

# INSTRUCTIONS

## Application for a Child Care Center License

### PROGRAM INFORMATION

1. **Type of License:** Indicate whether you are applying for a Provisional License (first year of licensure) or are applying for a Non-Expiring Operating License (you must have first completed one year under a provisional license).
2. **Name of Child Care Center:** The name of your child care center which will appear on your license.
3. **Physical Address of Child Care Center:** The physical address where the program is operated
4. **Type of Structure:** Indicate whether the program is located in a church, school or other structure such as a store front, government building, etc.
5. **Phone/Fax Number of Child Care Center:** The phone number with the area code for the child care center. You are required to have an operating phone on the premises. A cell phone is acceptable. A fax number is requested, if available.
6. **Email Address of Child Care Center:** The email address of the child care center, where correspondence from the Department of Health and Human Services can be sent.
7. **Name of Child Care Center Director:** The name of the individual who will responsible for the day to day operation of the child care center program including compliance with all regulations.
8. **Requested Licensed Capacity:** Refer to the Child Care Center Regulations to determine the capacity of your child care center. The capacity you request may not be approved by DHHS and/or the Fire Marshal. The number of children in care cannot exceed the licensed capacity at any time.
9. **Age Range of Children to be Served by Program:** Refer to the Child Care Center Regulations to determine what age range of children you may serve (The most common range is 6 weeks to 13 years).
10. **Hours of Operation:** The hours that child care will be provided. Any hours between 9:00 pm and 6:00 am are considered overnight care. Please refer to Child Care Center Regulations regarding overnight care.
11. **Days of Operation:** Check each day of the week you will be operating your program.
12. **Preferred Mailing Address:** The address where all mail from the Department of Health and Human Services should be sent. Include Street, P.O. Box (if applicable), city, state, & zip code.
13. **Child Care Subsidy:** Indicate whether you: Accept child care subsidy; Currently do not accept subsidy, but willing to in the future; or Do not accept subsidy.
14. **Will the Child Care Center be located in a Private Residence?** When the Child Care Center will NOT be located in the applicant's residence check the NO box and proceed to page 2 of the application. When the Child Care Center WILL be located in the applicant's residence check the YES box. You must then provide the required information for ALL persons residing in the household. **NOTE:** Applicant must submit zoning approval from relevant jurisdiction, to the Department of Health and Human Services to meet licensing requirements--- Refer to document "Additional Documentation Required."

*Instructions continue on next page* → → → → →

## **OWNERSHIP INFORMATION AND REQUIREMENTS**

1. **Business Ownership:** Check the appropriate box.
2. **Business Ownership Name:** Enter the information listed below, associated with the box checked in number 1.
  - **Individual(s)**, enter your legal name(s): Last, First, Middle Initial
  - **Partnership**, enter ALL partners legal names: Last, First, Middle Initial
  - **Limited Liability Company (LLC)**, enter the legal name of the LLC.
  - **Corporation**, enter the legal name of the corporation
3. **Authorized Agent(s):** The full legal name and title of person(s) designated by the Business Ownership to sign Amendment Applications and other Licensing Documents.
4. **Federal Identification Number:** If no Federal ID Number, indicate “none.” The number will not be used without consent except as required by law.
5. **Secretary of State Number:** If you are a **Limited Liability Company or Corporation**, you must apply to the Nebraska Secretary of State for this number.
6. **Mailing Address IF different than in #12 on Page 1:** Indicate the mailing address if it is different than in #12 on Page 1. When both addresses are the same, indicate “same.”
7. **Preferred Phone Number if different than in 5 on Page 1:** Enter the phone number if different than in # 5 on Page 1. When both phone numbers are the same, indicate “same.”
8. **Preferred Email Address if different than in # 6 on Page 1:** Enter the email address if different than in #6 on Page 1. When both email addresses are the same, indicate “same.”
9. **Has any entity identified as a Program Owner, or a member of an LLC or Corporation, listed in Item #2 on Page 2, ever applied for and received a child care/preschool license in Nebraska?:** Individual Owner(s), Partners, members of Limited Liability Companies and members of Corporations must report any previous child care/preschool license history. This information is subject to verification.
10. **If the Program is owned by an Individual Owner or Partnership Owner each owner must complete the following:** Each individual or partner must complete the **LEGAL ATTESTATION** on Page 3 of this application to comply with Nebraska Revised Statutes 4-808 to 4-414 attesting to his/her lawful presence in the United States. If more space is required to list Individuals/Partners, please add additional pages.  
**IF Program is owned by a Limited Liability Company or Corporation, continue to Certification and Signature of Owner Section on Page 4:** Read and complete the “Certification and Signature of Owners” Section.

