NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF OPERATIONS SUPPORT
CHILD CARE LICENSING UNIT
Telephone: 1-800-852-3345, Ext. 9025 or 271-9025

NH STATE FIRE CODE COMPLIANCE REPORT
INSPECTION OF CHILD CARE PROGRAM FOR COMPLIANCE WITH Saf-C 6000, "State Fire Code"

THIS SECTION MAY BE COMPLETED BY PROGRAM PERSONNEL

NAME OF RESIDENTIAL CHILD CARE PROGRAM:_____

NAME OF APPLICANT:_____

ADDRESS:_____

_____

PHONE NUMBER: _____ LICENSE NUMBER: _____

CHILD CARE PROGRAM REQUEST: Approval to care for a maximum of _____ children, ages _____to _____

AGENCY/PROGRAM TYPES: Check below the type(s) of child care you are requesting to provide.

☐ GROUP HOME – PROVIDES SPECIALIZED RESIDENTIAL CARE FOR AT LEAST 5 BUT NO MORE THAN 12 CHILDREN YOUNGER THAN 21 YEARS OF AGE

☐ CHILD CARE INSTITUTION – PROVIDES 24 HOUR RESIDENTIAL CARE FOR MORE THAN 12 CHILDREN YOUNGER THAN 21 YEARS OF AGE

☐ INDEPENDENT LIVING HOME – PROVIDES SPECIALIZED SERVICES IN ADULT LIVING PREPARATION FOR PERSONS 16 YEARS OF AGE OR OLDER WHO HAVE A LEGAL RELATIONSHIP WITH THE DEPARTMENT

☐ HOMELESS YOUTH SHELTER – PROVIDES SHELTER, BASIC NEEDS, AND SERVICES, WHICH SHALL INCLUDE AN INDIVIDUAL ASSESSMENT, REFERRAL, HOUSING, AND CASE MANAGEMENT TO FACILITATE SAFETY, PERMANENCY, WELL BEING, AND INDEPENDENT LIVING FOR CHILDREN.

☐ SHORT TERM PLACEMENT – PROVIDES PLACEMENT WHICH IS INTENDED TO LAST FOR 60 DAYS OR LESS, UNLESS THERE IS DOCUMENTATION ON FILE FROM THE REFERRING AGENCY FOR AN EXTENSION

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY THE FIRE INSPECTOR

APPROVAL STATUS Instructions: Check off types of child care, and for each building indicate the maximum number and age range for which the program is approved. If no maximum number of children or age range is indicated, Child Care Licensing Unit will make this determination based upon licensing rules and/or limits placed by the Health Officer or Zoning Officials. Be sure to indicate approval status. If not approved, list reasons in comments section below. If approved with conditions, include an explanation in the comments section below and indicate what action must be taken by the child care program and an approximate date that you will re-inspect for compliance. Please indicate any areas of non-compliance with the State Fire Code, Saf C-6000.

RESIDENTIAL CHILD CARE AGENCY TYPES

[ ] GROUP HOME [ ] INDEPENDENT LIVING HOME [ ] HOMELESS YOUTH SHELTER

[ ] CHILD CARE INSTITUTION [ ] SHORT TERM PLACEMENT

___ **Approved to operate**	___ **Not approved to operate**	___ **Approved to operate with the conditions listed below** Date conditional approval will expire _____

DATE OF INSPECTION: _____ **(If more than 4 buildings, please use additional forms)**

MAXIMUM NUMBER OF CHILDREN AND AGE RANGE FOR EACH BUILDING

Bldg. #1 Maximum #_____	**Bldg. #2 Maximum #**_____	**Bldg. #3 Maximum #**_____	**Bldg. #4 Maximum #**_____
_____ Youngest _____ Oldest	_____ Youngest _____ Oldest	_____ Youngest _____ Oldest	_____ Youngest _____ Oldest
Approved: YES NO YES w/conditions	**Approved:** YES NO YES w/conditions	**Approved:** YES NO YES w/conditions	**Approved:** YES NO YES w/conditions

IF APPROVAL INCLUDES BASEMENT LEVEL ROOMS OR ROOMS ON ANY FLOORS HIGHER THAN GROUND FLOOR, PLEASE SPECIFY, INCLUDING ANY AGE RESTRICTIONS FOR SPECIFIC FLOORS.

COMMENTS/CONDITIONS:

PLEASE TYPE OR PRINT CLEARLY:

Name of Inspector: _____ Title: _____

Address: _____ Work Phone Number _____

_____ Home Phone (Optional) _____

_____ _____ _____

Signature of Fire Inspector **Town/City** **Date Signed**