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CANTERBURY PLANNING BOARD
PO BOX 500
THE SAM LAKE HOUSE
CANTERBURY, NH 03224

SITE PLAN REVIEW APPLICATION
(Rev. 10/2016)

NOTE: This application, and all required information, must be filed at least twenty-one (21) days before the date of the meeting at which it is to be submitted to the Board for acceptance as complete, whether in person or by mail. Filing is to be done at The Sam Lake House, Canterbury, NH to the attention of the Planning Board.

1. Name and address of applicant:

Deborah Follansbee
108 District 5 Rd. Concord NH 03301
Phone Number: ^{h.} 603-228-9592 ^{c.} 603-848-2778
Email Address: rfolla8554@comcast.net

2. Name and address of owner of record, if other than applicant:

Concord Friends Meeting House
11 Oxbow Pond Rd. Canterbury NH 03224
Phone Number: 603-783-8097
Email Address:

3. Name, address and telephone number of surveyor and or agent authorized to represent owner/applicant before the Planning Board: (attach letter of authorization to application):

4. Location of proposed project:

11 Oxbow Pond Rd. Canterbury N.H. 03224
Tax Map/Lot No.: 267 Lot 59

5. **Zoning District:** C **Flood Area:** Yes / No ✓

6. **Name of proposed development (if applicable):**
Pathfinders Nature Play School

7. **Number of acres:** 5.14 **Number of lots** 1

Number of structures: 1 **Number of units in structure:** _____

8. **Type(s) and number of dwelling units proposed in development (check all that apply):**

Single Family _____ Duplex _____ Multi-Family _____

9. **Type(s) of proposed uses in development:** Nature Play School

_____ Residential _____ Multi-Family _____ Manufactured Housing Park
_____ Cluster _____ Commercial _____ Industrial

As to each use identified above, is the use a permitted use under the Zoning Ordinance?

Yes

If no, has a Special Exception or Variance been applied for or obtained? _____

Date of approval: _____

10. **Date of last Site Plan Review or Subdivision of land:** _____

11. **DES Subdivision Number (if applicable):** _____

12. **Identify any existing easements or Rights of Way on property:**

13. **Abutters:** Attach a separate list containing the name, mailing address, and tax map/lot number of all abutters, including those across a street, brook, or stream. Names should be those of current owner as recorded in the Tax Records five (5) days prior to the submission of this application.

This application must comply with all requirements set forth in the Site Plan Regulations of the Town of Canterbury.

14. Application fees:

Application Submission fee:	\$ <u>100.00</u>
Abutter notification - \$10.00 each abutter (Include applicant, owner if other than applicant, and surveyor, and anyone else whose seal appears on the plan)	\$ <u>50.00 + 50.00</u>
Registry filing fee (\$33.00 for each Mylar recording; fee includes \$7.00 for a recorded copy for the Planning Board's file). Mylar will not be recorded until Town receives letter from surveyor indicating bounds have been set.	\$ <u> </u>
TOTAL (check payable to Town of Canterbury Planning Board.	\$ <u>150.00</u>

Also include a check in the amount of \$25.00 (per plan) payable to the Merrimack County Registry of Deeds for the State of New Hampshire LCHIP surcharge.

Note regarding costs: Upon submission of this application, the Planning Board may, in its discretion, require that the applicant pay and addition sum for estimated administration, legal, or technical review costs.

CERTIFICATION AND ACKNOWLEDGMENT

- I. The applicant (and the owner or agent, if applicable) certifies that the information and representations contained in this application are complete and correct. All costs for engineering, legal or other professional services or recording by the Planning Board or the Town of Canterbury in the site plan review process of this property shall be borne by the applicant and/or owner and shall be paid prior to recording of the final plat.
- II. I have reviewed, or have had an opportunity to review, the Town of Canterbury Zoning Ordinance and Site Plan Review Regulations prior to submission of this application.
- III. I, as owner of the land to be subdivided, hereby authorize the Canterbury Planning Board and its agents to access my land for the purpose of reviewing this site plan, and performing road inspections and any other inspections deemed

necessary by the Board or its agents to ensure conformance of the on-site improvements with the approved plan and all Town of Canterbury ordinances and regulations.

