

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

<b>LAS VEGAS OFFICE</b>	<b>ELKO OFFICE</b>	<b>CARSON CITY OFFICE</b>
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**RENEWAL APPLICATION FOR CHILD CARE FACILITY LICENSE**

All applications must be complete, signed and returned to the appropriate office referenced above.  
Any application that is incomplete and/or not signed will be returned without processing.

**1. IDENTIFYING INFORMATION:**

Owner: \_\_\_\_\_  
 Child Care Facility: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address if different from physical address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Pager: \_\_\_\_\_  
 Corporate Office: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Corporate Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Pager: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_ If not U.S., provide explanation: \_\_\_\_\_  
 \_\_\_\_\_

**2. ACTION REQUESTED: Check one**

- RENEWAL APPLICATION/LICENSE     CHANGE IN LICENSE

**TYPE OF FACILITY**

**Check all that apply**

**Number of requested spaces for children:**

**Ages of children:**

- |   |  |                |
|---|--|----------------|
| <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 _____ |
| <input type="checkbox"/> Institution                    | Institution _____  | _____ to _____ |
| <input type="checkbox"/> Other _____                    | Other _____  | _____ to _____ |

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

Submitted for: \_\_\_\_\_ Name: \_\_\_\_\_  
 Facility Director \_\_\_\_\_  
 Infant Toddler Nursery \_\_\_\_\_  
 Care for Ill Children \_\_\_\_\_  
 Preschool \_\_\_\_\_  
 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: - (This page must be completed with current information. Applications with statements such as "see file" or "refer to previous application" will be returned for completion. Please attach a current Facility Statement to this application.)**

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 LUNCHES:  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:**

Copy 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.)

**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

**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 \_\_\_\_\_  
(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, COMMUNES, 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.

