RESIDENTIAL CHILD CARE FACILITY CHECK LIST AND SUPPLEMENTAL WORKSHEET

Note: Administrative permit approval required when caring for 1-6 children. Conditional use permit approval via public hearing required when caring for 7-12 children.
  Back Ground Check - $15.00

Note: Facilities providing care for 6 or more children are subject to the 2009 International Fire Code, the National Fire Protection Agency, Life Safety Code, the 2009 International Building Code, the New Mexico Administrative Code and City Policies and Procedures.

Permit Number __________________ Date: __________________

FACILITY INFORMATION
Applicant/Owner/Primary Caregiver ________________________________

Address _________________________________________________________

Legal Description _______________________________________________________________________________________

Contact #________________________ Email: __________________ Fax: _______________________________________________________________________________________

Number of Applicant’s children_______ Number that are 6 and under __________

Requested Capacity____________________ # of children age 2 and under______________

Are you or anyone in your home operating a business from this address? Yes/No_____

Business Name____________________________________________________

FACILITY INDOOR PLAY AREA (35 sq. ft. per child required)
Square footage - Indoor play area (Kitchens and bathrooms are excluded):
Room ____________ Room ____________ Room ____________
Total combined area __________________ Capacity approved for __________________
Where is your Pet area and housing? __________________________________________________________________________
Permits/Inspections obtained __________________________________________

FACILITY OUTDOOR PLAY AREA (60 sq. ft. per child required)
Square footage - Outdoor play area (Only where the children will be allowed to play)
Porch/Patio ____________ Yard ____________ Total combined area __________________
Where is your Pet area and housing? __________________________________________________________________________
Permits/Inspections obtained __________________________________________

PERIMETER FENCE HEIGHT (MINIMUM OF 4’ REQUIRED)
Front property wall ____________ Rear Property wall ____________ Left side property wall ____________
Right side property wall ____________ Gate wall ____________ Latched? Yes/No ______

PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION
  ____ Property owner verification/authorization letter
  ____ Rental property - Yes____ No_____ H.O.A. approval Yes____ No_____
  ____ Site plan ___ Floor plan ___ Daily schedule
  ____ City Fire Inspection Date completed __________ Approved/Conditions __________
  ____ Animal Vaccinations Animal City Registration ______ # of Animals ______

June 2014
STATE LICENSING

____ State exempt (maximum of 4 non-residential children) Date issued____ Date expires____

____ State license (5 to 12 children) Date issued____ Date expires____

PRIMARY CAREGIVER

____ CPR/First Aid Certification Issued/Expires

____ Criminal Records/Background check – City or State____ Date issued____

SECONDARY CAREGIVER

Name______________________________
Address______________________________
Contact #_________________________email_________________________fax

____ CPR/First Aid Certification Issued/Expires

____ Criminal Records/Background check – City or State____ Date issued____

EMERGENCY CAREGIVER

Name______________________________
Address______________________________
Contact #_________________________email_________________________fax

____ CPR/First Aid Certification Issued/Expires

____ Criminal Records/Background check – City or State____ Date issued____

NOTES:

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Applicant’s Signature________________________________________

Staff Signature_____________________________________________