



Early Childhood Services
Child Care Services Bureau
Temporary Licensed Facility Waiver Request Form

NEW MEXICO EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

The purpose of this waiver request is to provide child care in a temporary facility / location during this declaration of a public health emergency, while ensuring that basic health and safety requirements are met.

Please complete this form and submit to your local licensing office for review:

Name of Currently Licensed Facility: _____
Name of Director: _____
Address of Currently Licensed Facility: _____
City: _____ Zip: _____ Phone Number () _____
Email: _____
License / EPICS Number: _____ License Expiration Date: _____

In order to apply, you must currently be licensed as a 3-STAR center or above, and certify that you meet the following requirements.

Name of Temporary Facility: _____
Address of Temporary Facility: _____
City: _____ Zip: _____ Phone Number () _____
Email: _____
Site Director: _____

DAYS/HOURS OF OPERATION:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours: From: _____ AM/PM To: _____ AM/PM

CACFP PARTICIPANT: ☐ Yes ☐ No

CAPACITY REQUESTED:

Total Over Age Two: _____ Total Under Age Two: _____

Playground Capacity (if applicable) _____

Youngest Child Accepted: Years _____ Months: _____

Oldest Accepted Child: Years _____ Months: _____

TOTAL NUMBER OF CLASSROOMS: _____

Infant Classrooms (6 wks. - 12 mo.): _____ Toddler Classrooms (12 -24 mo.): _____

Infant/Toddler Classroom: _____ Preschool Classrooms: (3-4-5 yrs.) _____

School-age Classrooms: (6yrs. & up) _____

Number of Staff (to include director): _____

Licensed Director is responsible for temporary site to ensure the following are met:

- ___ All staff must have background checks.
- ___ All staff are required to complete the on-line Health and Safety training located at www.newmexicokids.org.
- ___ All staff are required to complete an on-line First Aid/CPR certification to include infant, child and adult competency.
- ___ Temporary facility location must be within 40 miles of the current licensed facility location.
- ___ The building requirement of 35 square feet per child must be met.
- ___ Toilet and sink licensing requirements must be met based on capacity.

Toilet and Sink Ratio Provision 8.16.2.29 G (4)	
(1) 1 toilet and 1 sink dedicated to Infants and Toddlers	
(a) 1 to 12 children	1 toilet and 1 sink
(b) 13 thru 25 children	2 toilets and two sinks
(c) each additional 15 kids	1 toilet and 1 sink additional
(d) center capacity 30+	separate toilet room for staff

- ___ Fire Marshal Inspection / Approval.
- ___ Zoning Approval.

In addition to completing this form, all applicants must provide a detailed response to the questions below:

- ☐ Please describe how the Director at the licensed 3-STAR or above child care center will ensure daily supervision, mentoring and coaching of staff at the temporary facility.
- ☐ What is the plan to ensure that well trained staff at the temporary site comply with the STAR requirements of the current licensed facility?
- ☐ What is the plan to provide meal service at the temporary facility, including possible participation in CACFP?
- ☐ What steps will be taken to ensure the quality of care provided at the licensed 3-STAR or above child care center will be provided at the temporary facility?

I understand that this waiver will become invalid once the public health emergency has been lifted. Furthermore, if I am interested in licensing this space/facility after the public health emergency has been lifted, I understand the space/facility will have to meet all licensing requirements outlined in 8.16.2 NMAC within 30 days. I will notify my local licensing office immediately of my intention.

_____/_____/_____
Director Signature Date

FOR INTERNAL USE ONLY:

Date of receipt of application: _____
Approved: _____ Dates of Waiver Approval: _____ until _____
Denied: _____ Reason(s) for Denial: _____
Review Date: _____