



# SEABROOK FIRE DEPARTMENT

87 Centennial Street

Seabrook, NH 03874

Phone: 603-474-2611 Fax: 603-474-5187

seabrooknh.info



William J Edwards  
Fire Chief  
603-474-3880

Lawrence "Koko" Perkins  
Deputy Fire Chief  
603-474-5300

## APPLICATION FOR CHILD CARE CENTER

Permit Fee: \$100.00

FOR OFFICE USE ONLY  
LICENSE NUMBER: \_\_\_\_\_

**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 BELOW PROGRAM TYPE BELOW.**

<b><u>CENTER BASED CHILD CARE</u></b>	<input type="checkbox"/> <b>INFANT/TODDLER PROGRAM</b> – Cares for 5 or more children between ages 6 weeks-35months <input type="checkbox"/> <b>GROUP CHILD CARE CENTER</b> – All day care for preschool children with NO MORE than 4 infant/toddlers, and no more than 5 school-aged children <input type="checkbox"/> <b>PRESCHOOL PROGRAM</b> – Operates NO MORE than 5hours per day for children 3 years of age or older, NOT ATTENDING a full day program <input type="checkbox"/> <b>SCHOOL AGE PROGRAM</b> – Operates NO MORE than 5hours a day before/after regular school hours (All day during school holidays & vacations) for children 4 years 8 months and older. <input type="checkbox"/> <b>NIGHT CARE PROGRAM</b> - Operates 7:00 PM - 6:00 AM
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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: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

APPLICANT/OWNER 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 (CHILDCARE 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	MAXIMUM NUMBER OF CHILDREN	AGE RANGE TO BE CARED FOR IN EACH BUILDING
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS

MONTHS OF OPERATION: \_\_\_\_\_  
DAYS OF OPERATION: \_\_\_\_\_  
OPERATING HOURS: START: \_\_\_\_\_ END: \_\_\_\_\_



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**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

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

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

To the best of your knowledge, after questioning all parties, are there any current criminal charges, or history of criminal convictions, or current investigations 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 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.**

**BY SIGNING BELOW I HEREBY CERTIFY THAT:**

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 DELIQUENCY AND WILL MAKE A DETERMINATION REGARDING WHETHER THE INDIVIDUAL IS ELIGIBLE TO BE IN THE CHILD CARE PROGRAM:

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.

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.

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.

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

ALL INFORMATION PROVIDED AS PART OF THIS APPLICATION AND IN THE REQUIRED ATTACHMENTS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/OWNER

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF CENTER DIRECTOR/SITE COORDINATOR/SITE DIRECTOR

\_\_\_\_\_  
DATE SIGNED

**DIAGRAM OF INDOOR & OUTDOOR CHILDCARE SPACE**

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

**THE PLAN MUST IDENTIFY:**

**A. FOR INDOOR SPACE:** FOR EACH BUILDING THAT WILL BE USED AS A 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)
5. THE LOCATION OF OTHER HAND WASHING SINKS.

**B. FOR OUTDOOR PLAY SPACE:**

1. THE OVERALL DIMENSIONS OF OUTDOOR PLAY SPACE
2. THE LOCATION OF EXITS, GATES, AND STATIONARY PLAYGROUND EQUIPMENT
3. THE LOCATION OF THE OUTDOOR PLAY SPACE IN RELATION TO THE INDOOR SPACE
4. THE PRESENCE OF AND LOCATION OF ANY POOLS, PONDS, STREAMS, RIVERS, STREETS, ROADS, OR OTHER HAZARDS THAT ARE IN CLOSE PROXIMITY



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## LIFE SAFETY COMPLIANCE REPORT INSPECTION OF CHILD CARE PROGRAM FOR COMPLIANCE WITH Saf-C 6000, "State Fire Code"

### THIS SECTION MAY BE COMPLETED BY PROGRAM PERSONNEL

NAME OF CHILD CARE PROGRAM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

#### CHILD CARE PROGRAM REQUEST:

REQUESTING APPROVAL TO CARE FOR A MAXIMUM OF \_\_\_\_\_ CHILDREN, AGES \_\_\_\_\_ TO \_\_\_\_\_.

