



Become a Registered
Home Child Care Provider

PULLTOGETHER.ORG

CHILDREN, YOUTH AND FAMILIES DEPARTMENT



CHILD CARE PROVIDER NON-LICENSED REQUIREMENTS

Thank you for your interest in applying to be a registered provider to operate a non-licensed child care home. Starting a home child care program may seem complicated at first, but there is help available to assist you in starting and maintaining a quality child care program that meets the Health, Safety and Nutritional requirements of the children in your home. There are several categories of registrations available for providers:

- **Registered Home** is eligible to participate with both the Child & Adult Care Food Program and Child Care Assistance Program. All adult household members are required to obtain a full background check clearance for this type of registration. Providers are responsible for all applicable federal and state taxes (income and gross receipts) for monies received from CYFD. The Department will issue IRS Form 1099 (earning statements) at the end of each year.
- **Registered Home- Food Only** is eligible to participate with the Child & Adult Care Food Program only. Only the primary caregiver is required to obtain a full background check clearance. All other household members are required to undergo a child abuse and neglect screen.
- **Exempt Home** is eligible to participate with the Child Care Assistance Program but who is exempt from participating in the Child & Adult Care Food Program because he or she is caring only for resident children or does not provide child care during the hours when a meal is served. All adult household members are required to obtain a full background check clearance for this type of registration. Providers are responsible for all applicable federal and state taxes (income and gross receipts) for monies received from CYFD. The Department will issue an IRS Form 1099 (earning statement) at the end of each year.

Listed below are the requirements that must be completed to become a registered home provider.

Step 1 - Background Check process. Complete and follow the guidelines in the Background check and fingerprint instructions section.

Registered Homes and **Exempt Homes** require full background check clearances for ALL adult household members. Cost for background check clearance is \$44 per applicant.

Registered Home- Food Only requires a background check clearance for the primary caregiver only. All other household members are required to undergo a child abuse and neglect screen.

Note: You must choose and list a food sponsor on your background check application. A list of The food sponsor agencies is included in Step 4 of this packet.

Step 2 - Application process. Once you receive your Background check approval letter(s), **submit** the following completed documents to your local Child Care Specialist:

- A. Non- Licensed Registered Family Child Care Home Application
- B. Copy of all approved background check clearance letters (all pages).
- C. Copy of your Photo ID and Social Security Card or Federal Employer Identification Number (FEIN) documentation.
- D. Proof of physical address for home being registered
- E. Provider Participation Agreement (PPA)
- F. Vendor Registration/W-9 (**for providers who are going to participate in the Child Care Assistance Program**)

Once your application and supporting documents are received, the Child Care Specialist will contact you to schedule a visit within 14 calendar days.

Step 3 - Prepare for Home visit:

- A. Have your \$15.00 annual processing fee: Must be in the form of a Money Order or a Cashier's Check **(Payable to CYFD, this is non-refundable)**
- B. Have Background Check clearance letter(s) available in your records.
- C. Review Regulations 8.17.2 NMAC.
- D. Review Checklist for Home Visit to make certain you meet all the requirements.
- E. Once home visit is completed and the provider and home are in compliance, the Child Care Home Registration form will be completed and issued to child care provider.

Step 4. Contact Child Care Food Program:

Once you have received your approved Child Care Home Registration form, you will need to contact the Child Care Food Program Sponsor you chose during the background check process. The Food Sponsoring agency will conduct a home visit and issue a Child and Adult Care Food Program Application and Agreement verifying your participation with the food program. This documentation will be submitted to the Santa Fe Central office. The approval date from the Child and Adult Care Food Program Application will authorize you to begin receiving State Subsidy payments unless otherwise exempt.

If you fail to submit ALL of the information requested or if you do not comply with the Children, Youth and Families (CYFD) Non-Licensed Child Care Home registration standards, you will not be registered. You will not be eligible as a child care provider for CYFD Child Care Services Bureau to receive subsidy payments and you will not be eligible to participate in the CACFP reimbursement program.

If you have any questions regarding the registration process please feel free to contact any of your local Child Care Specialists.

Thank you!

**CHILD CARE SERVICES BUREAU OFFICES
REGISTERED HOMES UNIT
CHILD CARE SPECIALIST PHONE LIST**

CENTRAL REGION

Bernalillo, Sandoval, Socorro, Valencia Counties

Margaret Williams, Regulatory Oversight Regional Manager 3401 Pan American Freeway NE, Albuquerque, NM 87107	Margaret.Williams2@state.nm.us	Phone (505) 841-4840	Fax (505) 841-4826
Peggy Martin, Child Care Compliance Supv. 3401 Pan American Freeway NE, Albuquerque, NM 87107	Peggy.Martin@state.nm.us	(505) 841-4827	(505) 841-4826
Christine De Lette Sr. Child Care Specialist 3401 Pan American Freeway NE, Albuquerque, NM 87107	Christine.DeLette@state.nm.us	(505) 841-4836	(505) 841-4803
Amanda Trujillo, Child Care Specialist 3401 Pan American Freeway NE, Albuquerque, NM 87107	AmandaD.Trujillo@state.nm.us	(505) 841-4811	(505) 841-4803
Maria Wickstrom, Child Care Specialist 3401 Pan American Freeway NE, Albuquerque, NM 87107	Maria.Wickstrom@state.nm.us	(505) 841-4804	(505) 841-4803
Christine Juancho, Child Care Specialist 3401 Pan American Freeway NE, Albuquerque, NM 87107	Christine.Juancho@state.nm.us	(505) 841-4844	(505) 841-4803
Alicia Guerra, Child Care Specialist 3401 Pan American Freeway NE, Albuquerque, NM 87107	Alicia.Guerra-Felix@state.nm.us	(505) 841-4837	(505) 841-4803

