

State of New Hampshire

Department of Health and Human Services

Office of Legal and Regulatory Services, Child Care Licensing Unit

129 Pleasant Street, Brown Building, Concord, NH 03301

603-271-9025 1-800-852-3345 ext. 9025 TDD Access: 1-800-735-2964

CHILD CARE PROGRAM PERMIT

In accordance with the provisions of Chapter 170-E RSA and the New Hampshire Child Care Program Licensing Rules, a permit to operate a Child Care Program is

issued to: BECKAM'S CHILDCARE

known as: BECKAM'S CHILDCARE

located at: 83 CATE ROAD, BARRINGTON NH 03825

This permit authorizes you to provide the following types of child care in accordance with the applicable sections of the New Hampshire Child Care Program Licensing Rules.

FAMILY GROUP CHILD CARE HOME

AGES 6 WEEKS TO 12 YEARS

Total maximum capacity: 10

EFFECTIVE: 10/31/2022 TO 04/28/2023

Melissa Kelly

Chief Legal Officer, Department of Health and Human Services

PERMIT NO. CCFB-07066

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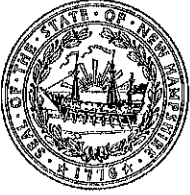
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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LEGAL AND REGULATORY SERVICES
CHILD CARE LICENSING UNIT

Lori A. Shibinette
Commissioner

Melissa A. St. Cyr, Esq.
Chief Legal Officer

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

November 9, 2022

Kameron Mahoney
Rebecca Santos
Beckam's Childcare
83 Cate Road
Barrington NH 03825

License #: CCFB-07066

Licensing Coordinator(s): Christine Conlon
Visit Date: 10/21/2022

Visit Type: New

Dear Kameron Mahoney and Rebecca Santos:

Please review the license/permit carefully. The effective dates, license/permit number, types of care you are authorized to provide, maximum capacity and the ages of children you may care for are specified on your license/permit. You must comply with the provisions of your license/permit and with the New Hampshire Child Care Program Licensing Rules for the type(s) of child care which you are authorized to provide.

New child care programs will notice that a 6 month permit has been issued, in lieu of a full license. During the permit period, a monitoring visit will be conducted. Following that visit, if your child care program is in compliance with the licensing rules and law, a full license will be issued.

If you have any questions, contact the licensing coordinator named above at 1-800-852-3345, extension 9025 or 271-9025.

Sincerely,

Melissa Clement
Chief
Child Care Licensing Unit

MC: pf

Enclosure

CHILD CARE LICENSING UNIT
STATE OFFICE PARK SOUTH
129 PLEASANT STREET, BROWN BUILDING, CONCORD, N.H. 03301-3857
TEL. 603-271-9025 OR 1-800-852-3345, EXT. 9025

STATEMENT OF FINDINGS

ISSUE DATE: 11/9/2022
INSPECTION TYPE: New
INSPECTION DATE(S): 10/21/2022
CORRECTIVE ACTION PLAN DUE DATE: N/A

Kameron Mahoney
Rebecca Santos
Beckam's Childcare
83 Cate Road
Barrington NH 03825

LICENSE NUMBER: CCFB-07066
LICENSING COORDINATOR(S):
Christine Conlon

As a result of a visit conducted in accordance with RSA 170-E, the department finds that the program was in compliance with statute/rule.

The following rooms have been measured by the licensing coordinator and approved as child care space, with a maximum capacity per room as follows:

- Classroom = 10 children

The total maximum capacity of the program is 10 based on the number of children requested on the application.

By signing below, I agree to maintain future compliance with the statutes and/or rules cited above.

OWNER/APPLICANT SIGNATURE: _____ **DATE:** / /
DIRECTOR/PROVIDER SIGNATURE: _____ **DATE:** / /

FOR DEPARTMENT USE ONLY

- *APPROVED (EACH ITEM IN THE CORRECTIVE ACTION PLAN HAS BEEN APPROVED)**
- *DISAPPROVED (A REVISED CORRECTIVE ACTION PLAN WILL BE REQUIRED FOR THE ITEMS MARKED DISAPPROVED IN THE RIGHT HAND COLUMN.)**

LICENSING COORDINATOR: _____ **DATE:** / /

FOLLOW-UP:



New Hampshire Public Health Laboratories
Department of Health and Human Services
29 Hazen Dr., Concord NH 03301
Phone (603) 271-3445

Workorder: DRINKING WATER BACTERIA (B207323)

Monday, September 12, 2022

BECKY SANTOS
83 CATE RD
Barrington, NH 03825

Client: HOMEOWNER

Profile: DRINKING WATER BACTERIA

Sampled By: DONNA MASSUCCI

RE: Workorder: DRINKING WATER BACTERIA (B207323)

Dear BECKY SANTOS,

Enclosed are the analytical results for the sample(s) received by the laboratory on Thursday, 9/8/2022 9:32:57 AM. Results reported conform to the most current NELAC standard, where applicable, unless otherwise narrated in the body of the report. Any results reported for samples subcontracted to another laboratory are indicated on the report. Please refer to <https://www4.des.nh.gov/CertifiedLabs/Certified-Method.aspx> for a copy of our current NELAP certificate and accredited parameters.

