

APPLICATION FOR FAMILY CHILD CARE PROGRAM

FOR OFFICE USE ONLY
 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.

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| FAMILY BASED CHILD CARE | <input type="checkbox"/> FAMILY CHILD CARE HOME – MAXIMUM 6 PRESCHOOL CHILDREN AND 3 SCHOOL AGE CHILDREN |
| | <input type="checkbox"/> FAMILY GROUP CHILD CARE HOME -- MAXIMUM 12 PRESCHOOL CHILDREN AND 5 SCHOOL AGE CHILDREN WITH ASSISTANT STAFF |
| | <input type="checkbox"/> NIGHT CARE PROGRAM – OPERATES 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: _____

NAME OF APPLICANT OWNER/CORPORATION: _____

APPLICANT OWNER PHONE NUMBER: _____ APPLICANT OWNER E-MAIL ADDRESS: _____

FEDERAL TAX I.D. NUMBER IF ONE HAS BEEN ASSIGNED: _____

NUMBER & AGE RANGE OF CHILDREN TO BE CARED FOR

| BUILDING IDENTIFIER | MAXIMUM NUMBER OF CHILDREN | AGE RANGE |
|---------------------|----------------------------|---|
| | | FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS |

MONTHS OF OPERATION: _____

DAYS OF OPERATION: _____

OPERATING HOURS: _____
 START _____ END _____

YOU MUST COMPLETE THIS SECTION IF INCORPORATED.

NAME OF CORPORATION: _____

BUSINESS ID: _____

NON PROFIT FOR PROFIT

OFFICERS OF CORPORATION:

| NAME | TITLE/POSITION | TELEPHONE NUMBER |
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| 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 | DATES ATTENDED |
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FAMILY CHILD CARE PROGRAMS MUST LIST ALL HOUSEHOLD MEMBERS, REGARDLESS OF AGE OR AMOUNT OF CONTACT WITH ENROLLED CHILDREN, AND OTHER INDIVIDUALS WHO WILL HAVE DAILY CONTACT WITH CHILDREN ENROLLED IN THE PROGRAM, OTHER THAN CHILD CARE PERSONNEL.

| NAME | RELATIONSHIP | DATE OF BIRTH |
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CRIMINAL CONVICTIONS OR CURRENT CRIMINAL CHARGES AND CHILD ABUSE OR NEGLECT FINDINGS OR CURRENT INVESTIGATIONS

INSTRUCTIONS: ALL APPLICANTS MUST COMPLETE THIS SECTION, BY CHECKING YES OR NO AND, IF YES, PROVIDING THE REQUESTED INFORMATION.

TO THE BEST OF YOUR KNOWLEDGE, AFTER QUESTIONING ALL PARTIES, ARE THERE ANY CURRENT CRIMINAL CHARGES, OR HISTORY OF CRIMINAL CONVICTIONS, OR CURRENT INVESTIGATION OR PREVIOUS FINDINGS OF CHILD ABUSE OR NEGLECT, OR ANY CURRENT INVESTIGATIONS OR PREVIOUS ADJUDICATIONS OF JUVENILE DELINQUENCY, INVOLVING ANY APPLICANT, OWNER, PROVIDER, HOUSEHOLD MEMBER, CHILD CARE PERSONNEL, BOARD MEMBER OR ANY OTHER INDIVIDUAL WHO WILL HAVE DAILY CONTACT WITH CHILDREN?

- NO (IF NO, MOVE TO THE NEXT SECTION.)
- YES (IF YES, COMPLETE THE FOLLOWING SECTION, PROVIDING AS MUCH DETAIL AS POSSIBLE.)

| NAME AND POSITION OR AFFILIATION OF INDIVIDUAL | INDICATE WHETHER THIS IS A CHARGE, ALLEGATION, CONVICTION, FINDING, OR CURRENT INVESTIGATION | NAME & CITY OF COURT OR DCYF OFFICE IN WHICH CASE WAS HANDLED | DATE OF CONVICTION OR FINDING |
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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;
 2. 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.
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