NORTHERN REGION

**Cibola, McKinley, San Juan, San Miguel, Mora, Colfax, Harding, Union, Santa Fe,
Torrance, Taos, Rio Arriba, Los Alamos Counties**

Melissa Romero, Child Care Compliance Supv. 1920 5th Street, Santa Fe, NM 87505	Melissa.Romero@state.nm.us	(505) 476-5510	(505) 827-4250
Rafael Garcia-Castaneda, Sr. Child Care Specialist 1920 5th Street, Santa Fe, NM 87505	Rafael.GarciaCastan@state.nm.us	(505) 476-2319	(505) 827-4250
Cinthia Lopez, Child Care Specialist 1920 5th Street, Santa Fe, NM 87505	Cinthia.Lopez@state.nm.us	(505) 476-2329	(505) 827-4250
Valanesia Johnson, Child Care Specialist 1720 East Aztec Ave. Gallup, NM 87301	Valanesia.Johnson@state.nm.us	(505) 863-5167	(505) 863-0812

SOUTHWEST REGION

Doña Ana, Grant, Hidalgo, Catron, Luna, Otero, Lincoln, Sierra Counties

Angel Newman-Gamboa, Regulatory Oversight Regional Manager 760 N. Motel Blvd. Ste C. Las Cruces, NM 88007	Angel.Newman@state.nm.us	(575) 373-6633	(575) 373-6648
Mary Arrey, Child Care Compliance Supv. 760 N. Motel Blvd. Ste C. Las Cruces, NM 88007	Mary.Arrey@state.nm.us	(575) 373-6609	(575) 373-6648
Joel Gonzalez, Sr. Child Care Specialist 760 N. Motel Blvd. Ste C. Las Cruces, NM 88007	JoelS.Gonzalez@state.nm.us	(575) 373-6620	(575) 373-6648
Jose Morales, Child Care Specialist 760 N. Motel Blvd. Ste C. Las Cruces, NM 88007	Jose.Morales@state.nm.us	(575) 373-6618	(575) 373-6648
Evelyn Ramirez, Child Care Specialist 760 N. Motel Blvd. Ste C, Las Cruces, NM 88007	Evelyn.Ramirez@state.nm.us	(575) 373-6638	(575) 373-6648
RoseMary Puentes, Child Care Specialist 760 N. Motel Blvd. Ste C, Las Cruces, NM 88007	RoseMary.Puentes2@state.nm.us	(575) 373-6612	(575) 373-6648
Marcela Quezada, Child Care Specialist 760 N. Motel Blvd. Ste C, Las Cruces, NM 88007	Marcela.Quezada@state.nm.us	(575) 373-6636	(575) 373-6648
Maura Barraza, Child Care Specialist 945 Anthony, Anthony, NM 88021	Maura.Barraza@state.nm.us	(575) 882-7871 x. 1207	(575) 882-2996
Zeelica Molina, Child Care Specialist 945 Anthony, Anthony, NM 88021	Zeelica.Molina@state.nm.us	(575) 882-7871 x. 1208	(575) 882-2996

SOUTHEAST REGION

Curry, DeBaca, Guadalupe, Chaves, Lea, Eddy, Roosevelt, Quay counties

Allen Anderson, Child Care Compliance Supv. #4 Grand Ave. Plaza Ste A, Roswell, NM 88202	Allen.Anderson@state.nm.us	(575) 625-1078	(575) 625-6748
Esther Lara, Child Care Specialist #4 Grand Ave. Plaza Ste A, Roswell, NM 88202	Esther.Lara@state.nm.us	(575) 625-1078	(575) 625-6748

Step 1:

BACKGROUND CHECK AND FINGERPRINT INSTRUCTIONS

Included in this section:

- Steps For Background Check
- Background Check Packet
- Fingerprint Locations

Complete and follow the guidelines in the Background check and fingerprint instructions included in this section.

- A. Registered Homes and Exempt Homes** require full background check clearances for ALL adult household members. Cost for background check clearance is \$44 per applicant.
- B. Registered Home- Food Only** requires a background check clearance for the primary caregiver only. All other household members are required to undergo a child abuse and neglect screen.

Note: You must choose and list a food sponsor on your background check application. A list of food sponsor agencies is included in Step 4.

Steps for Background Check

Subsidy & Food

If you are planning on receiving contracts/subsidy money from CYFD, the primary caregiver and all adults (18 years and older) must go through a full background check and pay \$44 per applicant.