There are no state requirements for testing the water quality of private wells. The values in the 'Limits' column of the Analytical Results reflect those set by the Environmental Protection Agency (EPA) for public water systems. For results that exceed these criteria, Fact Sheets are included in the report addendum to provide further information about the contaminant and available treatment options. Additional water quality Fact Sheets and related materials can be found at <https://www.des.nh.gov/water/drinking-water/private-wells>.

We appreciate the opportunity to provide this analytical service for you. If you have any questions regarding this report or your results, please feel free to contact us. We value your feedback please send comments to Waterlab@dhhs.nh.gov.

The following signature indicates technical review and acceptance of the data.

Authorized Signature:

DENISE AMBELAS
Microbiologist III

Enclosures





New Hampshire Public Health Laboratories
Department of Health and Human Services
29 Hazen Dr., Concord NH 03301
Phone (603) 271-3445

Workorder: DRINKING WATER BACTERIA (B207323)

Sample Summary

| Lab ID | Sample ID | Ref ID | Matrix | Date Collected | Date Received | Misc | Sample Type |
|------------|------------|------------|--------|------------------|------------------|------|-------------|
| B207323001 | BARRINGTON | 83 CATE RD | WA | 09/07/2022 16:00 | 09/08/2022 09:32 | | SAMPLE |

Workorder Summary

Sample Additional Information

B207323001 (BARRINGTON) - SAMPLE

Phone Number: 603-507-8656

Type of Sample: Dug

Well disinfected/last 30 days?: N

Is a Treatment system on-line?: Y

What type of treatment?: HARDNESS

Is Samp.before or after treat?: Before

Check Number: R46407



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: Beckam's childcare
 ADDRESS: 83 Cate Rd.
Barrington, N.H. 03825
 PHONE NUMBER: 603-507-8151 LICENSE NUMBER: _____

CHILD CARE PROGRAM REQUEST:

Requesting approval to care for a maximum of 10 children, ages 6 weeks to 12 years

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"/> FAMILY CHILD CARE HOME | <input type="checkbox"/> SHELTER CARE AGENCY |
| <input type="checkbox"/> CHILD CARE NURSERY | <input checked="" type="checkbox"/> FAMILY GROUP CHILD CARE HOME | <input type="checkbox"/> CHILD CARE INSTITUTION |
| <input type="checkbox"/> PRESCHOOL PROGRAM | <input type="checkbox"/> NIGHT CARE PROGRAM | <input type="checkbox"/> GROUP HOME |
| <input type="checkbox"/> SCHOOL AGE PROGRAM | | <input type="checkbox"/> INDEPENDENT LIVING HOME |
| <input type="checkbox"/> NIGHT CARE PROGRAM | | |

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 this 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 approximate 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"/> FAMILY CHILD CARE HOME | <input type="checkbox"/> SHELTER CARE AGENCY |
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| <input type="checkbox"/> PRESCHOOL PROGRAM | <input type="checkbox"/> NIGHT CARE PROGRAM | <input type="checkbox"/> GROUP HOME |
| <input type="checkbox"/> SCHOOL AGE PROGRAM | | <input type="checkbox"/> INDEPENDENT LIVING HOME |
| <input type="checkbox"/> NIGHT CARE PROGRAM | | |

Approved to operate Not approved to operate Approved to operate with the conditions listed below
 Date conditional approval will expire _____

DATE OF INSPECTION: 10/3/2022 (If more than 4 buildings, please use a second form)
 (IF DIFFERENT THAN THE DATE SIGNED BELOW)

MAXIMUM NUMBER OF CHILDREN AND AGE RANGE FOR EACH BUILDING

| Bldg. #1 | Maximum # | Youngest | Oldest | Bldg. #2 | Maximum # | Youngest | Oldest | Bldg. #3 | Maximum # | Youngest | Oldest | Bldg. #4 | Maximum # | Youngest | Oldest |
|----------|-----------|----------------|-----------------|----------|-----------|----------|--------|----------|-----------|----------|--------|----------|-----------|----------|--------|
| <u>0</u> | <u>10</u> | <u>6 weeks</u> | <u>12 years</u> | | | | | | | | | | | | |

IF APPROVAL INCLUDES BASEMENT LEVEL ROOMS OR ROOMS ON ANY FLOORS HIGHER THAN GROUND FLOOR, PLEASE SPECIFY, INCLUDING ANY AGE RESTRICTIONS FOR SPECIFIC FLOORS.

