of requested spaces for children:</u>	<u>Ages of children:</u>
<input type="checkbox"/> Center	Center _____	___ to ___
<input type="checkbox"/> Preschool	Preschool__ (Complete if License requested is for preschool only.)	___ to ___
<input type="checkbox"/> Nursery for Infants & Toddlers	Nursery (Under 2 years.) _____	___ to ___
<input type="checkbox"/> Care for Ill Children(CIC)	CIC _____	___ to ___
<input type="checkbox"/> Accommodation	Accommodation _____	___ to ___
Designated Operator-Name _____		
<input type="checkbox"/> Extended Accommodation	Extended Accommodation _____	___ to ___
Designated Operator -Name _____		
<input type="checkbox"/> Institution Type <input type="checkbox"/> Residential <input type="checkbox"/> Educational <input type="checkbox"/> Shelter Care	_____	___ to ___
<input type="checkbox"/> Special Event	Special Event _____	___ to ___
<input type="checkbox"/> Other _____	Other _____	___ to ___

Director Application(s): Check all that apply AND insert all names. ✓

Submitted for:	Name:
<input type="checkbox"/> Facility Director	_____
<input type="checkbox"/> Infant Toddler Nursery	_____
<input type="checkbox"/> Care for Ill Children	_____
<input type="checkbox"/> Preschool	_____
<input type="checkbox"/> Institution	_____

3. OWNERSHIP: Check one ✓

Individual proprietorship: (Identify owner name, address, and persons having ownership of 10% or more.)
 Corporation: (Identify Corporation name, address; officers by name, title, address and telephone number.)
 Partnership: (Identify each partner by name, address and telephone number.)
 Other: (Describe the ownership arrangement and identify the owner(s) by name, address and telephone number.)
 (If incorporated, date of incorporation _____ in the State of _____ and operated for Profit Non-profit)

Provide the and percentage of stock, shares, partnership or other equity interest of each officer, member of the board of directors, trustees, stockholders, partners, or other persons who have greater than 25 percent interest in the facility:

Last Name	First Name	Middle	Date of Birth	SSN	Address	Telephone	% Interest

4. BACKGROUND CHECKS:

Each of the persons listed in this application have attested to the applicant that they have no pending charges and:

- a) Have never been convicted of a felony;
- b) Have never been in violation of any federal or state law regulating child abuse and/or neglect or contributory delinquency;
- c) Have never been in violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drugs as defined in chapter 454 of NRS;
- d) Have never been in violation of any federal or state law regarding murder, manslaughter or mayhem; any other violation involving the use of a firearm or other deadly weapon; assault with intent to kill or to commit sexual assault or mayhem; sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
- e) Have never been found in violation of any local, state or federal law which arises from or is otherwise related to the individual's relationship to a child care facility;
- f) Have not currently or in the past had previous interest in a licensed child care facility that has been any of the following:
 - (i) Closed as a result of a license suspension or revocation;
 - (ii) Involuntarily terminated for any reason; or
 - (iii) Convicted of child abuse, neglect or exploitation.
- g) Convicted of any other crime involving physical harm to a person or if a criminal action is pending against the person.

IF YOU AS THE APPLICANT, OWNER(S), OPERATOR(S), BOARD MEMBERS, VOLUNTEERS OR STAFF MEMBERS HAVE EVER BEEN ARRESTED OR CONVICTED OF ANY CRIMES, IDENTIFY THE PERSON BY NAME, RELATIONSHIP, BIRTH DATE, CRIME, STATE OF ARREST OR CONVICTION, DATE OF ARREST OR CONVICTION AND DISPOSITION OF ARREST(S). (All must be included regardless of the year occurred.)

Name	Relationship	Birth	Crime	State of Arrest/ Conviction	Date of Arrest/ Conviction	Disposition

FINGERPRINTS HAVE BEEN SUBMITTED IN NEVADA FOR ALL PERSONS INCLUDED IN THIS APPLICATION:

YES NO If no, explain: _____

Date and location where prints were submitted: _____

5. STAFF INFORMATION:

A complete listing of all staff members including owners, directors, teachers, support staff and any other person who is employed or providing services to the facility **must be attached**. This listing must be provided on the form designated by the Bureau. The Bureau must be immediately notified of any additional staff employed or leaving employment. Any staff employed must be fingerprinted within 3 working days from date of hire.

NUMBER OF STAFF EMPLOYED: _____

NUMBER OF STAFF UNDER 18 YEARS OF AGE: _____ (Must have completed an approved Child Development Course with verification attached.) ATTACHED: Yes No If no, explain: _____

No more than 50% of staff may be under 18 years of age. The facility may not operate without a staff member at least 18 years of age on duty. Staff members must be at least 16 years of age.

