

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**CHILD CARE LICENSING**

<b>LAS VEGAS OFFICE</b>	<b>ELKO OFFICE</b>	<b>CARSON CITY OFFICE</b>
3811 W. Charleston Blvd. Suite 210 Las Vegas, Nevada 89102 Phone: 702-486-3822 Fax: 702-486-6660	1010 Ruby Vista Drive Suite, 101 Elko, Nevada 89801 Phone: 775-753-1237 Fax: 775-753-1336	727 Fairview Drive, Suite E Carson City, Nevada 89701 Phone: 775-684-4463 Fax: 775-684-4464

**RENEWAL APPLICATION FOR FAMILY/GROUP CHILD CARE 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.

	FEE SCHEDULE	AMOUNT ENCLOSED
Family Care Home for 5 to 6 children	\$ 20.00	\$
Group Care Home for 7 to 12 children	\$60.00	\$

**1. IDENTIFYING INFORMATION:**

Owner: \_\_\_\_\_  
 Child Care Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address if different from physical address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_ If not U.S., explain: \_\_\_\_\_

List all residents in the home: (including yourself)

NAME	BIRTH DATE	SOCIAL SECURITY	RELATIONSHIP	GENDER

**2. ACTION REQUESTED: Check one ✓**

Renewal Application/License       Change in License

**Check one ✓**

Home is:       Owned       Leased       Rented

Note: For rented or leased homes, written permission of property owner is required for licensure.

Is facility a manufactured home?     NO     YES    Year of manufacture: \_\_\_\_\_

**TYPE OF LICENSE:**

**Check all that apply ✓**

Family Care

Group Care

Before/After School Care

Number of requested spaces for children:

Family Care      \_\_\_ 5-6

Group Care      \_\_\_ 7-12

Before/After School Care    \_\_\_ 1-3

Ages of children:

\_\_\_ to \_\_\_

\_\_\_ to \_\_\_

6 to \_\_\_

Note: Providers own children under age 11 are included in the before & after school count. Care must be provided before & after normal school hours only and must not exceed 3 consecutive hours (does not include school holidays, teacher workdays, summer vacations, etc.). Kindergarten children are not included in the before & after school count.

**AND**

Preschool

Preschool (Complete only if licensed as preschool) \_\_\_\_\_ to \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_ to \_\_\_\_\_

**Director Application(s): Check all that apply ✓**

Submitted for:

Preschool Program Director: \_\_\_\_\_

Other Director: (EXPLAIN) \_\_\_\_\_

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) OR ANY PERSON 18 YEARS OR OLDER, LIVING ON THE CHILD CARE FACILITY PREMISES, VOLUNTEERS OR ALTERNATE CARETAKERS HAVE EVER BEEN ARRESTED OR CONVICTED OF ANY CRIMES, REGARDLESS OF WHEN OCCURRED, IDENTIFY THE PERSON BY NAME, RELATIONSHIP, BIRTH DATE, CRIME, STATE OF ARREST OR CONVICTION, AND DATE OF ARREST (S) OR CONVICTION (S) AND DISPOSITION OF ARREST (S).**

**FINGERPRINTS SUBMITTED IN NEVADA FOR ALL PERSONS, 18 YEARS OF AGE OR OLDER, IDENTIFIED IN THIS APPLICATION:**  YES  NO If no, explain.

**Date and location where prints were submitted:** \_\_\_\_\_

*(The licensee must regularly provide care for the children enrolled in a family or group care home.)*

**A complete listing of all residents residing in the home or on the premises of the home when children are in care must be provided. This listing must be submitted on the form designated by the Bureau. The Bureau must be immediately notified of any additional person employed or leaving employment or residing in the home.**

NUMBER OF STAFF EMPLOYED: \_\_\_\_\_ (Group Care Only)

NUMBER OF STAFF UNDER 18 YEARS OF AGE: \_\_\_\_\_ (Must have completed an approved Child Development Course with verification attached. All persons caring for children must be at least 16 years of age.)

VOLUNTEERS USED IN FACILITY: \_\_\_\_\_ DESCRIBE DUTIES: \_\_\_\_\_

**CHILDREN MAY NOT BE LEFT IN THE CARE OF ANY PERSON WHO HAS NOT BEEN APPROVED/CLEARED BY THE BUREAU. AN ALTERNATE CARETAKER MUST BE AT LEAST 18 YEARS OF AGE. CHILDREN MAY NOT BE LEFT IN THE CARE OF ANY PERSON UNDER 18 YEARS OF AGE.**

**ALTERNATE CAREGIVER NAME:**

TRAINING/CERTIFICATE	ISSUANCE DATE	EXPIRATION DATE
TB		
Infectious Disease		
CPR		
First Aid		
FBI		

