

CHILD CARE LICENSING ADVISORY COMMITTEE

Purpose: The Child Care Licensing Advisory Committee will assist the Department of Human Services, Public Health, Child Care Licensing by providing input regarding specific topics and issues impacting licensed child care programs statewide.

Committee Project Examples: The Child Care Licensing Advisory Committee could provide information, directions and recommendations for:

- questions and answer feedback
- regulations and statutes
- resources for licensed child care providers
- addressing gaps and barriers in child care services
- health and safety standards

Committee Meetings: The Child Care Licensing Advisory Committee will meet quarterly with times, dates and locations to be determined by the committee.

How To Apply: If you are a licensed child care provider or parent interested in participating in the committee complete the Child Care Licensing Advisory Committee Request to Serve form and submit it to the Office of Children's Services Licensing by email, fax, or mail to the following:

Email: DHHS.ChildCareLicensing@nebraska.gov

Fax: 402-742-2390

Mail: DHHS- Division of Public Health
Office of Children's Services Licensing
PO Box 94986
Lincoln, NE 68509-4986

The deadline for submission is July 1, 2022. Committee member selection will be made by July 15th and all applicants will be contacted.

CHILD CARE LICENSING ADVISORY COMMITTEE

REQUEST TO SERVE

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Are you able to meet quarterly in Lincoln or via Web Ex? ___Yes ___No

Check ALL of your affiliations with licensed child care in Nebraska:

___ I am the Owner of a licensed child care in Nebraska.

___ I am the Director of a licensed child care in Nebraska.

___ I am an Employee or Volunteer at a licensed child care in Nebraska.

___ I am the parent/guardian of a child who attends a licensed child care in Nebraska.

Other: _____

If you checked any of the above affiliations, provide the name and address of the licensed child care:

Name: _____

Address: _____ City: _____

What work experience have you had that you believe is relevant?

Position Title	Name & Location	Year(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe your interest in licensed child care and why you wish to serve on this committee:

SIGNATURE

DATE

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