



Child Care Facility Application

Email Application to: eh@carsoncity.gov

Permits are **NON-Transferrable** and **NON-Refundable**

Carson City Health and Human Services Environmental Health Division

900 E Long St Carson City, NV 89706

Phone: 775-887-2190 ext. 80029 Gethealthycarsoncity.org



The information in this package is to guide the owner or builder through the submittal and approval procedures when obtaining a permit to operate a Child Care Facility in Carson City. This is not an exemption from registering with Nevada State Child Care Licensing. Additional documentation may be required for State Licensing.

- All Child Care Facilities must comply with **Nevada Revised Statutes 432 A and Nevada Administrative Code 432A**
- In Carson City, new businesses and expansions to existing businesses will require that all applicable fees associated with the nature of the establishment be paid before a permit is issued. Please contact Carson City Business License at 108 Proctor Street, Carson City, NV Phone (775) 887-2105
- Building Dept for Carson (775) 887-2310
- State Child Care Licensing (775) 684-4463
- The permit is issued upon a passing final inspection and the annual fee is billed
- Douglas County facilities are **not** inspected by Carson City Health and Human Services, you **must** contact State Child Care Licensing (775)-684-4463

Regulations for Child Care:

- Nevada Revised Statutes & Nevada Administrative Code (NAC) 432A, which can be found on the web at <http://leg.state.nv.us/NAC/NAC-432a.html>
- Carson City Municipal Code, Chapter 18.11, which can be found the web at https://library.municode.com/nv/carson_city/codes/code_of_ordinances

Additional Documentation to be submitted for review:

- Written hand washing procedure **MUST** be submitted with application
- Written toilet training guidelines **MUST** be submitted with application
- Written standard operating procedures (SOP) **MUST** be submitted with application as prescribed in NAC 432A.580
- Written illness policy for staff and children **MUST** be submitted with application
- Written sanitation policy **MUST** be submitted with application
- Written procedure and timeline for staff trainings **MUST** be submitted with application

For Construction or New Equipment

- Floors, walls, and ceilings must be smooth and cleanable
- Furniture, shelves, cabinets, and counters are to be nonabsorbent, smooth, and cleanable
- Doors must be tight-fitting, and exterior doors must be self-closing
- Furniture must be fastened to a secure surface or not easily tipped over

Required Inspections:

- Carson City Health and Human Services, Environmental Health will perform inspections of all new, remodeled, and converted facilities
- You will be contacted by a health inspector following review

Type of Facility (check as many as apply)

Children Center

Nursery for Infants and Toddlers

Other: _____

In Home

Preschool

Facility Services (check as many as apply)

After School

Drop-In

Full Day

Infant Care

Before School

Food Provided

Half Day

Over-night Care

How many children will be under your care? _____

Ages of children _____ to _____

What is your staff to child ratio? _____ Staff to every _____ children

Do you have your NV State Child Care License/Permit?

Yes

No

In Progress

Facility

Floor Finishes: What materials are the floors made of? _____

Wall Finishes: What materials are the walls made of? _____

Are all furnishings made of durable, smooth, easily cleanable, non-absorbent materials?

Yes

No

Do all windows, that can be opened, have screens?

Yes

No

N/A

Are all exterior doors self-closing?

Yes

No

Is the outdoor play area fenced in?

Yes

No

N/A

Total SQ FT of Space _____

Projected Hours of Operation

SUNDAY _____

THURSDAY _____

MONDAY _____

FRIDAY _____

TUESDAY _____

SATURDAY _____

WEDNESDAY _____

Water/Sewer

Source of Water: Municipal (provide the name of the water utility): _____

Well

Sewer: Municipal (provide the name of the sewer utility): _____

Septic

How many permanently plumbed restrooms with hot and cold running water? _____

How many sinks are available with hot and cold running water? _____

Sanitation Plan

What type of sanitizer will you be using? _____

How will sanitizer be used?

Pre-soaked wipes

Spray Bottle

Other: _____

Is there a designated diaper changing area?

Yes

No

How many diaper changing areas? _____

Is there a sink nearby each changing station?

Yes

No

What pest control company are you using? _____

Item Accommodations

Explain where employee personal items are stored

Explain where reusable items are stored (i.e. cot/sleeping pads)

Explain where children's items are stored (i.e. bags, food, extra clothes)

Food

Explain your process for preparation, storage, and serving of food

If cooking, cutting, or preparing food is done in this facility you may need to fill out a separate Food Health Permit

Required Forms/Documentation (Initial)

- | | |
|---|---|
| <input type="checkbox"/> Written hand washing procedure (NAC 432A.412) | <input type="checkbox"/> Nevada State Child Care License (NRS 432A) |
| <input type="checkbox"/> Written toilet training guidelines (NAC 432A.413) | <input type="checkbox"/> Written Sanitation and Disinfecting plan (NAC 432A.410.2g) |
| <input type="checkbox"/> Written standard operating procedure, SOP (NAC 432A.580) | <input type="checkbox"/> Written illness policy for staff and children (NAC 432A.374, 432A.610) |

Acknowledgments (Initial)

- Records of our monthly fire drills will be kept on site (NAC 432A.280)
- Records of our quarterly evacuation drills will be kept on site (NAC 432A.280)
- Records of quarterly steam cleaning logs for rugs and carpets will be kept on site (NAC 432A.414)
- Employee training logs will be kept on site (NAC 432A.685e)
- Employee CPR certifications will be kept on file at site (NAC 432A.322)
- Employee First Aid training and certificates will be kept on file at site (NAC 432A.322)
- Medication will be kept in a locked cabinet (NAC 432A.376)

FINAL STATEMENT and SIGNATURE

I hereby certify that all the above information is correct, and I fully understand that any deviation from the above approval without prior permission from this Health Regulatory Office may nullify this approval. Approval of these plans and specifications by this Health Regulatory Authority DOES NOT indicate compliance with any other code, law or regulation that may be required by federal, state or local agency. It further DOES NOT constitute endorsement or acceptance of the completed establishment, including but not limited to the structure or equipment. A pre-opening inspection of the establishment with the equipment will be necessary to determine if it complies with the State of Nevada Codes as applicable.

Signature(s): _____

Date: ____ / ____ / ____