

**LICENSE EXEMPT SITE VISIT CHECKLIST  
IN-HOME (FFN) He-C 6917**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **RID#:** \_\_\_\_\_ **LC:** \_\_\_\_\_

<b>04 Pre-Service Trainings and Annual Professional Development</b>	<b>Y/N</b>	<b>Comments:</b>
<p>All staff complete 2 hrs. PD annually in any of the following (from He-C 6914.04(e)&amp;(h):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevention and control of infectious diseases</li> <li><input type="checkbox"/> Prevention of SIDS and use of safe sleeping practices</li> <li><input type="checkbox"/> Med. admin., consistent with standards for parental consent</li> <li><input type="checkbox"/> Prevention of and response to emergencies due to food and allergic reactions</li> <li><input type="checkbox"/> Build &amp; phys. prem. safety, includ elect. hazrds/bodies of water/vehicular traffic</li> <li><input type="checkbox"/> Prevention of shaken baby syndrome and abusive head trauma</li> <li><input type="checkbox"/> Recognizing and reporting child abuse and neglect</li> <li><input type="checkbox"/> Emergency preparedness and response planning</li> <li><input type="checkbox"/> Handle &amp; store haz. materials and the appropriate disposal of bio-contaminants</li> <li><input type="checkbox"/> If transport, appropriate precautions in transporting children</li> <li><input type="checkbox"/> Child development, birth through 12 years.</li> </ul>		*The provider's annual period for professional development shall begin on the DHHS enrollment date.
<p>Complete 2 hrs. PD annually in any of the following (from He-C 6914.05(a)(3)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child development</li> <li><input type="checkbox"/> Health and safety or fire safety</li> <li><input type="checkbox"/> Caring for children with exceptionalities</li> <li><input type="checkbox"/> Nutrition</li> <li><input type="checkbox"/> Any child care related courses sponsored or funded by the department</li> <li><input type="checkbox"/> Indoor and outdoor learning environments</li> <li><input type="checkbox"/> Behavior guidance</li> <li><input type="checkbox"/> Leadership, child care administration, or mentoring</li> <li><input type="checkbox"/> Financial management</li> <li><input type="checkbox"/> Working with families</li> <li><input type="checkbox"/> Legal issues in child care</li> <li><input type="checkbox"/> Child abuse and neglect</li> <li><input type="checkbox"/> Trauma-informed care</li> </ul>		*The provider's annual period for professional development shall begin on the DHHS enrollment date.
Upload doc. of PD above to the NH professional registry		

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<b>05 Building and Physical Premises Safety</b>	Y/N	Comments:
Indoors & outdoors are safe, clean, free of clutter, in good repair		
Electrical hazards		
Fire hazards		
Well-ventilated via mechanical system or opened screened windows/no holes in screens		
Cords/strings		
Guns/weapons/ammunition kept in locked storage		
Knives/sharp objects unless used under direct supervision		
Heavy furnishings/items secured		
Loose/flaking paint accessible (walls, floors, windows, doors, exterior)		
Well-lit for supervision and staff to move safely		
Visible mold/mildew or musty odor from dampness		
Trampolines except for small indoor for individual use w/direct supervision		
Plastic bags (children younger than 3 years)		
Items labeled “keep out of reach of children” unless non-toxic & used w/direct supervision		
Stairways w/more than 3 steps have handrails & safety gates if children >3 years present		
Construction/remodeling hazards – not done during operating hours		
Safe, functioning heating system		
Protection from heat sources		
Working smoke detectors on each level		
Portable electric space heaters: <input type="checkbox"/> Inaccessible <input type="checkbox"/> Bear UL or ETL certificate on label <input type="checkbox"/> Used in accordance with manufacturer specs.		
Outside areas accessible to children: <input type="checkbox"/> Unprotected pools/wells/bodies of water <input type="checkbox"/> Lawn/farm machinery <input type="checkbox"/> Trash/litter/debris <input type="checkbox"/> Animal feces <input type="checkbox"/> Other dangerous items/substances		
Outside play structures not on hard surfaces such as cement/asphalt		
Fencing required if adjacent to road/pool/river/pond/stream/active RR/sharp inclines,etc.		
Fencing keeps children not yet in school from climbing out of, over, under or through		
If swimming/wading pool: inaccess except when supervised/empty&clean after use/max 10” water		
Standing water outside (wading pools emptied after each use, buckets, tires, etc.)		
Water under pressure for drinking/household use		
One toilet and one wash basin		
Toilets attached to functioning sewage system (no portable/chemical toilets allowed)		
Functional sewage disposal facilities		
Smoking in building during operating hours		

