DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF OPERATIONS SUPPORT
BUREAU OF LICENSING & CERTIFICATION
CHILD CARE LICENSING UNIT
129 PLEASANT STREET, CONCORD, NH 03301

PHONE: 603-271-9025 1-800-852-3345 EXTENSION 9025

APPLICATION FOR FAMILY CHILD CARE PROGRAM

FOR OFFICE USE ONLY	<i>T</i>
LICENSE NUMBER	

REFER TO NH CHILD CARE PROGRAM LICENSING RULES, He-C 4002, AND RSA 170-E:2 (CHILD CARE) FOR REQUIREMENTS FOR EACH PROGRAM TYPE BEFORE CHECKING PROGRAM TYPE BELOW.

FAMILY BASED CHILD CAR			MAXIMUM 6 PRESCHOOL CHILDRE			
	_	GROUP CHILD CARE I VITH ASSISTANT STA	HOME - – MAXIMUM 12 PRESCHOOL AFF	CHILDREN AND 5 SCHOOL AGE		
	_		ERATES 7:00 PM- 6:00 AM			
PROGRAM NAME:				PHONE:		
MAILING ADDRESS:	STREET					
CITY/TOWN			STATE	ZIP CODE		
ACTUAL LOCATION ADDRESS:	STREET					
	CITY/TOWN		STATE	ZIP CODE		
E-MAIL ADDRESS:						
VAME OF APPLICANT/OWNER/C	ORPORATION:					
A PRI ICANTIONALED DIJONE NIL	n enen.		ADDITION AND ADDRESS OF THE ADDRESS	SS:		
APPLICANT/OWNER PHONE NU F EDERAL TAX I.D. NUMBER II			APPLICAN I/OWNER E-MAIL ADDRES	/S:		
NUMBER & AGE RANGE O						
NUMBER & AUE RANGE &	F CHILDREN 10) BE CARED FOR.				
BUILDING IDENTIFIER		MAXIMUM NUMBER OF CHILDREN	AGE RANGE			
			FROMYEARSMO	ONTHS TOYEARSMONTHS		
MONTHS OF OPERATION: _			·			
DAYS OF OPERATION: _						
OPERATING HOURS: _						
ST	ΓART		END	END		
YOU MUST COMPLETE THIS S	ECTION IF INCOR	PORATED.				
NAME OF CORPORATION: _						
BUSINESS ID:						
☐ NON PROFIT	□FO!	R PROFIT				
OFFICERS OF CORPORATION:	:					
NAME			TITLE/POSITION	TELEPHONE NUMBER		

FAMILY CHILD CARE PROVIDER						
DATE OF BIRTH:	IF UNDER 21 YEARS OF AGE, YOU MUST COMPLETE THE EDUCATION SECTION BELOW AND SUBMIT DOCUMENTATION OF ADDITIONAL EDUCATION AS REQUIRED BY HE-C 4002.31(b) OF THE NH CHILD CARE PROGRAM LICENSING RULES.					
NAME OF SCHOOL	NAME OF COURSE(S)		DEGREE OR CERTIFICATE ACHIEVED OR NUMBER OF CREDITS EARNED	DATE	DATES ATTENDED	
AMILY CHILD CARE PROGRAMS MUST LI						
HILDREN, AND OTHER INDIVIDUALS WHO ARE PERSONNEL.	WILL HAVE DAILY CONTACT	WITH CHILI	OKEN ENKOLLED IN THE PROG	KAM, OI	THER THAN CHILD	
NAME		RELATIONS	нір	DATE	OF BIRTH	
NAME:		RELITIONS		DATE OF BIRTH		
RIMINAL CONVICTIONS OR CURRENT C	RIMINAL CHARGES AND CH	ILD ABUSE	OR NEGLECT FINDINGS OR O	CURREN	T INVESTIGATIONS	
NSTRUCTIONS: ALL APPLICANTS MUST (EQUESTED INFORMATION.	COMPLETE THIS SECTION, 1	ву снескі	NG YES OR NO AND, IF YES, P	ROVIDI	NG THE	
O THE BEST OF YOUR KNOWLEDGE, AFTER						
RIMINAL CONVICTIONS, OR CURRENT INVI IVESTIGATIONS OR PREVIOUS ADJUDICATI	IONS OF JUVENILE DELINQUE	NCY, INVO	LVING ANY APPLICANT, OWNE	R, PROV	IDER, HOUSEHOLD	
IEMBER, CHILD CARE PERSONNEL, BOARD NO (IF NO, MOVE TO THE NEXT SECTION		DIVIDUAL V	VHO WILL HAVE DAILY CONTA	CT WITH	H CHILDREN?	
YES (IF YES, COMPLETE THE FOLLOWING		ICH DETAIL	AC DOCCIDI E)			
NAME AND POSITION OR AFFILIATION OF			NAME & CITY OF COURT OR	DCVF	DATE OF	
INDIVIDUAL	INDICATE WHETHER THIS IS A CHARGE, ALLEGATION, CONVICTION, FINDING, OR CURRENT INVESTIGATION		OFFICE IN WHICH CASE WAS HANDLED		CONVICTION OR FINDING	
· · · · · · · · · · · · · · · · · · ·			i		1	