## **CERTIFICATIONS AND SIGNATURES OF OWNERS**

Please read this section carefully before signing to ensure it is signed by ALL required parties. Signing this application verifies that information provided is true and correct.

## **SUBMITTING APPLICATION, DOCUMENTATION, & FEES**

**OPTION 1: EMAIL:** The completed application and the required additional documentation ONLY may be submitted to the Department by scanning and emailing those documents to [DHHS.ChildCareLicensing@nebraska.gov](mailto:DHHS.ChildCareLicensing@nebraska.gov).

The required fee must be mailed separately via U.S. Mail, along with a copy of the front page of the application to the appropriate address listed below in Option 2.

**OPTION 2: U.S. Mail:** The completed application, required additional documentation and fee may be mailed to:

**Cass, Douglas, Sarpy & Washington Counties:**  
DHHS/Division of Public Health  
Office of Children’s Services Licensing  
1313 Farnam Street, 3<sup>rd</sup> Floor  
Omaha, NE 68102

**ALL Other Nebraska Counties:**  
DHHS/Division of Public Health  
Office of Children’s Services Licensing  
P.O. Box 94986  
Lincoln, NE 68509-4986

**FOR OFFICE USE ONLY**  
**Check/Money Order**  
 # \_\_\_\_\_

# APPLICATION CHILD CARE CENTER

*PLEASE READ CAREFULLY, TYPE OR PRINT LEGIBLY*

## PROGRAM INFORMATION

1. Type of License: (*Check one*)  Provisional  Operating-Current License Number: CCC \_\_\_\_\_
2. Name of Child Care Center: \_\_\_\_\_
3. Physical Address of Child Care Center: \_\_\_\_\_  
(Street, City, Zip Code) County: \_\_\_\_\_
4. Type of Structure: (*Check one*)  Church  School  Other \_\_\_\_\_
5. Phone/Fax Number of Center, including area code: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. Email Address of Child Care Center: \_\_\_\_\_
7. Name of Child Care Center Director: \_\_\_\_\_
8. Requested Licensed Capacity of Child Care Center: \_\_\_\_\_
9. Age Range of Children to be Served by Child Care Center: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Check one  weeks  months  years    Check one  months  years
10. Hours of Operation: (*Specify a.m. or p.m.*) FROM: \_\_\_\_\_ TO: \_\_\_\_\_ OR  24 Hour Care
11. Days of Operation: (*Check all that apply*):  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday
12. Preferred Mailing Address: \_\_\_\_\_  
(P.O. Box, Street, City, State, Zip Code)
13. Child Care Subsidy (*choose one*):  Accept subsidy.  
 Currently do not accept subsidy, but willing to in the future.  
 Do not accept subsidy.
14. Will the Child Care Center be located in a private residence?  YES  NO

IF No, Continue on to Page 2 of the application. →→→

IF Yes, provide the following Information for ALL persons residing at the child care center program address INCLUDING yourself, spouse, significant other, children, grandchildren, any other person.