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<b>06 Handling, Storage and Disposal of Hazardous Material</b>	Y/N	Comments:
Toxic/flammable/tobacco products locked or inaccessible		
Pesticides not in use while children present; aired out before use		
Lead paint/asbestos concerns		
If applicable, designated diaper changing/adjacent to HW sink with no barriers to access sink		
Non-porous, washable changing surface; sanitized after each use		
Covered hands-free receptacle; plastic bag lined and in reach		
Diapering not in kitchen/food prep/food service areas or surfaces		

<b>07 Emergency Preparedness and Response Planning</b>	Y/N	Comments:
Child registration & emergency info form on file/child on 1st day		
Operable telephone		
EOP: <input type="checkbox"/> Contains all required procedures <input type="checkbox"/> Practice (2 components, 2x/yr, w/children) <input type="checkbox"/> Written record of practiced components		
Any serious injuries reported: (fracture/dislocation/stitches/second or third degree burns/concussion/loss of consciousness/any other injury need to call 911/requires emergency medical treatment, or hospitalization) <input type="checkbox"/> To parents immediately <input type="checkbox"/> DHHS within 48 hours (CCLU or BCD&HSC) <input type="checkbox"/> Written report to DHHS within 1 week		
If occurrence of missing child: <input type="checkbox"/> Called 911 <input type="checkbox"/> Reported to DHHS within 24 hours		

<b>08 Prevention/Response to Emergencies due to Allergies</b>	Y/N	Comments:
If applicable, allergy care plan signed by child's physician that: <input type="checkbox"/> Includes instructions re: food/allergens and how to avoid <input type="checkbox"/> Includes symptoms to indicate need for medication <input type="checkbox"/> Includes name, dose and method of prompt admin of any meds <input type="checkbox"/> Is posted w/parental permission <input type="checkbox"/> Notice to parent if contact w/allergen <input type="checkbox"/> 911 called if Epinephrine administered (Epi-pen)		
If applicable, comply w/parental written dietary restrictions		

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<b>09 Administration of Medication</b>	Y/N	Comments:
<u>Meds administered in accordance with the following:</u> <input type="checkbox"/> Per ADA requirements <input type="checkbox"/> Valid prescription or signed & dated instructions from physician (prescription label) <input type="checkbox"/> Signed & dated parental auth to administer both prescribed & topical or OTC medication <input type="checkbox"/> Update written parental authorization when changes to medication and keep on file		
<u>Medication errors:</u> <input type="checkbox"/> Notify the parent(s) immediately if administration error <input type="checkbox"/> Notify by end of day if just a med documentation error		
Chronic cond. requiring meds have annual parental authorization		
Maintain written log of medication administered, except topical		
<u>All medication:</u> <input type="checkbox"/> Inaccessible to children <input type="checkbox"/> Stored per label or prescription <input type="checkbox"/> Labeled w/child's name <input type="checkbox"/> Kept in original containers w/script or in pharmacy packaging & closed after each use		
Insulin/inhalers/epi-pens immediately accessible to provider		
<b>10 Prevention and Control of Infectious Diseases</b>	Y/N	Comments:
Providers & children wash hand w/liquid soap, running water, as needed <input type="checkbox"/> diaper change <input type="checkbox"/> toileting <input type="checkbox"/> bodily fluids <input type="checkbox"/> trash <input type="checkbox"/> outdoor play <input type="checkbox"/> before & after eating <input type="checkbox"/> before med admin <input type="checkbox"/> before & during food prep and service		
Staff teach/encourage/assist children HW w/liquid soap & warm water as in row above		
Clean spills of bodily fluids as per rule (sanitize/gloves/HW after/safe disposal; contact disease control re exclusion)		
Parent notice if ill children (do not have to exclude; see list of symptoms)		
Safe food served to children		
Diapers checked regularly or at least every 2 hours; change diapers/clothing if soiled or wet as needed		
Diaper trash removed daily/outside in covered trash cans for collection/removal at regular intervals		
Bathroom cleaned, disinfected weekly or sooner when visibly soiled		
Children's bedding cleaned weekly or if soiled		
<u>Pets:</u> <input type="checkbox"/> No hazard <input type="checkbox"/> Current rabies <input type="checkbox"/> Litter/cages/tanks not in food prep/play area <input type="checkbox"/> No contact w/feces or urine indoors/outdoors		
<u>Immunizations:</u> <input type="checkbox"/> On file first day <input type="checkbox"/> Exemptions for homeless children <input type="checkbox"/> Signed & notarized form for no immunizations		

