NEW MEXICO
Early Childhood
Education & Care Department

APPLICATION: CHILD CARE CENTER AND OUT OF SCHOOL TIME CARE PROVIDER

☐ **INITIAL APPLICATION**
- ☐ ZONING APPROVAL
- ☐ FIRE INSPECTION
- ☐ ENVIRONMENT DEPARTMENT APPROVAL
- ☐ DIRECTOR'S RESUME
- ☐ DIRECTORS PROOF OF DEGREE
- ☐ DIRECTOR'S BACKGROUND CHECK CLEARANCE
- ☐ FIRST AID/CPR CERTIFICATE
- ☐ CHANGE OF OWNERSHIP (If Applicable)

AMENDMENT

☐ **CHANGE OF DIRECTOR**
- ☐ DIRECTOR'S RESUME
- ☐ DIRECTORS PROOF OF DEGREE
- ☐ DIRECTOR'S BACKGROUND CHECK CLEARANCE

☐ **CHANGE OF CAPACITY**
- ☐ FIRE INSPECTION

☐ **STAR STATUS REQUESTING**

APPROVED EXEMPT	☐ STAR 1
LICENSED	☐ STAR 2
LICENSED	☐ STAR 3
LICENSED	☐ STAR 4
ACCREDITED	☐ STAR 5

LICENSE NUMBER: _____

IF ACCREDITED: ☐ NAEYC ☐ NECPA ☐ NAC ☐ ACSI ☐ ICCA ☐ COA ☐ NCCA ☐ AMI ☐ AMS

ACCREDITATION EXPIRATION/RENEWAL DATE: _____
(ATTACH COPY OF CURRENT CERTIFICATE)

NAME OF CENTER: _____ TELEPHONE NUMBER:_____

PHYSICAL ADDRESS: _____ NM_____
(STREET) (CITY) (COUNTY) (ZIP)

MAILING ADDRESS: _____ E-MAIL ADDRESS: _____

AFTER HOURS EMERGENCY NUMBER: _____

DAYS/HOURS OF OPERATION: Monday ____Tuesday ____Wednesday ____Thursday ___Friday ____Saturday ___Sunday_____

From:_____am/pm – To: _____am/pm

CACFP PARTICIPANT: ☐ No ☐ Yes, Food Sponsor: _____

TRANSPORTATION PROVIDED: ☐ Yes ☐ No

CAPACITY REQUESTED: TOTAL OVER AGE TWO _____ TOTAL UNDER AGE TWO _____ PLAYGROUND CAPACITY _____

Youngest Child Accepted: Years _____ Months _____ Oldest Child Accepted: Years _____ Months _____

TOTAL NUMBER OF CLASSROOMS: _____

INFANT CLASSROOMS (6WKS – 12 Mo): _____ TODDLER CLASSROOMS (12 – 24 Mo): _____

INFANT/TODDLER CLASSROOM: _____ PRESCHOOL CLASSROOMS:(3-4-5 YRS) _____

SCHOOL AGE CLASSROOMS: (6YRS AND UP) _____ NUMBER OF STAFF (INCLUDING DIRECTOR) _____

CENTER OWNERSHIP: (CHECK ONE) ☐ INDIVIDUAL ☐ CORPORATION
☐ PARTNERSHIP ☐ NON-PROFIT ASSOCIATION(INCLUDING CHURCHES AND SCHOOLS)

OPERATED BY: _____
(LEGAL FACILITY NAME)

FOR PARTNERSHIP CORPORATION OR NON-PROFIT ASSOCIATIONS, LIST THE DIRECTOR'S:

_____

LIST THE PERSON IN WHOSE NAME THE LICENSE IS TO BE ISSUED AND WHO IS RESPONSIBLE FOR COMPLIANCE WITH THE REGULATIONS GOVERNING THE CHILD CARE CENTER(S):

NAME:_____ TELEPHONE NUMBER_____

DIRECTORS QUALIFICATIONS: ☐ MASTERS ☐ BACHELORS ☐ ASSOCIATES ☐ CDA (CHILD DEVELOPMENT ASSOC) ☐ NAC (NATIONAL ADMINISTRATORS CREDENTIAL) ☐ EARLY CHILDHOOD CERTIFICATE

SITE OR CO-DIRECTOR: _____ TELEPHONE NUMBER: _____
(IF APPLICABLE)

CO-DIRECTORS QUALIFICATIONS: ☐ MASTERS ☐ BACHELORS ☐ ASSOCIATES ☐ CDA (CHILD DEVELOPMENT ASSOC) ☐ NAC (NATIONAL ADMINISTRATORS CREDENTIAL) ☐ EARLY CHILDHOOD CERTIFICATE

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? ☐ YES ☐ NO
IF YES, STATE THE TYPE OF CONVICTION(S), DATE, JUDGE, COURT OF JURISDICTION, AND ADDRESS:

_____
_____
_____

I, _____HEREBY CERTIFY THAT I HAVE NEVER HAD AN ARREST
(NAME)
OR SUBSTANTIATED REFERRAL TO A CHILD PROTECTIVE SERVICES AGENCY.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE REGULATIONS FOR CHILD CARE CENTERS OR OUT-OF-SCHOOL TIME CARE. I ASSUME RESPONSIBILITY FOR THE CONDUCT, AFFAIRS AND DEALINGS OF THE CHILD CARE CENTERS OR OUT-OF-SCHOOL TIME CARE FOR WHICH THE LICENSE IS REQUESTED. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ENSURING THAT THE FAMILY/GROUP CHILD CARE HOME COMPLIES WITH CURRENT LICENSING REGULATIONS.

I UNDERSTAND THAT THE CHILD CARE CENTERS OR OUT-OF-SCHOOL TIME CARE IS SUBJECT TO INSPECTION BY THE LICENSING AUTHORITY DURING ALL HOURS OF OPERATION.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE CURRENT LICENSING REGULATIONS MAY RESULT IN DENIAL OR REVOCATION OF THE LICENSE TO OPERATE A CHILD CARE CENTERS OR OUT-OF-SCHOOL TIME CARE. I AM OVER EIGHTEEN YEARS OF AGE AND DO HEREBY FILE THIS APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE CENTERS OR OUT-OF-SCHOOL TIME CARE.

Signature _____

ALL APPLICATIONS MUST BE SUBMITTED IN THE FOLLOWING METHODS:

BY MAIL
EARLY CHILDHOOD EDUCATION & CARE DEPARTMENT
CHILD CARE SERVICES BUREAU – LICENSING UNIT
PO DRAWER 5619, SANTA FE, NM 87502 – 5160

ELECTRONIC SUBMISSIONS:

ECECD Wonderschool Application
https://childcare.ececd.nm.gov/director/sign-up

ECECD Secure File Drop
https://files.ececd.nm.gov/filedrop/ECECD-CCSB