For example: I am a caregiver who wants to watch 4 or less children in my own home. My husband, son and I moved to New Mexico two years ago from Colorado. The children I plan to watch have a contract with CYFD for child care assistance (subsidy). I have two adult household members (my husband and adult son) who also live with me. I must get fingerprinted and send in the Application for Background Check-Registered Home form, the Abuse and Neglect Check Authorization form and my fingerprint submission number to the Santa Fe Background Check Unit. My husband and my son must each get fingerprinted and send in their Adult Written Statement forms, their Abuse and Neglect Check Authorization forms along with their fingerprint submission numbers to the Santa Fe Background Check Unit.

Primary Caregiver must:

- ☐ Register at www.aps.gemalto.com or call (877) 996-6277
 - The ORI (employer) number is **NM920120Z** and the reason is **Child Care Licensing**
 - You will be issued a Fingerprint Registration ID Number after registration
- ☐ Pay the \$44 processing fee. Payment can be made by credit card at the time of registration (online or by phone) OR by money order made payable to Gemalto Cogent at the time of fingerprinting.
- ☐ Complete the Application for Background Check-Registered Home (front and back) and put your Fingerprint Registration ID Number on the top of the application
 - Select Registered Home -Food and Subsidy on top left corner of the application
 - You must choose a Food Sponsor to put on your application (list of Food Sponsors will be made available to you)
- ☐ If you have lived outside of New Mexico during the last five (5) years, please complete the Abuse and Neglect Check Authorization form. Please disregard if you've lived in New Mexico for the past 5 years.
- ☐ Go to one of the listed fingerprint locations and have fingerprints scanned
 - You will be issued a Fingerprint Submission Number (TCN number)
- ☐ Mail, fax, or email the *Application for Background Check-Registered Home, TCN number and, if applicable, the Abuse and Neglect Check Authorization form* to:

CYFD Background Check Unit
PO Drawer 5160
Santa Fe, NM 87502
Fax: (505) 827-7422
Email: cyfd.bcu@state.nm.us

Household Members (18 years of age or older) must:

- ☐ Register at www.aps.gemalto.com or call (877) 996-6277
 - The ORI (employer) number is **NM920120Z** and the reason is **Child Care Licensing**
 - You will be issued a Fingerprint Registration ID Number after registration
- ☐ Pay the \$44 processing fee. Payment can be made by credit card at the time of registration (online or by phone) OR by money order made payable to Gemalto Cogent at the time of fingerprinting.
- ☐ Complete the Adult Written Statement form (one page) and put your Fingerprint Registration ID Number on the top of the form
- ☐ If you have lived outside of New Mexico during the last five (5) years, please complete the Abuse and Neglect Check Authorization form. Please disregard if you've lived in New Mexico for the past 5 years.
- ☐ Go to one of the listed fingerprint locations and have your fingerprints scanned
 - You will be issued a Fingerprint Submission Number (TCN number)
- ☐ Mail, fax, or email the *Application for Background Check-Registered Home, TCN number and, if applicable, the Abuse and Neglect Check Authorization form* to:

CYFD Background Check Unit
PO Drawer 5160
Santa Fe, NM 87502
Fax: (505) 827-7422
Email: cyfd.bcu@state.nm.us

Food-Only

If you do not wish to receive contracts/subsidy money from CYFD, then only the primary caregiver will obtain a full background check and pay the \$44 fee. All other household members (18 years and older) will need to have a child abuse and neglect screen done.

For example: I am a caregiver who wants to watch 4 or less children in my own home. The children I plan to watch do not have a contract with CYFD for child care assistance (subsidy), so I will only be participating in the food program. I have two adult household members (my husband and adult son) who also live with me. I must get fingerprinted and send in the Application for Background Check-Registered Home form and my fingerprint submission number to the Santa Fe Background Check Unit. My husband and my son do not need to be fingerprinted. They only need to send in their Adult Written Statement forms to the Santa Fe Background Check Unit.

Primary Caregiver must:

- ☐ Register at www.aps.gemalto.com or call (877) 996-6277
 - The ORI (employer) number is **NM920120Z** and the reason is **Child Care Licensing**
 - You will be issued a Fingerprint Registration ID Number after registration
- ☐ Pay the \$44 processing fee. Payment can be made by credit card at the time of registration (online or by phone) OR by money order made payable to Gemalto Cogent at the time of fingerprinting.
- ☐ Complete the Application for Background Check- Registered Home (front and back) and put your Fingerprint Registration ID Number on the top of the application
 - Select Registered Home -Food Only on top left corner of the application
 - You must choose a Food Sponsor to put on your application (list of Food Sponsors will be made available to you)
- ☐ If you have lived outside of New Mexico during the last five (5) years, please complete the Abuse and Neglect Check Authorization form. Please disregard if you've lived in New Mexico for the past 5 years.
- ☐ Go to one of the listed fingerprint locations and have fingerprints scanned
 - You will be issued a Fingerprint Submission Number (TCN number)
- ☐ Mail, fax, or email the *Application for Background Check-Registered Home, TCN number and, if applicable, the Abuse and Neglect Check Authorization form* to:

CYFD Background Check Unit
PO Drawer 5160
Santa Fe, NM 87502
Fax: (505) 827-7422
Email: cyfd.bcu@state.nm.us

Household Members (18 years of age or older):

- ☐ Each adult household member must complete the Adult Written Statement only (fingerprints are NOT required for household members)
- ☐ If you have lived outside of New Mexico during the last five (5) years, please complete the Abuse and Neglect Check Authorization form. Please disregard if you've lived in New Mexico for the past 5 years.
- ☐ Mail, fax, or email the *Adult Written Statement(s) and, if applicable, the Abuse and Neglect Check Authorization form(s)* to:

CYFD Background Check Unit
PO Drawer 5160
Santa Fe, NM 87502
Fax: (505) 827-7422
Email: cyfd.bcu@state.nm.us

Exempt (Subsidy-only because children live in the registered home)

If you are planning on receiving contracts/subsidy money from CYFD for children who reside in your home, the primary caregiver and all adults (18 years and older) must go through a full background check and pay \$44 per applicant.

