



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

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REMOTE LEARNING CENTER VERIFICATION FORM

Pursuant to Executive Order 67, remote learning centers must submit this completed form to the Department of Health and Human Services, Child Care Licensing Unit, certifying that no individual working with any child or children has a criminal record, or is listed on public registries as described herein, and is adhering to the Universal Business Reopening Guidelines and any other industry-specific guidelines as determined by the Department of Health and Human Services.

Business Name: _____

Other name(s) used (if none, enter "none"): _____

Web or social media network site address (if available): _____

Business Location(s): _____
Street Address Town

Primary Contact:

Name: _____ Title: _____

Primary Mailing Address: _____

Daytime Telephone Number (with area code): _____

E-mail address: _____

Days/Hours of Operation: _____

CERTIFICATION AND SIGNATURE:

I HEREBY CERTIFY:

- I am the Primary Contact identified herein, or have been duly authorized by the Primary Contact to sign this certification;
- Only children in kindergarten through grade 12, participating in remote instruction through a public or private elementary or secondary school system or institution of higher learning, will be present;
- No individual who has contact with any child or children:
 - Has a criminal conviction for an offense involving or causing or threatening direct physical injury to any individual;

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

Remote Learning Verification Form

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- Has a criminal conviction for an offense involving causing or threatening harm of any nature to any child or children;
 - Has a felony conviction in the previous ten years;
 - Is listed on the New Hampshire Registration of Criminal Offenders (<https://business.nh.gov/NSOR/>);
 - Is listed on the National Sex Offender Public Website (<https://www.nsopw.gov/>); and
 - Is ineligible for employment pursuant to RSA 189:13-a, V.
- The Safer at Home [Universal Guidelines](#) for employers and employees will be followed;
 - Any other industry-specific public health guidelines as determined by the Department of Health and Human Services will be followed;
 - The information provided on this verification form is true, complete and up-to-date as of the date specified below;
 - There are no willful misrepresentations of the information provided herein, and I have made no omissions with respect to providing the information requested;
 - I understand that it is my responsibility to immediately notify the Department of any changes, corrections, or updates to the information provided herein;
 - I understand that I am subject to the penalties specified in New Hampshire law for making unsworn false statements if the information is false, incomplete or misleading; and
 - I understand this verification form applies to remote learning centers only and does not replace my responsibility to obtain licensure if I am providing services requiring a license under RSA 170-E.

Signed: _____ **Date:** _____
(signature)

Name: _____
(print legibly or type)

Title: _____

Send this completed certification to:

Email:
CCLUnit@dhhs.nh.gov

Or

Mail:
DHHS - Child Care Licensing Unit
Remote Learning Certification
129 Pleasant Street
Concord, NH 03301

FOR DHHS USE ONLY

Date Received