DEPARTMENT OF PUBLIC SAFETY / STATE FIRE MARSHAL DIVISION

CHILD CARE INSPECTION REQUEST

PLEASE PRINT -

Facility Name:		**Days of Operation:**	
Owner/Director Name:		**Hours of Operation:**	
Physical Address:			
Mailing Address:			
Email Address:			
Facility Phone Number:			
Point of Contact Name:			
Point of Contact Number:			

Facility Type:	☐ Family Care ☐ Group Care ☐ Child Care Center ☐ Preschool ☐ Nursery for Infants and Toddlers ☐ Child Care Institution		
License Type:	☐ Annual ☐ Provisional	**License Number:**	
Total Number of Children on Childcare License:			
Number of Children that are 2 1/2 years or less:			
Reason for Inspection Request:	☐ Annual ☐ Change in services ☐ Provisional ☐ Special Event (Temporary Facility) ☐ Change in number of children ☐ Construction changes ☐ New facility		

PLEASE REMIT THE $22.00 CERTIFICATE OF COMPLIANCE (C of C) FEE WHEN SUBMITTING THIS FORM. MAKE CHECK OR MONEY ORDER PAYABLE TO NEVADA STATE FIRE MARSHAL. PLEASE REMIT FIRE ESCAPE ROUTE PLAN. INCOMPLETE FORMS OR REQUESTS SUBMITTED WITHOUT THE REQUIRED FEE WILL BE RETURNED.

Mail Child Care Inspection Request to:

Nevada State Fire Marshal Division
Attn: Child Care Inspection
107 Jacobsen Way
Carson City, NV 89711

Questions:

Connie Etchison, Administrative Assistant II – (775) 684-7531

Facilities shall be complete and ready for occupancy at time of inspection by the Nevada State Fire Marshal Division. If the facility is not ready at time of scheduled inspection, or fails the scheduled inspection, the Nevada State Fire Marshal Division may require that a reinspection fee be paid prior to performing the next inspection of the facility.

The reinspection rate is $38.50 per hour or any fraction thereof, including the actual cost of travel, salaries and administrative expenses. (NAC 477.325(4)(d))

In addition, the Nevada State Fire Marshal Division will only inspect those facilities that are applying for initial licensure or those that are currently licensed and are undergoing a change in licensing status. New facilities must have a licensing application in place with State Health, and the facility must be ready to admit children prior to scheduling the inspection.

Signature - Owner / Director (As printed above) **Date**