For example: I am a caregiver who wants to watch my grandchildren who live in my home with their mother. The children have a contract with CYFD for child care assistance (subsidy). I have two adult household members, my daughter (the children's mother) and my adult son who also live with me. I must get fingerprinted and send in the Application for Background Check-Registered Home form and my fingerprint submission number to the Santa Fe Background Check Unit. My daughter and my son must each get fingerprinted and send in their Adult Written Statement forms along with their fingerprint submission numbers to the Santa Fe Background Check Unit.

Primary Caregiver must:

- ☐ Register at www.aps.gemalto.com or call (877) 996-6277
 - The ORI (employer) number is **NM920120Z** and the reason is **Child Care Licensing**
 - You will be issued a Fingerprint Registration ID Number after registration
- ☐ Pay the \$44 processing fee. Payment can be made by credit card at the time of registration (online or by phone) OR by money order made payable to Gemalto Cogent at the time of fingerprinting.
- ☐ Complete the Application for Background Check- Registered Home (front and back) and put your Fingerprint Registration ID Number on the top of the application
 - Select Registered Home -Food and Subsidy on top left corner of the application
 - Please note: Exempt providers leave the Food Sponsor section blank
- ☐ If you have lived outside of New Mexico during the last five (5) years, please complete the Abuse and Neglect Check Authorization form. Please disregard if you've lived in New Mexico for the past 5 years.
- ☐ Go to one of the listed fingerprint locations and have fingerprints scanned
 - You will be issued a Fingerprint Submission Number (TCN number)
- ☐ Mail, fax, or email the *Application for Background Check-Registered Home, TCN number and, if applicable, the Abuse and Neglect Check Authorization form* to:

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PO Drawer 5160
Santa Fe, NM 87502
Fax: (505) 827-7422
Email: cyfd.bcu@state.nm.us

Household Members (18 years of age or older) must:

- ☐ Register at www.aps.gemalto.com or call (877) 996-6277
 - The ORI (employer) number is **NM920120Z** and the reason is **Child Care Licensing**
 - You will be issued a Fingerprint Registration ID Number after registration
- ☐ Pay the \$44 processing fee. Payment can be made by credit card at the time of registration (online or by phone) OR by money order made payable to Gemalto Cogent at the time of fingerprinting.
- ☐ Complete the Adult Written Statement form (one page) and put your Fingerprint Registration ID Number on the top of the form
- ☐ If you have lived outside of New Mexico during the last five (5) years, please complete the Abuse and Neglect Check Authorization form. Please disregard if you've lived in New Mexico for the past 5 years.
- ☐ Go to one of the listed fingerprint locations and have your fingerprints scanned
 - You will be issued a Fingerprint Submission Number (TCN number)
- ☐ Mail, fax, or email the *Adult Written Statement, Abuse and Neglect Check Authorization form, TCN number and, if applicable, the Abuse and Neglect Check Authorization form* to:

CYFD Background Check Unit
PO Drawer 5160
Santa Fe, NM 87502
Fax: (505) 827-7422
Email: cyfd.bcu@state.nm.us

Step 2:

APPLICATION PROCESS

Included in this section:

- Non-Licensed Registered Family Child Care Home Application
- Provider Participation Agreement (PPA)
- Vendor Registration/W-9 (for providers who are going to participate in the Child Care Assistance Program/Subsidy only)

Once you receive your Background check approval letter(s), **submit** the following completed documents to your local Child Care Specialist:

- A.** Completed Non-Licensed Registered Family Child Care Home Application
- B.** Copy of all approved background check clearance letters (all pages).
- C.** Copy of your Photo ID
- D.** Social Security Card (if applicable) or Federal Employer Identification Number (FEIN) documentation.
- E.** Proof of physical address for home being registered
- F.** Completed Provider Participation Agreement (PPA)
- G.** Completed Vendor Registration/W-9 (**for providers who are going to participate in the Child Care Assistance Program/Subsidy only**)

Once your application and supporting documents are received, the Child Care Specialist will call you to schedule a visit within 14 calendar days.



State of New Mexico
CHILDREN YOUTH AND FAMILIES DEPARTMENT



NON-LICENSED REGISTERED FAMILY CHILD CARE HOME APPLICATION

Applications are processed within 15 days of receiving the completed application and required documentation. Please answer all questions completely using a black or blue pen. Please print legibly.