PLEASE CAREFULLY READ EACH STATEMENT BEFORE SIGNING.

BY SIGNING BELOW I HEREBY CERTIFY THAT:

I UNDERSTAND THAT THE DEPARTMENT MAY INVESTIGATE ANY CRIMINAL CONVICTION RECORD, FINDING OF CHILD ABUSE OR NEGLECT, OR INVESTIGATION OF OR FINAL DETERMINATION REGARDING ANY JUVENILE DELINQUENCY AND WILL MAKE A DETERMINATION REGARDING WHETHER THE INDIVIDUAL IS ELIGIBLE TO BE IN A CHILD CARE PROGRAM;

I UNDERSTAND THAT THE DEPARTMENT MAY DELAY ITS DECISION TO APPROVE OR DENY THIS APPLICATION PENDING THE OUTCOME OF ANY INVESTIGATION, WHEN THE APPLICANT, OWNER, OR FAMILY CHILD CARE PROVIDER, ARE NAMED AS THE PERPETRATOR IN ANY CURRENT INVESTIGATION OF ANY CRIME, OR IN AN ALLEGATION OF ABUSE OR NEGLECT;

I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS APPLICATION OR ANY OF THE ATTACHMENTS, OR FAILING TO DISCLOSE ANY INFORMATION REQUIRED ON THE APPLICATION, OR REQUIRED TO BE SUBMITTED WITH THIS APPLICATION, SHALL BE CONSIDERED GROUNDS FOR LICENSE DENIAL OR REVOCATION:

I HAVE READ THE NH CHILD CARE PROGRAM LICENSING RULES, AND UNDERSTAND THAT FAILURE TO MAINTAIN MY PROGRAM IN COMPLIANCE WITH THE RULES, MAY JEOPARDIZE MY LICENSE/PERMIT AND/OR RESULT IN FINES BEING ASSESSED BY THE DEPARTMENT;

I AUTHORIZE ANY POLICE DEPARTMENT, COURT SYSTEM OR HUMAN SERVICE AGENCY IN THIS OR ANY OTHER STATE TO RELEASE COPIES OF ANY CRIMINAL RECORDS OR CHILD ABUSE OR NEGLECT RECORDS TO THE DEPARTMENT; AND

ALL INFORMATION PROVIDED AS PART OF THIS APPLICATION AND IN THE REQUIRED ATTACHMENTS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT/OWNER

DATE SIGNED

DIAGRAM OF INDOOR & OUTDOOR CHILD CARE SPACE

THE PLAN MUST IDENTIFY:

- A. FOR INDOOR SPACE: FOR EACH BUILDING THAT WILL BE USED AS CHILD CARE SPACE, THE FLOOR PLAN SHALL INCLUDE:
 - 1. ROOM DIMENSIONS;
 - 2. LOCATION OF EXITS;
 - 3. HOW EACH ROOM WILL BE USED;
 - 4. THE LOCATION OF BATHROOMS AND BATHROOM FIXTURES (TOILETS & SINKS); AND
 - 5. THE LOCATION OF OTHER HAND WASHING SINKS.

B. FOR OUTDOOR PLAY SPACE:

- 1. THE OVERALL DIMENSIONS OF OUTDOOR PLAY SPACE;
- ${\bf 2.}\ \ {\bf THE\ LOCATION\ OF\ EXITS,\ GATES,\ AND\ STATIONARY\ PLAY\ EQUIPMENT;}$
- 3. THE LOCATION OF THE OUTDOOR PLAY SPACE IN RELATION TO THE INDOOR SPACE; AND
- **4**. THE PRESENCE AND LOCATION OF POOLS, PONDS, STREAMS, RIVERS, STREETS, ROADS, OR OTHER HAZARDS THAT ARE IN CLOSE PROXIMITY.