COMMENTS:

PLEASE TYPE OR PRINT CLEARLY:
 Name of Inspector: TRICK WALKER Title: FIRE CHIEF
 Address: 774 FRANKLIN Pierce HWY Work Phone Number 603-664-2241
BARRINGTON Home Phone (Optional) _____
 Signature of Fire Inspector: [Signature] Town/City: BARRINGTON Date Signed: 10/3/22



Health Officer Inspection Report for Child Care Programs

THE APPLICANT COMPLETES THIS SECTION.

Child Care Program Name Beckams Childcare Phone 603 507 8656
 Program Address 83 Cate Rd
 Applicant Name Rebecca Santos Phone _____
 Requesting approval to care for a maximum of 10 children, ages 6w to 12yrs
 (Maximum capacity subject to health officer approval, life safety/fire codes, and child care program licensing rules.)

THE HEALTH OFFICER MUST COMPLETE THE REMAINDER OF THIS FORM (2 pages).

| He-C 4002 | Areas of inspection (unless specified please inspect indoor and outdoor space): | | COMMENTS |
|---------------------------|--|---|---|
| .14(a) & (b) | Does the indoor environment contain or pose any health conditions that may be hazardous to children, other than those listed below? | Y <input checked="" type="radio"/> N | |
| .14(b)(12) | Are there adequate protections against insects (screens on windows/doors)? | <input checked="" type="radio"/> Y N | |
| .14(b)(17) | Is the environment free of unclean conditions or disrepair? | <input checked="" type="radio"/> Y N | <u>Tub Remains Broken Residue</u> |
| .14(b)(18) | Is the indoor environment free of damp conditions, visible mold/mildew, or musty odor? | <input checked="" type="radio"/> Y N | <u>summar just a</u> |
| .14(e) | Was the building built prior to 1978? ? | <input checked="" type="radio"/> Y N | |
| .14(b)(15) | If yes: Is there chipping/flaking/peeling paint? | Y <input checked="" type="radio"/> N | |
| .14(h) | Is there information or evidence indicating the building may contain asbestos hazards? | Y <input checked="" type="radio"/> N | |
| .14(j) & (k) .27(an) | Are all toxic materials stored separately from food items? | <input checked="" type="radio"/> Y N | |
| .14(o) | Any pets? (If yes, list type in comments) | <input checked="" type="radio"/> Y N | <u>4 see attached</u> |
| .14(o)(1) | If there is a cat/dog, is current rabies documentation on file? | <input checked="" type="radio"/> Y N N/A | |
| .14(o)(2) & (3) | Are pets, pets' living quarters, or litter boxes on food preparation or service surfaces? | Y <input checked="" type="radio"/> N N/A | |
| .14(o)(3) & (4) | Are children exposed to pets' feces or urine, including litter boxes located where children play? | Y <input checked="" type="radio"/> N N/A | |
| .14(p) & (w) .15(i)(3) | Is the child care space well ventilated, heated (at least 65°F) and lighted (including bathrooms)? | <input checked="" type="radio"/> Y N | |
| .14(x)(8) | Is there information or evidence indicating the soil on the property may be contaminated with toxic chemical or substances? | Y <input checked="" type="radio"/> N | |
| .14(ae) | Is the swimming or wading pool maintained in a clean and sanitary manner? | Y N | <u>N/A</u> |
| .14(aj) & (ak) | Are trash containers where food or waste is disposed of covered and emptied regularly? | <input checked="" type="radio"/> Y N | |
| .15(a)(1) & (2) | Is there running water under pressure available, and is the hot water between 60 - 120 degrees Fahrenheit? | <input checked="" type="radio"/> Y N | <u>102.4 at kitchen sink 73.7 Bath 72.4 Tub</u> |
| .15(a)(3) | Is the program on a city or town public water system? If No: Does the program have its own water supply with a U.S. EPA ID number issued by NH DES (Dept. of Environmental Services) on file? | Y <input checked="" type="radio"/> N Y N | |
| .15(a)(4) & (5) | For programs with independent water supplies and not required to be registered with NH DES, has the water been tested and are the lab results on file for review? | <input checked="" type="radio"/> Y N | |