PURPOSE OF APPLICATION

- | | | |
|---|--|---|
| <input type="checkbox"/> INITIAL (New Applicant)
<input type="checkbox"/> Copy of Background Check(s)
<input type="checkbox"/> Copy of Driver's License or Picture ID
<input type="checkbox"/> Copy of Social Security Card (if applicable) or FEIN documentation
<input type="checkbox"/> Proof of physical address
<input type="checkbox"/> \$15.00 money order or cashier's check

<input type="checkbox"/> ANNUAL
<input type="checkbox"/> Copy of Driver's License or Picture ID
<input type="checkbox"/> Copy of Social Security Card (if applicable) or FEIN documentation
<input type="checkbox"/> \$15.00 money order or cashier's check | <input type="checkbox"/> CHANGE OF NAME
<input type="checkbox"/> Copy of Driver's License or Picture ID
<input type="checkbox"/> Copy of Social Security Card (if applicable) or FEIN documentation
<input type="checkbox"/> Proof of legal name change
<input type="checkbox"/> \$15.00 money order or cashier's check

<input type="checkbox"/> CHANGE OF ADDRESS
<input type="checkbox"/> \$15.00 money order or cashier's check
<input type="checkbox"/> Please list previous address below:

_____ | <input type="checkbox"/> CHANGE OF REGISTRATION TYPE/STATUS (please select one)
<input type="checkbox"/> Food-Only to Subsidy & Food status
<input type="checkbox"/> Copy of background check clearance letters for all adult (18+) household members
<input type="checkbox"/> Subsidy & Food to Food-Only status
<input type="checkbox"/> Subsidy & Food to Exempt status
<input type="checkbox"/> Food-Only to Exempt status
<input type="checkbox"/> Copy of background check clearance letters for all adult (18+) household members
<input type="checkbox"/> Exempt to Subsidy & Food status |
|---|--|---|

PRIMARY CAREGIVER INFORMATION

LEGAL NAME: _____

PHYSICAL ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

MAILING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY NUMBER (IF APPLICABLE): _____

DATE OF BIRTH: _____

PRIMARY LANGUAGE: ☐ ENGLISH ☐ SPANISH ☐ OTHER: _____

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ OTHER: _____

RACE/ETHNICITY (OPTIONAL): ☐ WHITE ☐ HISPANIC ☐ BLACK ☐ OTHER: _____

E-MAIL ADDRESS: _____

FEIN (TAX ID) NUMBER(IF APPLICABLE): _____

FOOD SPONSOR: _____ PROVIDER NUMBER (IF APPLICABLE): _____

ANTICIPATED DAYS/HOURS OF OPERATION: From: _____AM/PM To: _____AM/PM

☐ MON ☐ TUE ☐ WED ☐ THURS ☐ FRI ☐ SAT ☐ SUN

LICENSED FOSTER/ TREATMENT FOSTER CARE PROVIDER: ☐ YES ☐ NO

ARE THE CHILDREN YOU WILL BE PROVIDING CARE FOR : ☐ RESIDENT ☐ NON-RESIDENT ☐ BOTH

HOUSEHOLD COMPOSITION: LIST ALL ADULTS (18+) INCLUDING YOURSELF, LIVING IN THE HOME (FIRST, MIDDLE, LAST NAME)

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

HAVE YOU (OR ANY OTHER ADULT LIVING IN THE HOME) EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?
YES ☐ NO ☐

IF YES, STATE THE ADULT, TYPE OF CONVICTION(S), DATE, JUDGE, COURT OF JURISDICTION, AND ADDRESS:

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

PLEASE READ AND INITIAL EACH STATEMENT BELOW:

_____ I CERTIFY THAT I RESIDE IN AND CARE WILL BE PROVIDED AT THE ADDRESS LISTED ON THIS APPLICATION.

_____ I CERTIFY THAT I HAVE READ AND UNDERSTAND THE REGULATIONS FOR NON-LICENSED FAMILIES CHILD CARE HOMES 8.17.2 NMAC. I ASSUME RESPONSIBILITY FOR THE CONDUCT, AFFAIRS AND DEALINGS OF THE FAMILY CHILD CARE HOME FOR WHICH THE REGISTRATION IS REQUESTED. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ENSURING THAT MY CHILD CARE HOME COMPLIES WITH CURRENT NON-LICENSED FAMILY CHILD CARE HOME REGULATIONS.

_____ I UNDERSTAND THAT THE FAMILY CHILD CARE HOME IS SUBJECT TO INSPECTION BY THE CHILDREN, YOUTH AND FAMILY AUTHORIZED PERSONNEL DURING ALL HOURS OF OPERATION AND THAT PICTURES MAY BE TAKEN AT THE TIME OF ANY VISIT.

_____ I UNDERSTAND THAT FAILURE TO COMPLY WITH THE CURRENT NON-LICENSED FAMILY CHILD CARE HOME REGULATIONS MAY RESULT IN DENIAL, SUSPENSION OR REVOCATION OF THE REGISTRATION TO OPERATE A FAMILY CHILD CARE HOME.

_____ I CERTIFY I AM OVER EIGHTEEN (18) YEARS OF AGE AND DO HEREBY FILE THIS APPLICATION TO OPERATE A FAMILY CHILD CARE HOME FOR A PERIOD NOT TO EXCEED ONE (1) CALENDAR YEAR.

