



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

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-9025 1-800-852-3345 Ext. 9025
 Fax: 603-271-4782 TDD Access: 1-800-735-2964
 www.dhhs.nh.gov

Background Check Certifications – Youth Skills Camps - Certification for Calendar Year: _____

RSA/Rule: RSA 170-E:55, II, He-C 4004.04 & He-C 4004.05

Complete Legal Name of YSC: _____

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

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

YSC Location(s) in NH: _____
 Municipality(s)

YSC Operator:

Name: _____ Title: _____

Primary Mailing Address: _____

Daytime Telephone Number (with area code): _____

E-mail address (if available): _____

If the YSC Operator is other than an individual, provide the following information for the individual who has been authorized to represent the organization:

Name: _____

Primary Mailing Address: _____

Daytime Telephone Number (with area code): _____

E-mail (if available): _____

YSC Owner (if the same as YSC Operator, enter “same”):

Name: _____

Primary Mailing Address: _____

Daytime Telephone Number (with area code): _____ e-mail _____

Sessions (attach details of sessions to include anticipated number or sessions, dates and the skill being taught. sheets if needed):

DO NOT SEND COPIES OF BACKGROUND CHECKS TO DHHS

***Attach your programs background check policy**

CERTIFICATION AND SIGNATURE:

I HEREBY CERTIFY that:

- I am the YSC operator for the YSC identified herein, or have been duly authorized by the YSC operator to sign this certification;
- A background check policy that meets the requirements of RSA 170-E:55, II, He-C 4004.04 & He-C 4004.05 is in place.
- Background checks for all individuals who might be left alone with children have been conducted and reviewed prior to working with any child or children, as required by RSA 170-E:55, II, He-C 4004.04 & He-C 4004.05;
- Background checks will be conducted and reviewed for all new camp staff brought on after the date of this certification prior to the individual being left alone with any child or children, as required by RSA 170-E:55, II, He-C 4004.04 & He-C 4004.05;
- No individual who might be left alone with any child or children has a criminal conviction for the following offenses: causing or threatening direct physical injury to any individual or causing or threatening harm of any nature to any child or children;
- The information provided on this certification form and in all attachments is true, complete and not misleading to the best of my knowledge and belief; and
- 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.

By: _____ **Date:** _____

(signature)

Name: _____
(print legibly or type)

Title: _____

**Send this completed certification with a \$25 check or money order made payable to:
"Treasurer- State of NH"**

Mail to:
Youth Skill Camp Program
DHHS- Child Care Licensing Unit
129 Pleasant Street
Concord, NH 03301

FOR DHHS USE ONLY	
Fee Rec'd:	_____
Check #:	_____
Date Rec'd:	_____

Fee not required if YSC operator is a political subdivision