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<b>11 First Aid and CPR</b>	Y/N	Comments:
Selection of non-expired first aid supplies		
Notice to parents on same day provide first aid treatment		
<u>If perform CPR:</u> <input type="checkbox"/> Notify parents immediately <input type="checkbox"/> Notify DHHS w/in 48 hours <input type="checkbox"/> Provide written report to DHHS w/in one week		
Foods that are choking hazards not fed to children <3 (see list of prohibited foods)		

<b>12 Child Development</b>	Y/N	Comments:
Parents have opportunity to communicate with provider during all operating hours		
Children within sight or hearing of the provider at all times		
<u>Children &gt;72 mos. :</u> <input type="checkbox"/> OK to be outside alone w/written parental permission <input type="checkbox"/> OK to leave premises for specific activity		
Infants/toddlers not left in seats on elevated surfaces		
<u>Toys, equipment, learning materials:</u> <input type="checkbox"/> Available and accessible to children <input type="checkbox"/> Safe and in good repair <input type="checkbox"/> Clean <input type="checkbox"/> Developmentally appropriate		
Infants not in equipment if cannot hold up head		
Baby walkers with wheels		
<3 access to small toys/toy parts		
Daily opportunity for outdoor physical activity in absence of extreme weather		
Media age and developmentally appropriate		
Comply w/parental restrictions re their child's use of electronic media		
Dev. & Implement policies on limits of expelling children		

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<b>12 Child Development cont.</b>	Y/N	Comments:
<u>Behavior guidance:</u> <input type="checkbox"/> Nurture/encourage/dev. approp. learning & social exper/learning env. emotion well-being <input type="checkbox"/> Developmentally appropriate rules, equitable and consistently applied <input type="checkbox"/> Redirection w/positive guidance/ positively worded directions <input type="checkbox"/> Demonstrate desire behavior/redirect to acceptable behavior <input type="checkbox"/> Arrange equip/materials/schedules to promote desirable behavior <input type="checkbox"/> Safe, logical and natural consequences		
<u>Time out:</u> <input type="checkbox"/> Not for discipline but to regain control <input type="checkbox"/> Brief and appropriate to age and circumstances <input type="checkbox"/> Able to see and hear other children (not isolated) <input type="checkbox"/> Within hearing and sight of provider		
Providers & household members shall not: <input type="checkbox"/> Abuse/neglect <input type="checkbox"/> Use rough handling or corporal punishment <input type="checkbox"/> Require children to stand or sit facing wall or corner <input type="checkbox"/> Shame, humiliate, threaten or frighten children <input type="checkbox"/> Withhold food/force feed/discipline for not eating <input type="checkbox"/> Discipline for toileting accidents/lapses or prohibit toileting <input type="checkbox"/> Isolate for discipline <input type="checkbox"/> Yell/call children names/threaten <input type="checkbox"/> Discipline for not sleeping at rest or nap <input type="checkbox"/> Direct profanity/obscene language @ children or use in the presence of children <input type="checkbox"/> Require child to sleep/rest/go to cot, mat, bed, playpen, etc. as a form of discipline <input type="checkbox"/> Confine children in equipment not appropriate for their age, such as cribs/playpens/highchairs		
Dev. & Implement policies on limits of expelling children <input type="checkbox"/> Steps to maintain enrollment prior to expel for challenging behaviors <input type="checkbox"/> Parental notice re their child's behavior <input type="checkbox"/> Program responsibility if behavior results in serious safety risk to child or others		