_____ I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF WHAT I HAVE REPORTED IS FOUND TO BE INCORRECT, MY APPLICATION MAY BE DENIED OR MY REGISTRATION TERMINATED.

PRIMARY CAREGIVER SIGNATURE: _____ DATE: _____



STATE OF NEW MEXICO DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES PROVIDER PARTICIPATION AGREEMENT

Child Care providers must comply with Child Care licensing regulation 8.16.2 NMAC or Child Care non-licensed regulation 8.17.2 NMAC. Please complete this form once you become an eligible Child Care provider and every year upon certification. This form is confidential and will not be part of public record.

SECTION I - PROVIDER INFORMATION

Legal Name (business or person providing care, as it appears on your Federal tax form)	Telephone	FEIN (Tax ID) or Social Security Number	
Mailing Address (for checks) Number, Street, PO Box	City	State	Zip Code
Marital Status (home care only): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____		Date of Birth (home care only):	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Race/Ethnicity (Optional) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other _____		

☐ Registered Provider Expiration Date: _____

- ☐ Child & Adult Care Food Program Participant (CACFP)
☐ CACFP Exempt

☐ CACFP Provider Only

☐ Licensed License Number _____
Expiration Date _____

Care will be provided in: ☐ Center ☐ Provider's Home ☐ Child's Home

SECTION II – HOUSEHOLD COMPOSITION (Home Care Only) – List all household members over the age of 18 and anyone who spends a significant amount of time in the home.

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

SECTION III – PROVIDER SIGNATURE

I understand that the information I have provided is true and accurate to the best of my knowledge and Children, Youth and Families Department (CYFD) may verify all information provided. I agree to meet all requirements listed in Section IV in addition to any state or federal regulations governing the child care assistance programs. I also certify that I have the legal authority to sign this agreement and to bind myself or the organization listed above to the requirements of this agreement.

_____ Signature	_____ Title	_____ Date
_____ Print Name		

SECTION IV – PROVIDER AGREEMENT: Providers must comply with 8.15.2 NMAC and 8.16.2 NMAC or 8.17.2 NMAC in addition to the below statements. Please read and initial each statement.

ALL PROVIDERS

- _____ I understand that I am not an employee of CYFD and that I am not entitled to payment or benefits other than the subsidy reimbursement outlined in the agreement.
- _____ I understand that I will be responsible for all applicable federal and state taxes. The Department will issue IRS Form 1099 (Earnings Statement).
- _____ I understand that parents/guardians may choose to transfer the child(ren) to another provider.
- _____ I understand that parents/guardians may visit their child(ren) at any time and that a caregiver will be available to discuss issues or concerns with the parents/guardians while the children are in their care.
- _____ I understand that I must keep daily attendance records for each child and make them available upon request from CYFD.
- _____ I certify that all caregivers are age 18 or older.
- _____ I understand that I have the right to accept or not accept a child into my care. I also understand that this decision will not be based on race, color, sex, religious creed, national origin or political beliefs of the child(ren) or parent(s).
- _____ I understand that I am responsible for the health, safety and well-being of children while they are in my care. I understand that I must meet the standards established in 8.16.2 NMAC or 8.17.2 NMAC or military authorities.
- _____ I understand that children in my care will receive nutritious meals and snacks and will meet age-appropriate USDA requirements.
- _____ I understand that I will not receive payment from CYFD or the Child and Adult Food Program (CACFP) until I am approved as a provider, begin to provide care for a child or children and meet the requirements set forth by CYFD.
- _____ I understand that if I move or change my name, I must submit a new application and pay the processing charge prior to the occurrence and receive a new on-site health and safety inspection by the department.

PROVIDER ONLY RECEIVING SUBSIDY

☐ **I certify that I do not receive subsidy from CYFD for child care. Initial _____**

- _____ I agree to participate as a child care provider in the child care assistance program as administered by the CYFD and comply with all state and federal requirements.
- _____ I understand that the parents/guardians have the right to select their child care provider. I will be asked to sign an agreement to provide care for a particular child(ren) receiving subsidy.
- _____ I understand that collecting the required co-payment is my responsibility. Non-payment must be reported to CYFD. CYFD assists the provider in collecting the co-payment only if the co-payment has been in arrears 30 calendar days or less.
- _____ I will notify CYFD immediately if a child dis-enrolls within three (3) business days and if a child has been absent for a period of five (5) consecutively scheduled days without explanation from parents/guardians.
- _____ I understand that CYFD will pay me only for child care services I am authorized to provide and that I will make child care available at the times agreed upon.
- _____ I agree to accept the CYFD child care payment rate for services and may not charge families receiving child care assistance above the CYFD rate for the amount of hours listed on the placement agreement.
- _____ I understand that if I provide child care services at times other than authorized, CYFD is not responsible and will NOT pay for those services.
- _____ I understand that payment for child care is provided by state and federal monies. Providing false information or the misuse of these monies will result in loss of benefits, be subject to other legal action, and/or be responsible for repayment.
- _____ I understand that the payment process will not be initiated until a signed agreement is received by my local Child Care Office.
- _____ I understand that payment will be discontinued on the date that my license or registration expires.
- _____ I understand that I may be responsible to repay any and all amounts that are paid to me in error.
- _____ I agree to provide a copy of my social security card or FEIN document and a picture ID.
- _____ I understand that I can request a copy of the child care assistance policies at any time.

