



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 _____ 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 _____

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

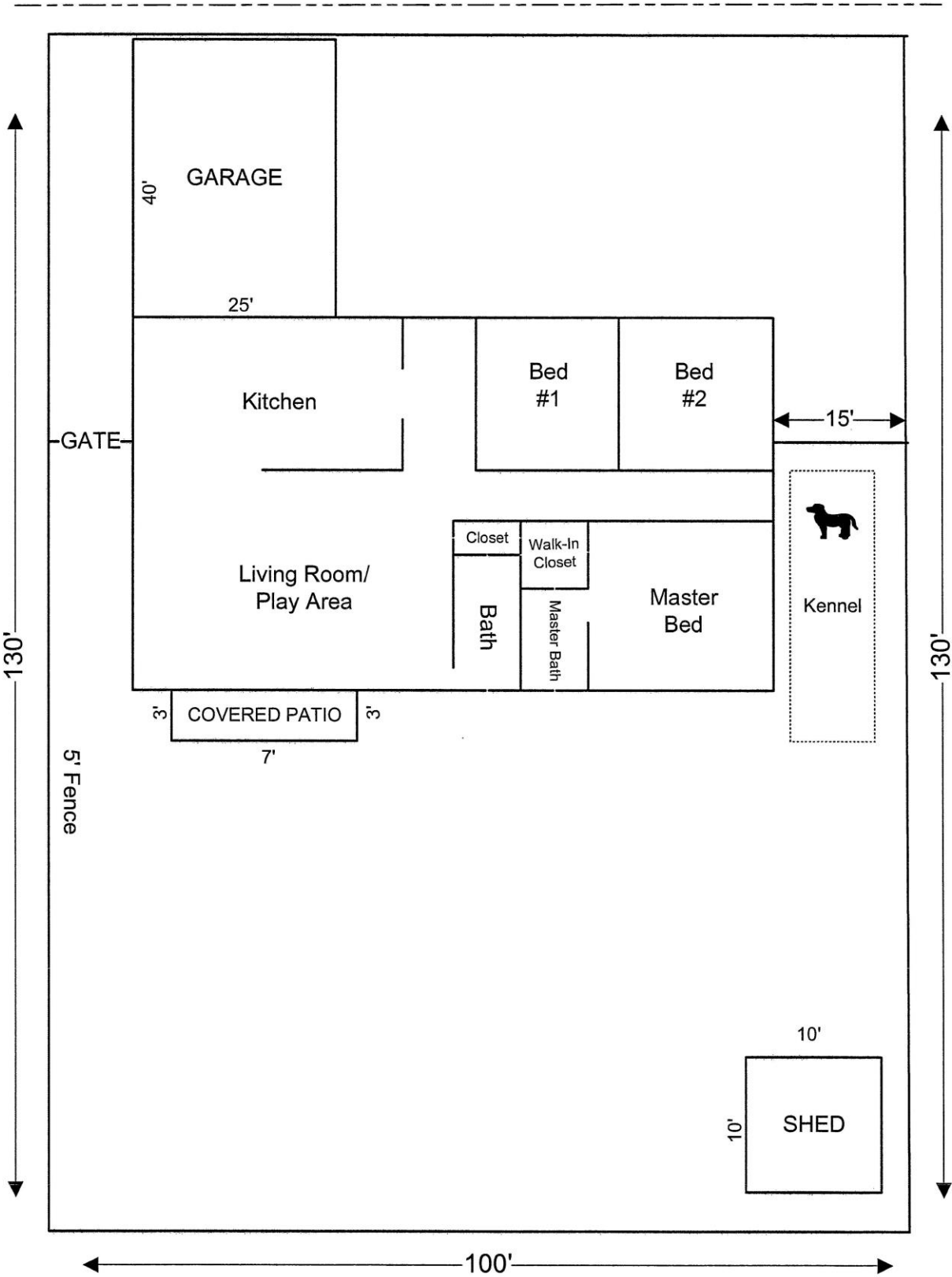
Name____
Address____
Contact #____ email____ fax____
____ CPR/First Aid Certification Issued/Expires____
____ Criminal Records/Background check – City or State____ Date issued____

NOTES:

Applicant's Signature_____

Staff Signature_____

TYPICAL RESIDENTIAL SITE PLAN



123 Street Name

