Small Business Impact Questionnaire

LICENDSED CHILD CARE FACILITIES

The following questions pertain to how the changes in the Nevada Administrative Code will affect your business. If it is determined that the proposed regulation is likely to impose a direct and significant economic burden upon a small business; or directly restrict the formation, operation or expansion of a small business; then the agency will take any or all of the following actions:

- 1. Insofar as practicable, consult with owners and officers of affected small businesses,
- 2. Consider methods to reduce the impact of the proposed regulation, and
- 3. Prepare a small business impact statement and make copies of the statement available to the public at the workshop conducted and the public hearing held pursuant to NRS 233B.061.

The proposed regulations are available for your review at the following link: www.leg.state.nv.us/register/2016Register/R092-16I.pdf

Please answer each of the questions below that apply and add any qualifying remarks that may help us to understand your position. Please provide us with you responses no later than August 25th, 2016 for inclusion in the small business impact statement. Mail or FAX your completed form to:

Latisha Brown, Program Manager Child Care Licensing Program 3811 W. Charleston Blvd, Suite 210 Las Vegas, Nevada 89102

FAX: (702)486-6660

NAME:	
ORGANIZATION:	
DATE:	

NRS 233B.0382 "Small Business defined." "Small business" means a business conducted for profit, which employs fewer than 150 full-time or part-time employees.

1. How many employees are currently employed by your business?

2.	Will a specific regulation have an adverse economic effect upon your business?
	Yes No No
	Explain: Please list each regulation and explain the impact.
3.	Will the regulation (s) have any beneficial effect upon your business?
	Yes No No
	Explain:
1	Do you anticipate any indirect adverse effects upon your business?
т.	Yes No
	Explain:
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5.	Do you anticipate any indirect beneficial effects upon your business?
	Yes No No
	Explain:

If more than 150, you will not need to answer the rest of the questions. Please FAX questionnaire to the above address. If less than 150, please continue with the remaining

questions.