AGENCY/PROGRAM TYPES: CHECK BELOW THE TYPE(S) OF CHILD CARE YOU ARE REQUESTING TO PROVIDE.		
CENTER BASED PROGRAM TYPES	FAMILY BASED PROGRAM TYPES	RESIDENTIAL CHILD CARE AGENCY TYPES
<input type="checkbox"/> GROUP CHILD CARE CENTER <input type="checkbox"/> CHILD CARE NURSERY <input type="checkbox"/> PRESCHOOL PROGRAM <input type="checkbox"/> SCHOOL AGE PROGRAM <input type="checkbox"/> NIGHT CARE PROGRAM	<input type="checkbox"/> FAMILY CHILD CARE HOME <input type="checkbox"/> FAMILY GROUP CHILD CARE HOME <input type="checkbox"/> NIGHT CARE PROGRAM	<input type="checkbox"/> SHELTER CARE AGENCY <input type="checkbox"/> CHILD CARE INSTITUTION <input type="checkbox"/> GROUP HOME <input type="checkbox"/> INDEPENDENT LIVING HOME

### THE REMAINDER OF THIS FORM MUST BE COMPLETED BY THE FIRE INSPECTOR

**APPROVAL STATUS INSTRUCTIONS:** CHECK OFF TYPES OF CHILD CARE, AND FOR EACH BUILDING INDICATE THE MAXIMUM NUMBER AND AGE RANGE FOR WHICH THE PROGRAM IS APPROVED. IF NO MAXIMUM NUMBER OF CHILDREN OR AGE RANGE IS INDICATED, THE BUREAU OF CHILD CARE LICENSING WILL MAKE THE DETERMINATION BASED UPON LICENSING RULES AND/OR LIMITS PLACED BY THE HEALTH OFFICER OR ZONING OFFICIALS. **BE SURE TO INDICATE APPROVAL STATUS.** IF NOT APPROVED, LIST REASONS IN COMMENTS SECTION BELOW. IF APPROVED WITH CONDITIONS, INCLUDE AN EXPLANATION IN THE COMMENTS SECTION BELOW AND INDICATE WHAT ACTION MUST BE TAKEN BY THE CHILD CARE PROGRAM AND AN APPROPRIATE DATE THAT YOU WILL CONDUCT A RE-INSPECTION.

CENTER BASED PROGRAM TYPES	FAMILY BASED PROGRAM TYPES	RESIDENTIAL CHILD CARE AGENCY TYPES
<input type="checkbox"/> GROUP CHILD CARE CENTER <input type="checkbox"/> CHILD CARE NURSERY <input type="checkbox"/> PRESCHOOL PROGRAM <input type="checkbox"/> SCHOOL AGE PROGRAM <input type="checkbox"/> NIGHT CARE PROGRAM	<input type="checkbox"/> FAMILY CHILD CARE HOME <input type="checkbox"/> FAMILY GROUP CHILD CARE HOME <input type="checkbox"/> NIGHT CARE PROGRAM	<input type="checkbox"/> SHELTER CARE AGENCY <input type="checkbox"/> CHILD CARE INSTITUTION <input type="checkbox"/> GROUP HOME <input type="checkbox"/> INDEPENDENT LIVING HOME
<input type="checkbox"/> <b>APPROVED TO OPERATE</b>	<input type="checkbox"/> <b>NOT APPROVED TO OPERATE</b>	<input type="checkbox"/> <b>APPROVED TO OPERATE WITH THE CONDITIONS LISTED BELOW</b> DATE <i>CONDITIONAL APPROVAL</i> WILL EXPIRE: _____

**DATE OF INSPECTION:** \_\_\_\_\_ (IF MORE THAN 4 BUILDINGS, PLEASE USE A SECOND FORM)  
(IF DIFFERENT THAN DATE SIGNED BELOW)

#### MAXIMUM NUMBER OF CHILDREN AND AGE RANGE FOR EACH BUILDING

BLDG. #1	MAXIMUM # _____	BLDG. #2	MAXIMUM # _____	BLDG. #3	MAXIMUM # _____	BLDG. #4	MAXIMUM # _____
YOUNGEST: _____	OLDEST: _____	YOUNGEST: _____	OLDEST: _____	YOUNGEST: _____	OLDEST: _____	YOUNGEST: _____	OLDEST: _____
IF APPROVAL INCLUDES ANY BASEMENT LEVEL ROOMS OR ANY FLOORS HIGHER THAN GROUND FLOOR, PLEASE SPECIFY, INCLUDING AGE RANGES FOR SPECIFIC FLOORS.							

COMMENTS:

PLEASE TYPE OR PRINT CLEARLY:

NAME OF INSPECTOR: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF FIRE INSPECTOR

\_\_\_\_\_  
TOWN/CITY

\_\_\_\_\_  
DATE SIGNED



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## **Child Care or Day Care Permit**

This permit expires one (1) year from date of issue.

Granted To: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Property Location: \_\_\_\_\_

**Permit is to allow the operation of a Child Care or Day Care Facility in Seabrook, NH.**

### **Conditions of permit:**

Notify the Seabrook Fire Department of any changes in staffing, number of children being cared for, or any other changes that differ from submitted application and the issuing of this permit.

**Permit Number:** \_\_\_\_\_

**Fire Official:** \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS PERMIT READILY AVAILABLE ON SITE**

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**FOR EMERGENCY DIAL 911**