LEGAL NAME	OTHER NAMES USED ( <i>maiden, alias</i> )	SOCIAL SECURITY NUMBER	BIRTH DATE <small>Month/Day/Year</small>	RELATIONSHIP TO APPLICANT

**OWNERSHIP INFORMATION AND REQUIREMENTS**

1. Business Ownership:(Check one) \_\_ Individual \_\_ Partnership \_\_ Limited Liability Company \_\_ Corporation  
 \_\_ District (i.e., school) \_\_ Other (i.e., city, tribal)
  2. Business Ownership Name: \_\_\_\_\_
  3. Authorized Agent(s): \_\_\_\_\_
  4. Federal Identification Number: \_\_\_\_\_
  5. Secretary of State Number: \_\_\_\_\_ *(Limited Liability Company or Corporation ONLY)*
  6. Mailing Address IF different than in # 12 on Page 1: \_\_\_\_\_
  7. Preferred Phone Number IF different than # 5 on Page 1: \_\_\_\_\_
  8. Preferred Email Address IF different than # 6 on Page 1: \_\_\_\_\_
  9. Has any entity identified as a Program Owner in Item #2 above ever applied for and received a child  
 care/preschool license in Nebraska? \_\_ YES \_\_ NO If Yes, Identify the individuals and the name and  
 address of EACH Program: \_\_\_\_\_
  10. IF the Program is owned by an **INDIVIDUAL OR PARTNERSHIP** each owner must complete the following  
 Legal Attestation section on **Page 3** of this application: *(If more than 3 partners, please add additional pages.)*  
 →→→
- IF Program is owned by a **LIMITED LIABILITY COMPANY OR CORPORATION** continue to  
 Certification and Signature of Owner(s) Section on **Page 4.** →→→→→→→→→→→→→→→→→→→→→→→→

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 AREA  
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***THIS PAGE TO BE COMPLETED ONLY IF THE PROGRAM IS OWNED BY AN INDIVIDUAL OR PARTNERSHIP***

**INDIVIDUAL OWNER/PARTNER #1**

Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check one:  a. I am a citizen of the United States; **OR**  
 b. I am qualified alien under the Federal Immigration and Nationality Act. My  
Immigrant status and alien number is: \_\_\_\_\_

If you checked box b above you must check the box of the document you are providing to verify your lawful presence in the United States:

- An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")
- An unexpired foreign passport with an unexpired Temporary I-551 Stamp bearing the same name as the passport
- A document showing an Alien Registration Number (A#)
- A form I-94 (Arrival-Departure Record)

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

**INDIVIDUAL OWNER/PARTNER #2**

Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check one:  a. I am a citizen of the United States; **OR**  
 b. I am qualified alien under the Federal Immigration and Nationality Act. My  
Immigrant status and alien number is: \_\_\_\_\_

If you checked box b above you must check the box of the document you are providing to verify your lawful presence in the United States:

- An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")
- An unexpired foreign passport with an unexpired Temporary I-551 Stamp bearing the same name as the passport
- A document showing an Alien Registration Number (A#)
- A form I-94 (Arrival-Departure Record)

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

**INDIVIDUAL OWNER/PARTNER #3**

Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check one:  a. I am a citizen of the United States; **OR**  
 b. I am qualified alien under the Federal Immigration and Nationality Act. My  
Immigrant status and alien number is: \_\_\_\_\_

If you checked box b above you must check the box of the document you are providing to verify your lawful presence in the United States:

- An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")
- An unexpired foreign passport with an unexpired Temporary I-551 Stamp bearing the same name as the passport
- A document showing an Alien Registration Number (A#)
- A form I-94 (Arrival-Departure Record)

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

**CERTIFICATION AND SIGNATURES OF OWNERS**

A list of complete names and addresses of all persons in control of the child care center program must be included on the application. This list must include all individual owners, partners, limited liability company members,

parent companies, if any, and members of boards of directors owning or managing the corporations and any other persons with financial interests or investments in the child care center program. In the case of publicly held corporations, the individual owners listed must include any stockholders who own 5% or more of the company's stock.