Copy of Social Security Card/FEIN documentation

☐ Copy of Picture ID

CCSB – PPA 073015

Step 3:

PREPARE FOR HOME VISIT

Included in this section:

- Checklist for Home Visit
- 8.17.2 NMAC Non-Licensed Family Child Care Home Regulations

Prepare for Home visit:

- A. Have your \$15.00 annual processing fee: Must be in the form of a Money Order or a Cashier's Check **(Payable to CYFD, this is non-refundable)**
- B. Have Background Check clearance letter(s) available in your records.
- C. Review Regulations 8.17.2 NMAC.
- D. Review Checklist for Home Visit to make certain you meet all the requirements.
- E. Once home visit is completed and the provider and home are in compliance, the Child Care Home Registration form will be completed and issued to child care provider.

Checklist for Home Visit

Below is a simple checklist to help ensure you are ready for your visit

_____ 1. Caregivers must be in compliance with all health and safety requirements 8.17.2.22 A-AA NMAC listed below at all times:

- ☐ A. Home, grounds, and equipment are safe, clean in good repair and free of debris or other potentially dangerous hazards.
- ☐ B. All electric outlets within reach of the children must be covered.
- ☐ C. Multiple plugs or gang plugs are prohibited unless surge protection devices are used.
- ☐ D. Indoor temperature must be comfortable (between 68 to 82 degrees).
- ☐ E. Home must be adequately ventilated at all times.
- ☐ F. A home will install barriers or take other steps to ensure heating units are inaccessible to children. Heating units include hot water pipes, hot water baseboard heaters hotter than 110° Fahrenheit, fireplaces, fireplace inserts, and wood stoves. Home will not use un-vented heaters or open flame heaters.
- ☐ G. All homes must have hot and cold running water. **Water temperature must be at or below 110° Fahrenheit.**
- ☐ H. A caregiver must provide safe playing areas inside and outside the home. The outside play area must be approved by the registering authority.
- ☐ I. The caregiver will fence the outside play area when it is next to a highway, busy street, ditch, arroyo, or other hazardous area determined to be necessary for safety by the registered authority. The fence must have one latched gate for emergency exit. The outside play area must be safe, clean and free of debris.
- ☐ J. Trampolines are prohibited any time during the hours of operation or by any children receiving care at the registered home.
- ☐ K. All poisons, toxic materials, cleaning substances, alcohol, sharp and pointed objects or any other dangerous materials must be stored in an area that is inaccessible to children.
- ☐ L. Must have a working telephone and a valid phone number on file with CYFD at all times.
- ☐ M. Emergency numbers must be posted for **Police, Fire Dept., Ambulance, and Poison Control** in a visible location.
- ☐ N. Home must have at least one installed **operational smoke detector** and **carbon monoxide detector**.
- ☐ O. All firearms (rifles, handguns, pellet or BB guns etc.) must be unloaded and kept in a locked area inaccessible to children.
- ☐ P. All weapons must be in a locked area inaccessible to children.
- ☐ Q. Smoking and consumption of alcoholic beverages in all areas, including vehicles, is prohibited when children are present. Possessing or knowingly permitting illegal drugs or non-prescription controlled substances to be possessed or sold on the premises at any time regardless of whether children are present is prohibited.
- ☐ R. Home must have a **2A-10BC fire extinguisher** in easily accessible place. A fire extinguisher must be certified once a year and will have official tags noting the dates of inspection.
- ☐ S. All flammables must be stored away from water heaters, furnaces, heaters, fireplaces and laundry rooms.
- ☐ T. An updated emergency evacuation and disaster preparedness plan must be available.
- ☐ U. Home must have two (2) major exits with no obstructions in pathway accessible to children.
- ☐ V. Toys and objects (including highchairs, playpens, and cribs) must be safe, durable, easy to clean & nontoxic. Cribs must meet federal standards and be kept in good repair. A home will not use plastic bags or lightweight plastic sheeting to cover a mattress and will not use pillows in cribs.
- ☐ W. Bathroom must always have ☐ **toilet paper**, ☐ **soap**, and ☐ **disposable towels** accessible to children.
- ☐ X. Home must have a First-Aid kit and it must contain: ☐ **Band-Aids**, ☐ **Gauze Pads**, ☐ **Tape**, ☐ **Scissors**, ☐ **Soap**, ☐ **Non-porous latex gloves**, and ☐ **a Thermometer**
- ☐ Y. All homes with pets must have ☐ Current vaccination records for each pet, ☐ Written notification to parents before pets are allowed in home, and ☐ Areas of confinement (cages and pens) and outside play area must be cleaned of excrement daily. A home will not allow pets or other animals that are undomesticated, dangerous, contagious or vicious in nature on the premises.
- ☐ Z. Wet and soiled diapers and clothing will be changed promptly. Diaper changing surface must be clean, safe and waterproof. Caregiver will never change a diaper in a food preparation area. Caregiver will

wash their hands and the child's hands after every diaper change. Caregiver must discard any disposable covers and disinfect surface after each diaper change.

