



State of New Hampshire

CCLU 1-A


Criminal Records Unit
Department of Safety
DIVISION OF STATE POLICE
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

Choose one:

- CHILD DAY CARE NH RSA 170-E:7 II**
 CHILD CARE INSTITUTIONS RSA 170-E:29-a:II

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I	SECTION II
NAME: _____ Last First MI ADDRESS: _____ STREET CITY STATE ZIP CODE ALL previous last names: _____ DOB: _____ Hair Color: _____ Eye Color: _____ Sex: _____ Driver's License #: _____ State: _____ My signature below certifies I am the individual listed above and the information provided is true. Signature: _____ Date: _____ <i>Signed under penalty of unsworn falsification pursuant to RSA 641:3</i>	I hereby authorize the release of my criminal record conviction(s), if any, to the following individual: <p style="text-align: center;">Mychelle Brown/DHHS, Child Care Licensing Unit 129 Pleasant Street, Concord, NH 03301</p> Your Signature: _____ Date: _____ Notary Signature: _____ (AFFIX Seal) (comm. exp.)  SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES	
<input type="checkbox"/> LIVESCAN - \$28.25 Please include: <ul style="list-style-type: none"> • Payment payable to: State of NH – Criminal Records • This form with original signatures. <p style="text-align: center;">Mail to:</p> <p style="text-align: center;">Child Care Licensing Unit 129 Pleasant Street Concord, NH 03301</p>	Child Care Program: _____ License #: _____ Prepaid Account (if applicable): _____ _____ Program Physical Address (Street, City, State, Zip) _____ Program Mailing Address (Street or PO Box, City, State, Zip)

Fingerprints submitted within the last five years? If you have had fingerprints completed for DHHS you may not need to repeat fingerprinting. If you are unsure *PLEASE* call us at 603-271-9025!

Please see the Frequently Asked Questions from Child Care Licensing located at <http://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm>.

Background Check Laws: Check the box that represents the type of program you will be working at. RSA 17-E:7 II for center based and family child care **OR** RSA 170-E:29-a:II for child care institutions.

Fingerprints (there are several ways to complete fingerprints for an FBI background check, please read and follow the instructions for the method you are using)

RECOMMENDED	<u>Department of Safety Fingerprint Station:</u> The stations listed below all use LiveScan (digital) fingerprinting.	
	NH Department of Safety: 33 Hazen Drive (James H. Hayes Building), Concord	Troop E – Tamworth Area: 1864 Rte. 16 White Mountain Highway, Tamworth
	DMV Dover Point: 50 Boston Harbor Road, Dover	Troop C – Keene Area: 15 Ash Brook Court, Keene
	DMV Manchester: 377 South Willow Street, Manchester	Troop F – Littleton Area: 549 Route 302, Twin Mountain
	DMV Salem: 154 Main Street, Salem	
	<ol style="list-style-type: none"> Schedule an appointment using the Department of Safety CHRI Applicant Portal: https://services.dos.nh.gov/chri/cpo/ Bring one of the following to your appointment: <ul style="list-style-type: none"> Valid photo identification such as a Driver’s License, Real ID, Non-Driver’s License, or Passport; AND A copy of the appointment confirmation email. <p>Once an appointment is scheduled:</p> <ol style="list-style-type: none"> Submit the following <i>directly</i> to the Child Care Licensing Unit, 129 Pleasant Street, Concord, NH 03301: <ul style="list-style-type: none"> Household and Personnel form (CCLU 1-B) (ensure that this form is notarized); A copy of the appointment confirmation email; Out-of-state release form(s) and fee(s) (if applicable); Employment Eligibility Card Application (CCLU 1-C) (if applicable); and A check for \$25.00 made payable to Child Care Licensing Unit. 	

ALTERNATE: Local Police Station - Please note local police may charge an additional service fee and may delay the issuance of a new or renewed license.

Local Police Locations w/ LiveScan:

- Make an appointment with your local police station to be fingerprinted. Call the local police station directly, **DO NOT CALL** the State Police appointment desk, they cannot help you.
- Bring any additional fees the local police station may charge, to the appointment, along with one of the following:
 - Valid photo identification such as a Driver’s License, Real ID, Non-Driver’s License, or Passport.

Once printed:

- Submit the following *directly* to the Child Care Licensing Unit, 129 Pleasant Street, Concord, NH 03301:
 - Household and Personnel form** (CCLU 1-B) (ensure that this form is notarized);
 - Criminal History Record Information Authorization form** (CCLU 1-A) (ensure that this form indicates which law you are submitting your fingerprints under (see above));
 - Applicant/Licensing LiveScan Fingerprinting form** (which you will receive from the official taking your fingerprints);
 - a check for **\$28.25** made payable to **State of NH – Criminal Records**;
 - Out-of-state release form(s) and fee(s) (if applicable);
 - Employment Eligibility Card Application (CCLU 1-C) (if applicable); and
 - A check for \$25.00 made payable to Child Care Licensing Unit.

Your total paid will be \$28.25, submitted directly to the Child Care Licensing Unit; plus any fees charged by the Local PD, as indicated when you make the appointment, which will be paid directly to the PD at time of printing.

NOTE: INK PRINTS ARE NO LONGER ACCEPTED

INDIVIDUALS CANNOT BEGIN WORKING BEFORE THEIR FINGERPRINTS ARE TAKEN AND ALL INFORMATION NOTED IN #3 ABOVE IS SUBMITTED TO THE CHILD CARE LICENSING UNIT!

ALL SECTIONS OF THE CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION CHILD CARE FORM MUST BE COMPLETED FULLY IN INK AND MUST BE LEGIBLE. Submission of incomplete forms may result in the entire packet being returned to you for completion or your results may not be associated with your child care program, resulting in additional fingerprinting and costs. All signatures must be original, and photocopies of the signed form will NOT be accepted.

KEEP COPIES OF ALL DOCUMENTATION FOR YOUR RECORDS

Please visit <https://www.dhhs.nh.gov/oos/cclu/index.htm> for additional information. If you need clarification or have any questions, we welcome your calls 603-271-9025.