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.** \_\_\_\_\_

Does the facility have a waiver?  No  Yes **If yes, list the regulation waived and when it was approved.** \_\_\_\_\_

**LIST EMPLOYMENT FOR PAST FIVE YEARS PLUS ALL CHILD CARE EMPLOYMENT.**

EMPLOYER	ADDRESS	FROM MO/YR	TO MO/YR	HOURS PER WEEK
<b>REFERENCES:</b>				

NAME/RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

**7. FACILITY INFORMATION:**

a) **FACILITY STATEMENT PROVIDED TO BUREAU:**  YES  NO If no, explain: \_\_\_\_\_

b) **DAYS OF OPERATION:** (Be specific.) \_\_\_\_\_

c) **HOURS OF OPERATION:** (Be specific. If 24-hour care, a separate plan of providing care is required.) \_\_\_\_\_

d) **FOOD SERVICE PROVIDED:** (Include breakfast, lunch, and dinner, number of snacks and time served.) \_\_\_\_\_

CHILD CARE FOOD PROGRAM PARTICIPANT:  YES  NO

SACK LUNCHES: (Include storage and alternate plan if child arrives without lunch.) \_\_\_\_\_

DRINKING WATER FREELY AVAILABLE AT ANY TIME:  YES  NO If no, explain: \_\_\_\_\_

e) **HOME 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 facility is on a septic system, the facility shall provide written evidence that it is currently permitted from either the local jurisdiction authority or Bureau Water Pollution Control, as applicable at (775) 687-4670 or (702) 486-2850. Please submit quality testing results for your well.

f) **FIREARMS KEPT IN RESIDENCE:**  NO  YES If yes, explain storage: \_\_\_\_\_

g) **PRESCRIBED MEDICATION DISPENSED:**  YES  NO If yes, include type, method of control, storage, person dispensing: \_\_\_\_\_

g) **EMERGENCY DISASTER PLAN:** Copy submitted to Bureau:  YES  NO If no, explain: \_\_\_\_\_

h) **BODIES OF WATER INCLUDING POOLS, SPAS, FOUNTAINS, STREAMS, PONDS, OTHER DECORATIVE:** (Note: Any body of water added after this application must be Bureau approved before it is installed.)

YES  NO If yes, explain: \_\_\_\_\_

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

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

**8. INSURANCE INFORMATION:** (A certificate of insurance must be provided to the Bureau with a 30-day cancellation clause with the Bureau listed as the certificate holder. If using a homeowner's policy, the certificate must have a specific endorsement for child care. Policies must cover the number of children listed on the license including before/after school age children.)

**LIABILITY INSURANCE:**

Name of company: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**IF ANY TRANSPORTATION WILL BE 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. LIST ALL PETS/ANIMALS RESIDING ON THE PREMISES:**

NAME	AGE	TYPE OF ANIMAL	VACCINATIONS

**10. FACILITY SPACE:**

SIZE OF HOME:

USABLE INTERIOR SQUARE FEET: \_\_\_\_\_ (35 SQ FT PER CHILD)

PLAY YARD \_\_\_\_\_ (37 ½ SQ FT PER NUMBER OF CHILDREN LISTED ON LICENSE)

PLAY YARD SHADE \_\_\_\_\_ (5 SQ FT PER CHILD ON PLAY YARD)

**USE OF FACILITY SPACE: (Attach separate page if necessary.)**

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

I, \_\_\_\_\_, as \_\_\_\_\_  
 NAME TITLE

of the above named facility, understand this constitutes a request for licensure as specified in NAC 432A.200 and serves as the formal document upon which a licensure decision will be based. I agree to abide by the rules promulgated by the State of Nevada for a child care facility and do hereby state that the information provided on this application is true to the best of my knowledge and belief. I have read the Regulations and Standards pertaining to the specific type(s) of facility for which licensure is requested. I authorize release of such information as may pertain to the purpose of this application, including verification of the information supplied to the Bureau. I further understand that I am responsible for employing only those persons who qualify as defined in NRS 432A and NAC 432A. I agree to allow authorized representatives of the Bureau of Services for Child Care, upon presentation of proper identification, to enter the facility during hours of operation to review facility records and documents as necessary to ascertain compliance with the Nevada Revised Statutes and Nevada Administrative Code for child care licensing.

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

Persons with disabilities who require special accommodations or assistance completing this application should notify the Bureau of Services for Child Care at one of the above listed offices.

-----  
**BUREAU USE ONLY**

	Yes	No	Return Date/Other
APPLICATION COMPLETE			
FEE INCLUDED/AMOUNT:			
FEE CORRECT			
BUSINESS LICENSE			
FIRE INSPECTION			
HEALTH INSPECTION			
SPECIAL USE PERMIT			
FBI CLEARANCE			