- ☐ AA. If transporting children, caregiver must have: ☐ **current driver's license**, ☐ **vehicle registration and** ☐ **proof of insurance coverage as well as** ☐ **appropriate restraining devices, such as appropriate car seats, seat belts, etc.**
- ☐ BB. Refrigerators must have a working thermometer and temperature must be at or below 41° F.
- ☐ CC. If a home has a portable wading pool: the pool will be drained and filled with fresh water daily, disinfected regularly; kept empty when not in use and remove from areas accessible to children; and will not be used on concrete or asphalt.
- ☐ DD. If a home has a built in or above ground swimming pool, ditch, fishpond or other water hazard, the fixture will be constructed, maintained and used in accordance with applicable state and local regulations; will be constructed and protected so that, when not in use, it is inaccessible to children; and when in use, children will be constantly supervised and ensure adequate safety for the ages, abilities and type of water hazard in use.
- ☐ EE. A caregiver must obtain written permission from a parent or guardian before a child enters a pool.
- ☐ FF. Home must develop a policy and procedure for the expulsion of children **(8.17.2.25.D NMAC)**

2. Caregivers must keep a copy of information card/sheet for each child with: (8.17.2.24 A-I NMAC)

- ☐ A. Child's full name
- ☐ B. Child's birth date
- ☐ C. Any known food or drug allergies or physical conditions
- ☐ D. Name, telephone number and location of parent or guardian to contact in case of an emergency
- ☐ E. Name and telephone number of the child's physician
- ☐ F. Authorization from a parent or guardian for caregiver to seek professional medical care in an emergency
- ☐ G. Written permission from parent or guardian for the caregiver to administer medication prescribed by a physician or requested by the parent
- ☐ H. Current immunization record or written waiver for immunizations granted by the Department of Health
- ☐ I. Written permission from parent to transport children outside of the registered home

3. Once Step 1 has been completed, please submit ALL the following items to your local Child Care office:

- ☐ Non-Licensed Registered Family Child Care Home Application
- ☐ Approved background check clearance letter for primary caregiver and all adult household members (Food Only providers do not need background check clearance letters for all household members, caregiver only)
- ☐ Copy of valid state issued ID
- ☐ Copy of social security card (if applicable) or Federal Employer Identification Number (FEIN) documentation.
- ☐ Proof of physical address
- ☐ Provider Participation Agreement (PPA)
- ☐ Vendor Registration/W-9 (only for providers participating in the Child Care Assistance Program)

4. You will be contacted to schedule a home visit to verify compliance with all regulations. Be prepared to provide your \$15.00 money order or cashier's check payable to CYFD (cash cannot be accepted).

Step 4:

CONTACT AND REGISTER WITH A FOOD PROGRAM SPONSOR

Included in this section:

- Child and Adult Care Food Program Brochure
- List of Statewide Food Sponsor Organizations

Once you have been issued your approved Child Care Home Registration form, you will need to contact the Child Care Food Program Sponsor you chose during the background check process. The Food Sponsoring agency will conduct a home visit and issue a Child and Adult Care Food Program Application and Agreement verifying your participation with the food program. The approval date on the Child and Adult Care Food Program Application will authorize you to begin receiving State Subsidy payments unless otherwise exempt.

Name of CACFP Sponsoring Agency	Address	Phone Number	Fax Number
Northern Region			
HELP-NM	506 W. Hwy Suite # 10, Gallup, NM 87305	(505) 722-8937	(505) 726-0036
	613 Hwy 66, Milan, NM 87021	(505) 287-7550	(505) 287-3351
	1212 National Ave, Las Vegas, NM 87706	(505) 425-9307	(505) 425-5267
	106 Gusdorf Place, Taos, NM 87571	(575) 758-3988	(575) 758-3988
Presbyterian Medical SVCS	608 Reilly #23-C, Farmington, NM 87401	(505) 326-2373	(505) 325-2477
Central Region			
Choices for Families	2727 San Pedro NE Suite 113, Albuquerque, NM 87110	(505) 884-0211	(505) 884-1545
HELP-NM	5101 Copper NE, Albuquerque, NM 87108	(505) 766-4934	(844) 224-1369
YDI/VIDA	428 S. Los Lentos, Los Lunas, NM 87031	(505) 270-2769	(505) 865-7422
	6301 Central Ave NW, Albuquerque, NM 87105	(505) 270-2769	(505) 865-7422
Southwest Region			
CAA of Southern NM	3880 Foothills Road Suite A, Las Cruces, NM 88011	(575) 523-4085	(575) 527-9028
HELP-NM	1252 Barker Rd., Las Cruces, NM 88005	(575) 523-2411	(575) 523-6646
Families & Youth, Inc.	1320 S. Solano, Las Cruces, NM 88001	(575) 642-6645	(575) 522-9017
CHINS	501 24 th Street, Alamogordo, NM 88310	(575) 434-9588	(575) 488-1613
Southeastern Region			
Comida Program	118 E. Fourth Street, Roswell, NM 88201	(575) 623-9438	(575) 622-3067
Eastern Plains CAA	210 West Center, Tucumcari, NM 88401	(575) 461-1914	(575) 461-1930
Southeast NM C.A.C.	1915 San Jose Blvd., Carlsbad, NM 88220	(575) 887-3939	(575) 887-6357