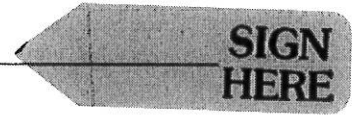
IV. I agree to pay any costs incurred by the Planning Board in employing an engineer in accordance with Section VI of the Site Plan Review Regulations.

V. I am aware that failure to satisfy all conditions precedent to final approval within 45 days of the Planning Board vote shall be adequate grounds for revocation of approval of the application and/or termination of the application process. The Planning Board, in its sole discretion, may grant extensions for this 45-day period.

Date: 5/4/23 Applicant: Deborah Follansbee

Date: _____ Owner: _____

Date: _____ Agent: _____



FOR PLANNING BOARD USE ONLY:

Filing Fee: \$ 100 - Date: 5/5/23

Lot Fee: \$ _____ Date: _____

Abutter Fee: \$ 100 - ^{pd} \$50 Date: 5/5/23.

Registry Fee: \$ _____ Date: _____

Estimated Technical Review Fee (if any): \$ _____ Date: _____

NOTE: Fees must be paid before hearing. A position has been reserved on the agenda for _____.

Secretary/Clerk/Agent for Planning Board

FOR PLANNING BOARD USE ONLY:

Preapplication consultation (optional)

3/28/23.
Date

Completed application filed with Board
(at least 21 days before hearing date)

Date

Fees paid Amount: 150-

CHK 112 5/5/23
Date

Notices mailed and posted

C/Monitor + Abutters \$ 50 on
5/31/23 Date ↓ 5/25

Completed application on Board agenda

Date

Application accepted by Board

Date

Public hearing dates

June 13 2023
Date

Date

Date

Approved/Disapproved

Date

Applicant notified of Board action

Date

All conditions in final approval satisfied

Date

Recording of final plat (Plan No. _____)

Date

Copy of final plat provided to Selectmen

Date

Waiver Request

Site Plan Regulations

Required Exhibits

1. Narrative description of proposal.
2. Site Plan
3. Seal and signature of engineer and owners – We are using existing site plan made by William Sheehan PE from 2008.
4. Plan of building with type/size/location
5. Landscape plan – Pathfinders Nature Play School will not be doing any formal landscaping changes. Any outside activity will be within the boundaries of Quaker Meeting House. Nature schools utilize items found naturally in the forest, such as, pinecones, sticks, large rocks for climbing, flowers etc. We think about the outside environment and what can we do with it.
6. Parking needs – there is an existing parking lot suitable for 20 spaces, which will be adequate for our needs. 12 children = 12 vehicles, some may be siblings or carpooling. All do not arrive at the same time or pick up at the same time. Allowing for 2-3 spaces for staff.
7. Description, location, size of proposed signs – Under Canterbury Zoning Ordinances 2.6 pg. 7, signs stay within the 20 sq. ft. total. At this time a sign has not been made.
8. Type and location of solid waste disposal facilities – Pathfinders would be using the same private company that the Meeting House uses.
9. Provisions for snow removal/disposal – Pathfinders Nature Preschool will use the same company that the Meeting House uses for snow removal.
10. Erosion and sediment control plan – We will not be adding anything that would cause erosion.
11. Noise Study – I do not foresee the children at Pathfinders being any louder than what is currently in the neighborhood.
12. Traffic Study – We would potentially be adding 14 more cars on the road between the times of 7:30am and 8:00am at morning drop off and between the hours of 4:00pm and 4:30pm at afternoon pick up.
13. Lighting Study – We will not require any additional outside lighting.
14. Copies of all applicable state and federal applications or permits – A copy of the NH Child Care Licensing Application is attached.
15. Any other exhibits Planning board deems necessary – Planning board has not required any other exhibits.
16. Does not apply

Description of Proposal

May 3, 2023

Hello,

My name is Deb Follansbee, owner and director of Pathfinders Nature Playschool. My proposal is to open a Nature-based play school at 11 Oxbow Pond Rd. in Canterbury NH., (Concord Meeting House) allowing 12 to 16 children ages 2.5 to 6 years old on the property Monday through Friday, 7:30am to 4:30pm.

