

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.

<p><u>CENTER BASED CHILD CARE</u></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Revision</p>	<p>CHECK ALL THAT APPLY:</p> <p><input type="checkbox"/> INFANT/TODDLER PROGRAM - CARES FOR 5 OR MORE CHILDREN BETWEEN AGES 6 WEEKS - 35 MONTHS</p> <p><input type="checkbox"/> GROUP CHILD CARE CENTER – ALL DAY CARE FOR PRESCHOOL CHILDREN WITH NO MORE THAN 4 INFANT/TODDLERS, AND NO MORE THAN 5 SCHOOL-AGE CHILDREN</p> <p><input type="checkbox"/> PRESCHOOL PROGRAM – OPERATES NO MORE THAN 5 HOURS PER DAY FOR CHILDREN 3 YEARS OF AGE AND OLDER, NOT ATTENDING A FULL DAY SCHOOL PROGRAM</p> <p><input type="checkbox"/> SCHOOL AGE PROGRAM - OPERATES NO MORE THAN 5 HOURS PER DAY BEFORE/AFTER REGULAR SCHOOL HOURS (ALL DAY DURING SCHOOL HOLIDAYS AND VACATIONS) FOR CHILDREN 4 YEARS 8 MONTHS AND OLDER</p> <p><input type="checkbox"/> NIGHT CARE PROGRAM – OPERATES 7:00 PM – 6:00 AM</p>
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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/SECRETARY OF STATE DESIGNATION (as applicable): _____

MAILING ADDRESS: _____
 STREET _____ CITY/TOWN _____ STATE _____ ZIP CODE _____

APPLICANT/OWNER'S PHONE NUMBER: _____ APPLICANT/OWNER'S E-MAIL ADDRESS: _____

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

NUMBER & AGE RANGE OF CHILDREN TO BE CARED FOR:

IF YOU WANT A SINGLE LICENSE TO INCLUDE MULTIPLE BUILDINGS (CHILD CARE PROGRAMS ON THE SAME OR CONTIGUOUS PROPERTY) **YOU MUST PROVIDE THE FOLLOWING FOR EACH BUILDING:**

1. A MEANS BY WHICH WE CAN IDENTIFY THE BUILDING, I.E. BUILDING #1 & 2, FRONT BUILDING, BACK BUILDING OR, IF APPROPRIATE, THE NAME OF THE BUILDING;
2. THE MAXIMUM NUMBER OF CHILDREN AND AGE RANGE THAT WILL BE CARED FOR IN THE BUILDING.

BUILDING IDENTIFIER/DESCRIPTION	MAXIMUM NUMBER OF CHILDREN	AGE RANGE TO BE CARED FOR IN EACH BUILDING
		FROM _____ WEEKS OR _____ MONTHS TO _____ YEAR _____ MONTHS
		FROM _____ WEEKS OR _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ WEEKS OR _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ WEEKS OR _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ WEEKS OR _____ MONTHS TO _____ YEARS _____ MONTHS

MONTHS OF OPERATION (please circle): JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

DAYS OF OPERATION (please circle): MON TUES WED THUR FRI SAT SUN

OPERATING HOURS: _____ START _____ END _____

CHILD CARE PROGRAMS MUST COMPLETE THIS SECTION IF THEY ARE INCORPORATED OR A LIMITED LIABILITY CORPORATION (LLC).