VOLUNTEERS USED IN FACILITY: _____ DESCRIBE DUTIES: _____

6. LICENSE INFORMATION:

Are you or anyone listed in this application now licensed or have been previously licensed for the care of children or adults:

No Yes If yes, list the State, agency issuing license, type of license and license number. _____

7. FACILITY SERVICES:

a) **FACILITY STATEMENT SUBMITTED TO BUREAU:** Yes No If no, explain: _____

b) **DAYS OF OPERATION:** (Be specific.) _____

c) **HOURS OF OPERATION:** (Be specific.) _____

d) **FOOD SERVICE PROVIDED:** (Include breakfast, lunch, and dinner, number of snacks and time served.) (Commercial kitchen equipment may be required by the Health Authority in preparation of meals and snacks.) _____

MILK DISPENSED: No Yes DRINKING WATER FREELY AVAILABLE TO CHILDREN: No Yes

SACK LUNCHESES: No Yes If yes, include storage plan and alternate plan if child does not bring. _____

CHILD CARE FOOD PROGRAM PARTICIPANT: Yes No

e) **PRESCRIBED MEDICATION DISPENSED:**

No Yes If yes, include type, method of control, storage, person dispensing. _____

f) **EMERGENCY DISASTER PLAN SUBMITTED TO BUREAU:** Yes No If no, explain: _____

g) **SURVEILLANCE EQUIPMENT USED:** No Yes If yes, explain: _____

h) **BODIES OF WATER INCLUDING POOLS, SPAS, FOUNTAINS, STREAMS, FISH PONDS ETC.:** No Yes

If yes, explain.: _____

(Note: Any body of water installed after this application must have prior approval from the Bureau before installation.)

i) **ASSESSMENT PLAN SUBMITTED TO BUREAU:** Yes No If no, explain: _____

j) **CURRICULUM PLAN SUBMITTED TO BUREAU:** Yes No If no, explain: _____

k) **STAFF ORIENTATION SUBMITTED TO BUREAU:** Yes No If no, explain: _____

l) **FACILITY ON PUBLIC WATER:** YES NO **WELL WATER:** YES NO **SEPTIC SYSTEM:** YES NO

If a well is used, what is the maximum capacity of the center (including both children and adults)? _____ If number is 25 or greater, contact the Safe Drinking Water Program at 775-687-9517 BEFORE proceeding with the application to ensure the water is from an approved water source. If number is less than 25, the following tests are required to be submitted with the application and annually: Routine domestic water analysis, Bacteriological Test, and Test for mercury and lead. If facility is on a septic system the facility, Water Pollution Control must approve the capacity. Contact Water Pollution Control at 775-687-9468.

8. INSURANCE:

LIABILITY INSURANCE: (Certificate must specify 30 day cancellation clause and list the Bureau as the Certificate Holder.)

Name of company: _____ Contact Person: _____

Telephone: _____

Certificate of Insurance attached: Yes No If no, explain: _____

IF ANY TRANSPORTATION IS PROVIDED, COMPLETE THE FOLLOWING SECTION:

Nevada's child restraint law requires that a child be in an approved child restraint system if he/she is less than 6 years of age and weighs 60 pounds or less. Those passengers 6 years of age or older must be in seat belts or an approved child restraint system.

Transportation: To/From School Field Trips Other/Explain _____

VEHICLE INSURANCE: (Licensee must maintain a current list of all drivers with a copy of a current Driver's License.)

Name of company: _____ (Coverage must include transportation of children in care.)

Vehicle Type Vehicle Year Vehicle Make Vehicle Model Vehicle License Plate No. Number of Children

Vehicle Type	Vehicle Year	Vehicle Make	Vehicle Model	Vehicle License Plate No.	Number of Children

9. USE OF FACILITY SPACE:

SIZE OF BUILDING:

USABLE INTERIOR SQUARE FEET: _____
(35 Square feet per child exclusive of halls, bathrooms, kitchen, office space and other non-usable space.)

PLAY YARD SQ FEET _____ SHADE SQ FEET _____
(37 ½ Square feet per number of children listed on license.)

TOTAL BUILDING OCCUPANCY LOAD (ADULTS AND CHILDREN) _____

CERTIFICATE OF OCCUPANCY ATTACHED: Yes No If no, explain: _____

FACILITY DRAWING: (Drawing may be attached to this application.)

PLEASE PROVIDE A DRAWING OF THE FACILITY IDENTIFYING ALL EXITS, ROOMS, FUNCTIONS AND AGES AND NUMBERS OF CHILDREN USING. IN ADDITION, LABEL DIAPERING AREAS, COMMODES, HANDWASHING SINKS, FOOD PREPARATION SINKS AND MOP SINKS.

SPACE IDENTIFIED FOR SPECIFIC USE **MAY NOT BE CHANGED** WITHOUT ADDITIONAL BUREAU APPROVAL INCLUDING DIAPERING CHANGING AREAS, INFANT/TODDLER NURSERY AREAS AND SINK USAGE.