Granting this permit would allow families of Canterbury and the surrounding towns to be able to enroll their child in a nature-based program if they wish. Nature based programs spend a large part of the day outside, investigating the surrounding area of bugs, trees, birds and streams. The Meeting House is definitely surrounded with these types of valuable lessons to teach the children all while playing in nature.

I know of no way that this type of program would adversely affect the health and safety of the residents in the area. We would be a quiet group, with a little more cars coming down the road in the morning at 7:30am and later afternoon at 4:30pm. With the Pet Resort and other places of business across the street from the Meeting House I do not feel the traffic we would bring would impact the area in any way.

I do not see any way that this type of program would hurt the property values. We would not be creating offensive noise, smoke, dust, odors or unsightliness.

Thank you,

A handwritten signature in cursive script that reads "Deborah Follansbee". The signature is written in black ink and is positioned below the "Thank you," text.

Deborah Follansbee

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>CENTER BASED CHILD CARE</p> <p><input checked="" 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: Pathfinders Nature Preschool PHONE: 603-228-9592

MAILING ADDRESS: _____ STREET _____

ACTUAL LOCATION ADDRESS: 11 Oxbow Pond Rd. CITY/TOWN _____ STATE _____ ZIP CODE _____
Canterbury NH 03224
 CITY/TOWN STATE ZIP CODE

E-MAIL ADDRESS: rfolla8554@comcast.net

NAME OF APPLICANT/OWNER/CORPORATION/SECRETARY OF STATE DESIGNATION (as applicable):
Deborah Follansbee

MAILING ADDRESS: 108 District 5 Rd. Concord NH 03301
 STREET CITY/TOWN STATE ZIP CODE

APPLICANT/OWNER'S PHONE NUMBER: 603-228-9592 APPLICANT/OWNER'S E-MAIL ADDRESS: rfolla8554@comcast.net

FEDERAL TAX I.D. NUMBER IF ONE HAS BEEN ASSIGNED: 88-2759558

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
	<u>20</u>	FROM _____ WEEKS OR <u>30</u> MONTHS TO <u>6</u> YEARS _____ 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: 7:30 am START 4:30 pm END

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

NAME OF CORPORATION/LLC: Pathfinders Nature Preschool LLC

BUSINESS ID: 902829

NON PROFIT FOR PROFIT

OFFICERS OF CORPORATION:

NAME	TITLE/POSITION	TELEPHONE NUMBER
Deborah Follansbee		

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.**

Deborah Follansbee 11/05/61
 NAME OF CENTER DIRECTOR/SITE DIRECTOR/SITE COORDINATOR DATE OF BIRTH

DATE OF HIGH SCHOOL GRADUATION: 6/79 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.

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 DELINQUENCY 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.

Deborah Follansbee

SIGNATURE OF APPLICANT/OWNER

DATE SIGNED

Deborah Follansbee

SIGNATURE OF CENTER DIRECTOR /SITE COORDINATOR/ SITE DIRECTOR

DATE SIGNED

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

Multipurpose Room $27'8" \times 18' = 500.4 \text{ sq. ft.}$ Play Space
Meeting Room $12' \times 18' = 216 \text{ sq. ft.}$ Play Space
Meeting Room $14' \times 14' = 196 \text{ sq. ft.}$ Play Space
2 Bathrooms are off entry hallway
Handwashing sink is in Multipurpose Rm.



