



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LEGAL AND REGULATORY SERVICES
CHILD CARE LICENSING UNIT

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CHILD CARE LICENSING VISIT ASSESSMENT

The staff at the Child Care Licensing Unit invites you to participate in an assessment of today’s visit. If you choose to participate, you may acknowledge who you are or you may choose to remain anonymous. We thank you in advance for your willingness to help us assess the strengths and weaknesses of the state child care licensing process.

What was the purpose of this visit?

- | | | |
|-----------------------|---------------------|---|
| First licensing visit | Monitoring visit | Complaint investigation |
| Renewal visit | Revision of license | Consultation Other |

Was the visit appropriate in terms of time spent at the program? (Explain)

Would you describe the licensing coordinator as professional? (Explain)

Did the licensing coordinator review potential non-compliance with you or other staff before leaving your program?

If no, did the licensing coordinator let you know when that review would occur?

Other comments or suggestions?

Visit Date: _____ Program Name: _____ Town: _____

Licensing Coordinator(s): _____

Your Name: _____ Position at the program: _____

If you wish to speak with someone further about your visit, please call 603-271-9025 or 1-800-852-3345 extension 9025 and ask to speak with your licensing coordinator's supervisor. Thank you.

You can email the survey to: melissa.l.clement@dhhs.nh.gov

Or

Mail to: Melissa Clement-CONFIDENTIAL-Child Care Licensing Unit 129 Pleasant Street Concord, NH 03301-3857