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<b>13 Prevention of SIDS and Use of Safe Sleep Practices</b>	Y/N	Comments:
Consult w/parents re children's nap needs		
Infants up to 12 mos. placed on back to sleep in a crib or playpen		
Infants up to 12 mos. moved immediately if fall asleep in unsafe sleep environment (car seat/bouncy/swing/highchair)		
Individual crib/playpen for each child 12 mos. and younger		
Cribs: <input type="checkbox"/> Manufactured on or after 6/28/2011 <input type="checkbox"/> cracks/peel paint/splinters/rough spots <input type="checkbox"/> Space between slats >2 3/8" <input type="checkbox"/> Missing/loose parts/damage <input type="checkbox"/> Holes/tears in mesh walls or material <input type="checkbox"/> Properly fitted sheets <input type="checkbox"/> Mattress in good repair/fits crib/playpen		
Bumper pads/blankets/flat sheets/pillows/quilts/comforters/sleep positioners/soft items/toys in cribs w/infants <12mos		
Provider checks infants in crib/playpen: <input type="checkbox"/> Room temp. comfortable <input type="checkbox"/> Infant is not overheated/sweaty <input type="checkbox"/> Bibs/garments w/ties/hoods removed		
Infants > 3 mos. not swaddled unless medical orders		
Electronic monitors: <input type="checkbox"/> Signed/dated parent authorization <input type="checkbox"/> Sounds easily heard <input type="checkbox"/> Provider does visual check every 10 minutes <input type="checkbox"/> Video monitors do not replace physical check of child by provider		

<b>14 Prevention of Shaken Baby Syndrome, Abusive Head Trauma and Reporting Child Abuse/Neglect</b>	Y/N	Comments:
Parents allowed access at all times		
Take prompt action to protect child from abuse/neglect/corp. punish/mistreatment by any individual		
Inform parents if child is victim of corp. punishment, has been physically/mentally injured		
Report suspected child abuse/neglect as mandated reporter		
Fully inform parents when child in care is: <input type="checkbox"/> Victim of corporal/harsh punishment or treatment <input type="checkbox"/> Physically/mentally injured due to lack of supervision <input type="checkbox"/> Health/safety/well-being was jeopardized due to non-compliance with any rule		
Notice required above includes: <input type="checkbox"/> Name(s) of who was involved and who witnessed (not identities of children) <input type="checkbox"/> What happened before and after incident <input type="checkbox"/> When and where incident occurred <input type="checkbox"/> Action taken as a result <input type="checkbox"/> Provided to parents in writing by next business day		
Above reported to parents in writing by the next business day		

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<b>15 Appropriate Precautions in Transporting Children</b>	Y/N	Comments:
Obtain signed/dated written parental authorization as follows: <input type="checkbox"/> For all routine, unplanned local or scheduled field trips <input type="checkbox"/> Specifies all pre-approved destinations, if applicable <input type="checkbox"/> Include destination & estimated time of return to program		
Access to phone during any field trip; provide parents with the phone number		
Vehicles that children are transported in are: <input type="checkbox"/> Registered, insured, inspected in NH <input type="checkbox"/> Driven by 18 yr. old w/valid driver's license <input type="checkbox"/> Maintained in safe operating condition		
Drivers do not use electronic devices, including hands free operation		
Do not exceed # of children vehicle designed to carry		
Children < 5 yrs. not transported in buses w/o seatbelts		
Child restraints/seat belts used by each child		
<b>20 Confidentiality</b>	Y/N	Comments:
<u>Required records maintained:</u> <input type="checkbox"/> On premises <input type="checkbox"/> Accessible/available for review		
<u>Keep confidential:</u> <input type="checkbox"/> Children's records <input type="checkbox"/> Facts regarding children & their families		
Only discuss/share info. re any child in a manner that protects and maintain confidentiality for both the child and the child's family		

**Note:**

Revisions to He-C 6917 effective in May 2023 revised the definition of “in-home provider”, under 03(k) by adding clarifying language to specify that an in-home provider is one singular person, and in-home providers may not have staff members or volunteers, which was the intent of the original rule.

Revisions to He-C 6917 effective in May 2023 revised the definition of “relative”, under 03(r) to align it with 45 CFR 98.41(a)(1)(i)(B)(1) and including that non-relative providers who provide care in the child's home are **not exempt** from monitoring visits.



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**STAFF RECORD MATRIX**

**PROVIDER:** \_\_\_\_\_ **RID#:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **LC:** \_\_\_\_\_

<u>Name</u>	<u>Start Date</u>	<u>PE Date</u>	<u>*Prof. Dev.</u>		<u>CPR</u> (Expires)	<u>FA</u> (Expires)
			<u>Need</u>	<u>Have</u>		
1.						
2.						
3.						
4.						
5.						
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9.						
10.						

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**CHILD RECORD MATRIX**

PROVIDER/PROGRAM NAME: \_\_\_\_\_ RID#: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>Child's name</b>	<b>DOB</b>	<b>Reg.</b>	<b>Emerg. Perm.</b>	<b>PE Date</b>	<b>Immun.</b>	<b>Relationship to provider (FFN only)</b>
1.						
2.						
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