ZONING VERIFICATION

Pathfinders Nature Preschool

C 603-848-2778 H 603-228-9592

CHILD CARE PROGRAM NAME

TELEPHONE NUMBER

- CHILD CARE AGENCY TYPE(S):** FAMILY-BASED DAY CARE [RSA 170-E:2, IV(a) and (b)]
 CENTER-BASED DAY CARE [RSA 170-E:2, IV(c) through (g)]
 24-HOUR RESIDENTIAL [RSA 170-E:25, II(b), (c), (d) and III]

LOCATION ADDRESS: 11 Oxbow ^{Pond} Rd.
Canterbury NH 03224

MAILING ADDRESS: (same)

APPLICANT'S NAME: Deborah Follansbee

INSTRUCTIONS:

1. **SECTION 1 OR 2** must be completed by an individual who is authorized to sign zoning documents.
2. **SECTION 1** complete if zoning action is not required.
3. **SECTION 2** complete if zoning action is required.
4. **SECTION 2** include any restrictions regarding the existence of the agency

SECTION 1:

_____ The child care agency listed above conforms to the requirements of the zoning ordinance.
 Any limits on the number of children in care? ___No ___Yes - If yes, how many children? _____

COMMENTS/RESTRICTIONS (if applicable):

Kent Reaswich Cheryl A Gordon Intyng 5/15/23
 Signature of Individual Authorized to Sign Zoning Documents for the Date Signed
 Town Listed Above

SECTION 2:

_____ The child care agency listed above has been approved by the zoning board of adjustment.
 Restrictions? ___No ___Yes - If yes, please indicate below or include a separate attachment

COMMENTS/RESTRICTIONS (if applicable):

Kent Reaswich Cheryl A Gordon Intyng 5/15/23
 Signature of Individual Authorized to Sign Zoning Documents for the Date Signed
 Town Listed Above

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: Pathfinders Nature Preschool
 ADDRESS: 11 Oxbow Pond Rd Canterbury NH 03224
 PHONE NUMBER: 603-228-9592 LICENSE NUMBER: _____

CHILD CARE PROGRAM REQUEST:
 Requesting approval to care for a maximum of 20 children, ages 2.5 to 6 yrs.

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 checked="" 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 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
<input type="checkbox"/> CHILD CARE NURSERY	<input 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		

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

DATE OF INSPECTION: _____ (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 # _____		Bldg. #2 Maximum # _____		Bldg. #3 Maximum # _____		Bldg. #4 Maximum # _____	
Youngest	Oldest	Youngest	Oldest	Youngest	Oldest	Youngest	Oldest

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: _____ Title: _____
 Address: _____ Work Phone Number _____
 _____ Home Phone (Optional) _____

Signature of Fire Inspector _____ Town/City _____ Date Signed _____



Health Officer Inspection Report for Child Care Programs

THE APPLICANT COMPLETES THIS SECTION.

Child Care Program Name Pathfinders Nature Preschool Phone 603-228-9592
 Program Address 11 Oxbow Pond Rd. Canterbury NH 03224
 Applicant Name Deborah Follansbee Phone _____
 Requesting approval to care for a maximum of 16 children, ages 2.5 to 6 yrs.
 (Maximum capacity subject to health officer approval, life safety/fire codes, and child care program licensing rules.)