All Applications must be signed by:

- The owner, when the applicant is an **Individual Owner**;
- All owners, when the applicants are a **Partnership**;
- Two members, when the applicant is a **Limited Liability Company**(One signature will be accepted if the LLC is a one member company.)
- Two officers that have authority to bind the **Corporation** to the terms of the application, when the applicant is a corporation. However, one signature will be accepted if the articles of incorporation are submitted with the application.

I/We have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services-Division of Public Health-Licensure Unit-Office of Children's Services Licensing and will comply should a license be issued. I/We have fully disclosed all owners of the program regardless of whether an owner participates in the operation of the program. I/We certify to the best of my/our knowledge that the information provided on this application is true and correct.

_____ Print Name and Title	_____ Signature	_____ Date
_____ Print Name and Title	_____ Signature	_____ Date
_____ Print Name and Title	_____ Signature	_____ Date

# REQUIRED ADDITIONAL DOCUMENTATION

## Applications for a Child Care Center License

***Provisional Application:*** *The following additional documents and forms must be submitted with your provisional application:*

A Central Registry Background Check (CR Check) is obtained online through the Children and Family Services, Child and Adult Abuse and Neglect Central Registry website:

<https://dhhs.ne.gov/pages/abuse-and-neglect-central-registry.aspx>.

A copy of the CR Check must be included for:

- Applicant(s) (see page 4 of the Application for definition of “applicant”)
- Director

1. Criminal History Record Check: Per Nebraska Revised Statute §71-1912, a national criminal history record information check through the Nebraska State Patrol must be obtained for: Applicant(s), Staff, Substitutes, Volunteers, and Household Members who are 18 years of age or older. For a list of Live Scan locations visit:

[https://statepatrol.nebraska.gov/sites/default/files/public\\_livescan\\_list.pdf](https://statepatrol.nebraska.gov/sites/default/files/public_livescan_list.pdf)

To schedule an appointment for Lincoln or Omaha fingerprinting:

<https://www.nebraska.gov/apps-nsp-appointment-calendar/schedule/index>

An individual living in Nebraska less than 12 months must obtain documentation of criminal history record check from previous state(s) of residence.

2. A Report of Law Enforcement Contact for the following individuals: 1) applicant, 2) the individual who will be the director of the center if the applicant is a limited liability company or corporation (See 391 NAC 3-006.03C), and 3) if the center is to be located in a private residence, all staff, volunteers, and all household members age 19 and older.
3. Documentation of completion of Safe with You Training (Safe Sleep for Infants, Abusive Head Trauma, Power to Protect) for 1) the applicant or 2) the individual who will be the director of the center if the applicant is a limited liability company or corporation.
4. A Health Information Report for the director (See 391 NAC 3-006.03F).
5. Documentation of director qualifications or a written plan that has been approved by the Nebraska Department of Education (See 391 NAC 3-006.04).
6. Documentation of completed Director Orientation (“Director Orientation Review: Statements of Understanding”)
7. A sketch, diagram, or blueprint of the facility showing the dimensions, arrangement of rooms to be used by children and outdoor play area.
8. Copy of zoning approval from the relevant jurisdiction.
9. Proof of Liability Insurance. \*\*\*
10. The required Licensing Fee (See 391 NAC 3-004.08).

\*\*\*Proof of Liability Insurance MUST be submitted prior to a license being issued if not submitted with your application.

***Operating Application:*** *The following additional documents and forms must be submitted with your operating application:*

1. A Report of Law Enforcement Contact for the following individuals: 1) applicant, 2) the individual who will be the director of the center if the applicant is a limited liability company or corporation (See 391 NAC 3-006.03C) and 3) if the center is to be located in a private residence, all staff, volunteers, and all household members age 19 and older.
2. Proof of Liability Insurance.
3. The required Licensing Fee (See 391 NAC 3-004.08).