NAME OF CORPORATION/LLC: _____

BUSINESS ID: _____

NON PROFIT FOR PROFIT

OFFICERS OF CORPORATION:

NAME	TITLE/POSITION	TELEPHONE NUMBER

CENTER DIRECTOR – INFANT/TODDLER PROGRAM, GROUP CHILD CARE CENTER, PRESCHOOL PROGRAM, OR NIGHT CARE PROGRAM

SITE COORDINATOR OR SITE DIRECTOR - SCHOOL AGE PROGRAM ONLY

INSTRUCTIONS:

THE FOLLOWING SECTION REGARDING CENTER DIRECTOR, SITE DIRECTOR OR SITE COORDINATOR MUST BE COMPLETED. **YOU MUST ALSO SUBMIT DOCUMENTATION OF EDUCATION AND EXPERIENCE AS REQUIRED BY He-C 4002.35 of the NH CHILD CARE PROGRAM LICENSING RULES.**

NAME OF CENTER DIRECTOR/SITE DIRECTOR/SITE COORDINATOR _____ DATE OF BIRTH _____

DATE OF HIGH SCHOOL GRADUATION: _____ OR DATE GENERAL EQUIVALENCY DIPLOMA GRANTED: _____

POST SECONDARY EDUCATION: TRANSCRIPTS MUST BE SUBMITTED WITH THIS APPLICATION (CHECK ONE)

- RESUME OR DOCUMENTATION OF RELATED WORK EXPERIENCE ATTACHED; OR
- CURRENT CENTER DIRECTOR/SITE DIRECTOR/SITE COORDINATOR QUALIFICATIONS ALREADY ON FILE

NAME OF SCHOOL	MAJOR	DEGREE OR CERTIFICATE ACHIEVED OR NUMBER OF CREDITS EARNED	DATES ATTENDED

RELATED EXPERIENCE

EMPLOYER	JOB TITLE	DESCRIPTION OF RESPONSIBILITIES, INCLUDING AGES OF CHILDREN CARED FOR	DATES OF EMPLOYMENT

ALL APPLICANTS MUST COMPLETE THIS SECTION.

CHILD CARE PROGRAMS LOCATED IN A HOME 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

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

CRIMINAL CONVICTIONS OR CURRENT CRIMINAL CHARGES, AND CHILD ABUSE OR NEGLECT FINDINGS OR CURRENT INVESTIGATIONS

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.

<p>BY SIGNING BELOW I HEREBY CERTIFY THAT:</p> <p>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 THE CHILD CARE PROGRAM;</p> <p>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, CENTER DIRECTOR, SITE COORDINATOR, OR SITE DIRECTOR, ARE NAMED AS THE PERPETRATOR IN ANY CURRENT INVESTIGATION OF ANY CRIME, OR IN AN ALLEGATION OF ABUSE OR NEGLECT;</p> <p>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;</p> <p>I HAVE READ THE NH CHILD CARE PROGRAM LICENSING RULES, AND UNDERSTAND THAT FAILURE TO MAINTAIN MY PROGRAM IN COMPLIANCE WITH THE APPLICABLE RULES, MAY JEOPARDIZE MY LICENSE/PERMIT AND/OR RESULT IN FINES BEING ASSESSED BY THE DEPARTMENT;</p> <p>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</p> <p>ALL INFORMATION PROVIDED AS PART OF THIS APPLICATION AND IN THE REQUIRED ATTACHMENTS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.</p>	
<p>_____ SIGNATURE OF APPLICANT/OWNER</p>	<p>_____ DATE SIGNED</p>
<p>_____ SIGNATURE OF CENTER DIRECTOR /SITE COORDINATOR/ SITE DIRECTOR</p>	<p>_____ DATE SIGNED</p>

DIAGRAM OF INDOOR & OUTDOOR CHILD CARE SPACE

INSTRUCTIONS: YOU MUST COMPLETE A SEPARATE PLAN FOR EACH BUILDING WHEN THERE ARE MULTIPLE BUILDINGS. (YOU MAY COPY THIS PAGE, OR ATTACH SEPARATE SHEETS FOR EACH BUILDING.)

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 OUT DOOR 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 OF AND LOCATION OF ANY POOLS, PONDS, STREAMS, RIVERS, STREETS, ROADS, OR OTHER HAZARDS THAT ARE IN CLOSE PROXIMITY.

CHECK HERE IF NO CHANGES IN INDOOR OR OUTDOOR CHILD CARE SPACE