THE HEALTH OFFICER COMPLETES THE REMAINDER OF THIS FORM (2 pages)

He-C 4002	Areas of inspection (unless specified please inspect indoor and outdoor space):		COMMENTS
23(b)(1)	Is the indoor space safe, clean, free of clutter and in good repair?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(b)(2)	Is the indoor space free from electrical hazards (overloaded extension cords or outlets; frayed/cracked/crimped cords/unprotected outlets)?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(b)(3)	Is there ventilation via unobstructed mechanical ventilation system or open windows w/screens?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(b)(4)	Is there light sufficient for the supervision of children, and to move about safely?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(b)(5)	Is the indoor environment free of damp conditions, visible mold/mildew, or musty odor?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(b)(6)	Are there heavy furnishings or items not secured to the wall or floor that could easily tip, or are unstable?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(b)(7)	Are there fumes from toxic or harmful chemicals or materials?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(b)(8)	Are there tripping hazards?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(b)(9)	Are there any poisonous plants in the program?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(c)	Are harmful items stored out of reach of children, including but not limited to matches, lighters, chemicals, materials labeled "harmful if swallowed," flammable materials, sharp objects, or staff's personal belongings?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(d)	Are substances labeled "harmful if swallowed" or "flammable", and all containers of cleaning materials labeled w/the contents and stored separately from food items and medications?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(f)	Are cords and strings long enough to encircle a child's neck (window blinds, cords on curtains or shades) kept out of reach of children?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(g)(1) & (g)(3)	Are there reptiles, amphibians and birds (including chicks and ducklings) in rooms or outdoor spaces regularly occupied by children? Are cages/habitats clean?	<input checked="" type="radio"/> Y <input type="radio"/> N N/A	<i>out dove programs/ classes</i>
23(g)(6)	Are pets (dogs/cats/ferrets) vaccinated against rabies, w/proof of current vaccination available for review?	<input checked="" type="radio"/> Y <input type="radio"/> N N/A	<i>comfort dog</i>
23(h)(1)	Are sinks, toilets, footstools, potty chairs and adaptors clean?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(h)(2)	Are bathroom floors and surfaces adjacent to toilets clean?	<input checked="" type="radio"/> Y <input type="radio"/> N	
23(h)(3)	Is there toilet paper, individual cloth or paper towels and liquid soap from a dispenser available and accessible to children and staff?	<input checked="" type="radio"/> Y <input type="radio"/> N Y N	
23(h)(4)	Do bathrooms have a functional means of outside ventilation?	<input checked="" type="radio"/> Y <input type="radio"/> N	

23(i)	Are there signs of insects or rodents?	Y <input checked="" type="radio"/> N	
23(r)	Is garbage disposed of in a lined and covered container and emptied daily?	Y N	
23(v)	Is there safe, functional heating system, with a temp. maintained at 65°F, and protection from heat sources (pipes/radiators, etc.)?	<input checked="" type="radio"/> Y N	
23(y)	Are fuel-burning stoves (wood/coal/pellet/gas) used per local codes, and do they have protections to keep children safe from injury?	Y <input checked="" type="radio"/> N N/A	
23(ac) and 24(o)	Was the building built prior to 1978? If yes: Are the interior or exterior surfaces in deteriorating condition where children play or have access?	Y <input checked="" type="radio"/> N Y N	
23(af)	Is there information or evidence indicating the building may contain asbestos hazards?	Y <input checked="" type="radio"/> N	
27(a)(1)	Is there running water under pressure, and is the hot water temperature between 60°F - 120°F?	<input checked="" type="radio"/> Y N	
27(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	
27(a)(4)	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 N/A	<i>passed</i>
29(a)(1) & (a)(4)	Are potty chairs and diaper changing areas away from food preparation/service areas, and are they located adjacent to a handwashing sink?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	
31(q)	Is food stored at not less than 32°F, nor more than 40°F?		<i>NO refrig</i>

APPROVAL STATUS (If either the maximum number of children or age range is blank, the CCLU will determine based on licensing rules and the fire inspector and/or zoning official limits.)

