



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF 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

Dear Applicant:

To renew your child care license, submit the renewal application materials no later than 3 months prior to the license expiration, per He-C 4002.02(j). A renewal child care licensing application for a child care center or family child care program includes:

- Application
- Health Officer Inspection Report*
- Life Safety Compliance Report*
- Zoning Verification Form* (only if requesting a change from the previous zoning verification form)*
- Staff and Household List

*Programs applying to be licensed solely as a school age program which will operate in buildings where public or private schools are currently located are **exempt** from the requirement to provide documentation of approval pertaining to health, safety and zoning (see RSA 170-E:6).

Application materials and the NH Child Care Program Licensing Rules are found on our website at <https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing>.

On page 2 is a list of the requirements. Upon receipt of a complete application, a licensing coordinator will visit your program to evaluate compliance with licensing rules.

If you have any questions regarding renewing your child care license, please call (603) 271-9025 or email ccluoffice@dhhs.nh.gov.

Sincerely,

A handwritten signature in black ink that reads "Melissa Clement".

Melissa Clement
Chief
Child Care Licensing Unit

For more detailed information regarding the information required, please refer to He-C 4002.02 of the [He-C 4002 NH CHILD CARE LICENSING RULES](#).

___ 1. APPLICATION completed in full with dated signatures of applicant/provider/director, as applicable.

___ 2. HEALTH OFFICER INSPECTION REPORT documenting inspection and approval by the local health department or health officer, within the 12 months preceding the date the application is received by the department. Review this form to ensure that it was completed fully by the health officer prior to submitting it to the CCLU. Note: Not required for programs licensed solely as school age programs which are located in a currently operating public or private school.

___ 3. LIFE SAFETY COMPLIANCE REPORT documenting inspection and approval by the local fire inspector or State Fire Marshal's office within the 12 months preceding the date the application is received by the department. Review this form to ensure that it was completed fully by the fire inspector prior to submitting it to the CCLU. Note: Not required for programs licensed solely as school age programs which are located in a currently operating public or private school.

___ 4. DOCUMENTATION FROM SECRETARY OF STATE regarding trade names, limited liability corporations, or corporations, as applicable.

___ 5. A STAFF AND HOUSEHOLD LIST, with all current staff, and household members age 10 years and older if the program is located in a home.

___ 6. CHILD CARE PERSONAL HEALTH FORM FOR THE CENTER DIRECTOR/AGENCY ADMININSTRATOR/SITE COORDINATOR/SITE DIRECTOR for center based programs if a **new individual** is in that role and the form has not been provided to the department previously.

___ 7. DOCUMENTATION OF EDUCATION AND EXPERIENCE FOR THE CENTER DIRECTOR/AGENCY ADMININSTRATOR/SITE COORDINATOR/SITE DIRECTOR for center based programs if a **new individual** is in that role and the documentation has not been provided to the department previously.