

**PROVISIONAL TO OPERATING FAMILY CHILD CARE HOME II
LICENSING PROCESS
“OVERVIEW”**

To start the licensing process, the following items need to be completed.
Refer to “Instructions for Applying for an Operating Family Child Care Home II
License” for specific instructions for each document:

1. Family Child Care Home II Application
2. Full Disclosure of Ownership Statement
3. Primary and Secondary Provider’s Felony Misdemeanor Statements
4. Lawful Presence in the United States Attestation for Individuals / Co-owners
5. \$25.00 License Fee: **Check made payable to Nebraska Department of Health and Human Services-No Cash, No Refunds.**
6. Copy of current First Aid Training Certificate/Card, front/back
7. Copy of current CPR Training Certificate/ Card, front/back
8. Verification of eight (8) clock hours of in-service (Copies of Certificates)

Send all of the items listed above to the address below:

If any of the forms are incomplete, the packet will be returned to you. This may cause a lapse in your license.

Douglas or Sarpy County

Department of Health and Human Services
Division of Public Health
Children’s Services Licensing
1801 N. 73rd Street
Omaha, NE 68114

OR

All Other Nebraska Counties

Department of Health and Human Services
Division of Public Health
Children’s Services Licensing
PO Box 94986
Lincoln, NE 68509



**INSTRUCTIONS FOR APPLYING FOR AN OPERATING
FAMILY CHILD CARE II LICENSE**

Enclosed you will find forms and instructions to guide you through the licensing process. **It is vital that you carefully read the instructions and forms.** Incomplete forms will be returned and result in a delay in the licensing process.

1. **Family Child Care Home II Application:** Fill out the entire application completely. If your Family Child Care Home II is located in your residence, please list all household members and all provider's children. If your Family Child Care Home II is not located in your residence you will need to list any and all persons residing in or regularly present on the premises. Substitutes and Volunteers need to be listed regardless where the Family Child Care Home II is located. Remember to check the "operating" box at the top of the application, and sign/date the bottom of the application.
2. **Full Disclosure of Ownership Statement (FDOS):** Instructions are on the form. Complete and submit one of the following forms; a) Non Profit or b) For Profit.
3. **Felony Misdemeanor Statement:** Follow the instructions on the forms. Primary and secondary providers need to complete the form. If the Family Child Care Home II is in your residence or not, all persons listed on the application who are age 19 years or older will need to completed the form. **Please ensure the forms are completed accurately, and signed/dated.**
4. **Lawful Presence in the United States:** If you are an individual owner and / or a co-owner with another individual you must complete the form. Read the instructions on the form and submit with your application if appropriate. Applications from individuals cannot be processed without this form being completed and signed by all **owners**.
5. **License Fee:** You will need to submit a check or money order (no cash) payable to Nebraska Department of Health and Human Services. The license fee is \$25.00. Your cancelled check will be your receipt, and there are no refunds.
6. **Copy of Current First Aid Training Certificate/Card:** Copy of certificate or if you are sending a copy of your card, submit a copy of the front and back.
7. **Copy of Current CPR Certificate/Card:** Copy of certificate or if you are sending a copy of your card, submit a copy of the front and back.
8. **Verification of at least eight (8) clock hours of in-service:** Twelve (12) clock hours are required. However you will get credit for one (1) hour for FCCH Orientation, one (1) hour for First Aid and two (2) hours for CPR. Send copies of certificates or Independent Study Documentation.

*See In-service training information sheet.

Submit items listed above to the address below.

Douglas or Sarpy County
 Department of Health and Human Services
 Division of Public Health
 Children's Services Licensing
 Attn: Gina Ewing
 1801 N. 73rd Street
 Omaha, NE 68114
 Contact: Gina Ewing (402) 595-3348

OR

All Other Nebraska Counties
 Department of Health and Human Services
 Division of Public Health
 Children's Services Licensing
 Attn: Cindy Strufing
 PO Box 94986
 Lincoln, NE 68509
 Cindy Strufing (402) 471-9562; 1-800-600-1289

If any of the forms are incomplete, the packet will be returned to you.