___ APPROVED for number of children requested above

___ APPROVED for a maximum of ___ children (if other than requested)

___ NOT APPROVED – please specify reasons for denial below

___ APPROVED with conditions (please specify what action(s) must be taken by the program and a **date** by which they must be completed)

COMMENTS:

Geoffrey L. Hubbell
Name of Health Officer

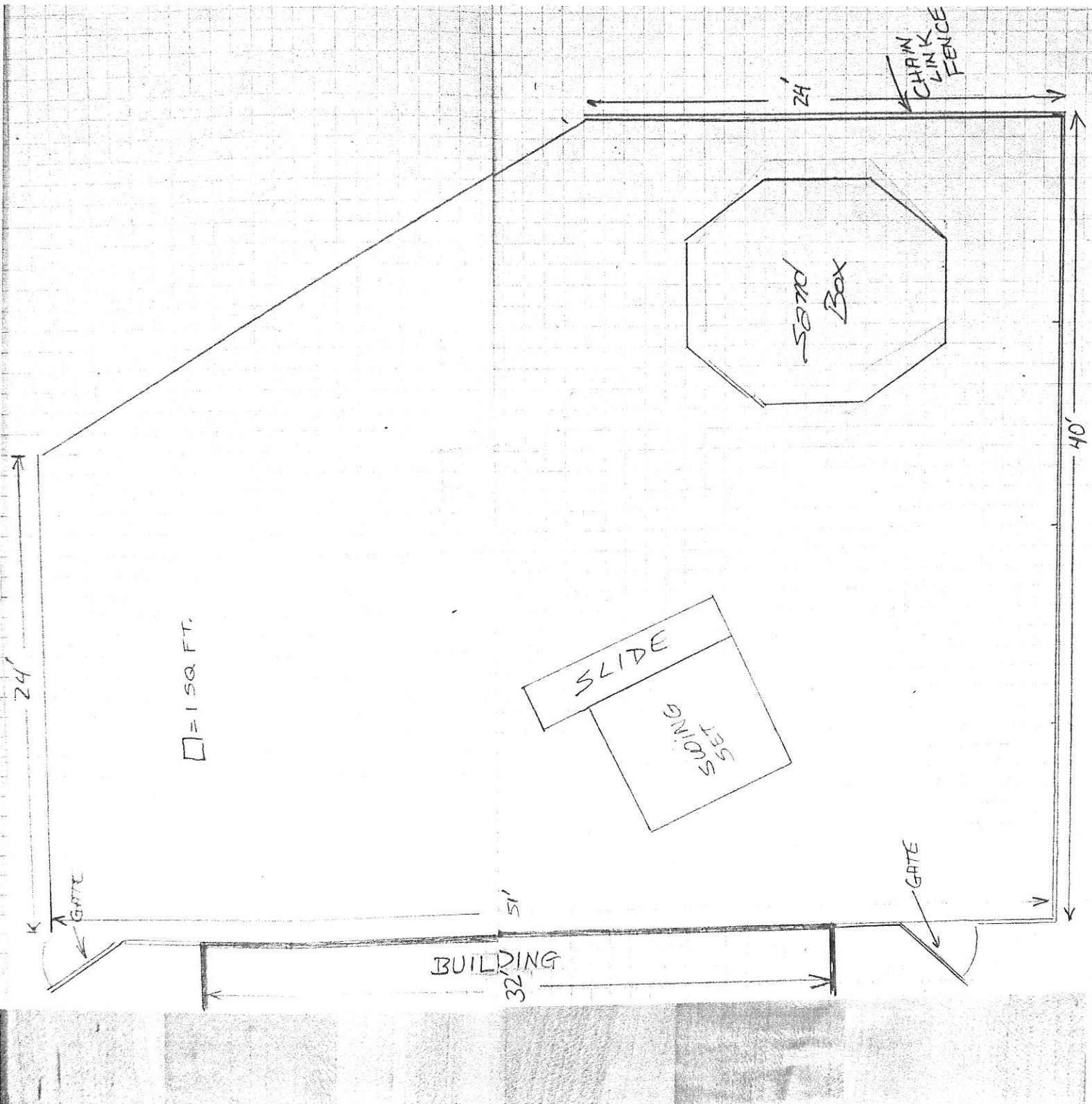
Geoffrey L. Hubbell
Signature

May 15 2023
Date of Inspection

Conterbury
Town/City

603-783-9736
Telephone

Alt. Telephone (optional)



000267 049000 000000
ALLARD, EDWIN A ✓
NORTON, DIANE M ✓
22 OXBOW POND ROAD
CANTERBURY, NH 03224

000267 011000 000000 ✓
COBBLIY NOB TRUST ✓
PATRICK TABER TRUSTEE ✓
4183 ABINTON WOODS CIRCLE
VERO BEACH, FL. 32967-0012

~~000267 058000 000000
CONCORD MONTHLY MEETING OF THE
RELIGIOUS SOCIETY OF FRIENDS
11 OXBOW POND ROAD
CANTERBURY, NH 03224~~

000267 059000 000000 ✓
CONCORD MONTHLY MEETING OF THE
RELIGIOUS SOCIETY OF FRIENDS ✓
11 OXBOW POND ROAD
CANTERBURY, NH 03224

000267 047000 000000 ✓
DUGOUT PROPERTIES LLC ✓
THOMSON, DOUGLAS & CAROLYN ✓
15 FREEDOM ACRES DRIVE
CONCORD, NH 03301

000267 050000 000000 ✓
FEINDEL, GABRIEL J. & TAMMY L. ✓
G.J.FEINDEL FAMILY TRUST ✓
26 OXBOW POND ROAD
CANTERBURY, NH 03224

000267 061000 000000 ✓
KOBISKY JR., EDWARD & WENDY J. ✓
KOBISKEY REVOC TRUST ✓
5 OXBOW POND RD
CANTERBURY, NH 03224

000267 056000 000000 ✓
PIOTROWSKI, JARED P. ✓
33 OXBOW POND ROAD ✓
CANTERBURY, NH 03224

~~000267 057000 000000
PIOTROWSKI, JARED P.
33 OXBOW POND ROAD
CANTERBURY, NH 03224~~

000267 048000 000000 ✓
PRIORITY ACQUISITION, LLC ✓
10 STATE STREET STE 234 ✓
NEWBURYPORT, MA 01950

000267 060000 000000 ✓
WIGHT, WILLIAM C. & LORI ✓
7 OXBOW POND ROAD ✓
CANTERBURY, NH 03224

Deborah Follansbee ✓
108 District 5 Rd. ✓
Concord, NH 03301

Data required to be submitted for Site Plan application approval: (taken from pages 5-6 of the Site Plan Regulations)

1. Application ✓
2. Site plan ✓
3. List of current names/addresses of all abutters within 200 feet of any property line ✓
4. Written notification of waiver requests ✓
5. Fees ✓

Required Exhibits:

1. Narrative description of proposal ✓
2. Site plan showing: ✓
 - a) Existing natural features (water, soil types, trees):
 - b). Surveyed property lines:
 - c) Existing and proposed grade elevations:
 - d) Location, elevation and layout of catch basins and other drainage:
 - e) Location, width, curbing, driveways:
 - f) Lines, names, of streets, lanes, ways:
 - g) Location of existing and proposed utilities:
 - h) Size and proposed location of water/sewer:
 - i) Size and location of public service connections
3. Seal and signature of engineer and owners W
4. Plan of all buildings with type/size/location ✓
5. Landscaping plan W
6. Parking needs W
7. Description, location, size of proposed signs W
8. Type and location of solid waste disposal facilities W
9. Provisions for snow removal/disposal W
10. Erosion and sediment control plan W
11. Noise study W
12. Traffic study W
13. Lighting study W
14. Copies of all applicable state and federal applications or permits W
15. Any other exhibits Planning board deems necessary W
16. If a subdivision all subdivision regulations shall apply W

- \$50 owed for additional abutters
- Concord monthly meeting needs to sign application
- if owners are not going to be present - A letter of Authorization