

**LICENSE EXEMPT SITE VISIT CHECKLIST**  
**Facility Based Programs - He-C 6916**

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

<b>04 Pre-Service Trainings and Annual Professional Development</b>	<b>Y</b>	<b>N</b>	<b>Comments:</b>
All staff complete 2 hrs. PD annually in any of the following (from He-C 6914.04(e)&(h): <input type="checkbox"/> Prevention and control of infectious diseases <input type="checkbox"/> Prevention of SIDS and use of safe sleeping practices <input type="checkbox"/> Med. admin., consistent with standards for parental consent <input type="checkbox"/> Prevention of and response to emergencies due to food and allergic reactions <input type="checkbox"/> Build & phys. prem. safety, includ elect. hazrds/bodies of water/vehicular traffic <input type="checkbox"/> Prevention of shaken baby syndrome and abusive head trauma <input type="checkbox"/> Recognizing and reporting child abuse and neglect <input type="checkbox"/> Emergency preparedness and response planning <input type="checkbox"/> Handle & store haz. materials and the appropriate disposal of bio-contaminants <input type="checkbox"/> If transport, appropriate precautions in transporting children <input type="checkbox"/> Child development, birth through 12 years.			*For staff hired on or prior to the date of enrollment to receive scholarship pursuant to He-C 6914, the annual period for professional development shall begin on the DHHS enrollment date.
Complete 2 hrs. PD annually in any of the following (from He-C 6914.05(a)(3) <input type="checkbox"/> Child development <input type="checkbox"/> Health and safety or fire safety <input type="checkbox"/> Caring for children with exceptionalities <input type="checkbox"/> Nutrition <input type="checkbox"/> Any child care related courses sponsored or funded by the department <input type="checkbox"/> Indoor and outdoor learning environments <input type="checkbox"/> Behavior guidance <input type="checkbox"/> Leadership, child care administration, or mentoring <input type="checkbox"/> Financial management <input type="checkbox"/> Working with families <input type="checkbox"/> Legal issues in child care <input type="checkbox"/> Child abuse and neglect <input type="checkbox"/> Trauma-informed care			*For staff hired after the date of enrollment to receive scholarship pursuant to He-C 6914, the annual period for professional development shall begin on the date of hire of each individual staff person.
Current FA and CPR certification (per He-C 6914)			Provide dates:
Upload doc. of PD above to the NH professional registry			

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<b>05 Building and Physical Premises Safety</b>	<b>Y</b>	<b>N</b>	<b>Comments:</b>
Indoor and outdoor premises safe, clean, free of clutter, in good repair			
Electrical hazards			
Fire hazards			
Well ventilated via mechanical system or open screened windows/no holes in screens			
Guns/weapons/ammunition kept in locked storage			
Knives/sharp objects unless used under supervision			
Heavy furnishings/items secured			
Loose/flaking paint (walls, floors, windows, doors, exterior)			
Well-lit for supervision and safe movement			
Visible mold/mildew/musty odor/damp			
Poisonous plants			
Trampolines except for small indoor for individual use w/direct supervision			
Items labeled "keep out of reach of children" unless non-toxic & used w/direct supervision			
Stairways w/more than 3 steps equipped with handrails			
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 (if applicable): <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"/> Trash/litter/debris <input type="checkbox"/> Animal feces <input type="checkbox"/> Lawn/farm machinery <input type="checkbox"/> Other dangerous items/substances			
Fencing required if adjacent to road/pool/river/pond/stream/active RR/sharp inclines, etc.			
Fencing has no gaps >4", can't go over/under/through; child-proof self-latch or lock			
Outside play structures not on hard surfaces			
If swimming/wading pool: inaccess. when not use/empty & clean after use/max 10" water			
Standing water outside (wading pools emptied after each use, buckets, tires, etc.)			
Water under pressure & safe for drinking/household use			
Toilets attached to functioning sewage system (no portable/chemical toilets allowed)			
Functional sewage disposal facilities			
Smoking: <input type="checkbox"/> Outside <input type="checkbox"/> Not in view of children <input type="checkbox"/> Wash hands/change or remove clothes			

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<b>06 Handling, Storage and Disposal of Hazardous Material</b>	<b>Y</b>	<b>N</b>	<b>Comments:</b>
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>	<b>Y</b>	<b>N</b>	<b>Comments:</b>
Child registration & emergency info form on file on 1st day			
Operable telephone			
<b>EOP:</b> <input type="checkbox"/> Contains all required procedures <input type="checkbox"/> Practice evac & reloc 1/year w/all staff & volunteers <input type="checkbox"/> Practice 2 other components w/all staff and children each calendar year <input type="checkbox"/> Review all EOP w/all staff & volunteers twice each calendar year (tabletop review) <input type="checkbox"/> Written log/record of practice drills <ul style="list-style-type: none"> <li>○ Date</li> <li>○ Time</li> <li>○ Method of review or practice (in-person, on-line, etc.)</li> <li>○ Names of staff &amp; volunteers who participated</li> <li>○ Dated signature of person conducting the review/drill</li> </ul> <input type="checkbox"/> At enrollment provide families communication & reunification procedures <input type="checkbox"/> Monthly fire drills each month program operates <ul style="list-style-type: none"> <li>○ All children &amp; staff evacuate</li> <li>○ Staff check attendance to account for all children/staff</li> </ul> <input type="checkbox"/> Written record of fire drills are: <ul style="list-style-type: none"> <li>○ Maintained at program for one year</li> <li>○ Available for review</li> <li>○ Include date, time, exits, # kids, total # people, time taken to evacuate, and person conducting drill</li> <li>○ Drill in presence of DHHS staff upon request</li> </ul>			

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<b>07 Emergency Preparedness and Response Planning cont.</b>	<b>Y</b>	<b>N</b>	<b>Comments:</b>
<u>If occurrence of missing child:</u> <input type="checkbox"/> Called 911 <input type="checkbox"/> Reported to DHHS within 24 hours			
<u>Any serious injuries:</u> <input type="checkbox"/> Reported to parents immediately <input type="checkbox"/> Reported to DHHS within 48 hours (CCLU) <input type="checkbox"/> Written report to DHHS within 1 week (CCLU injury report)			
<b>08 Prevention/Response to Emergencies due to Allergies</b>	<b>Y</b>	<b>N</b>	<b>Comments:</b>
<u>If applicable, allergy care plan signed by child's physician that:</u> <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)			
<u>If applicable, comply w/parental written dietary restrictions</u>			
<b>09 Administration of Medication</b>	<b>Y</b>	<b>N</b>	<b>Comments:</b>
<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			
<u>Chronic cond. requiring meds have annual parental authorization</u>			
<u>Maintain written log of medication administered, except topical</u>			
<u>All medication:</u> <input type="checkbox"/> Inaccessible to children <input type="checkbox"/> Stored per label/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			
<u>Insulin/inhalers/epi-pens immediately accessible by staff</u>			

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<b>10 Prevention and Control of Infectious Diseases</b>	<b>Y</b>	<b>N</b>	<b>Comments:</b>
Staff & 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 (sanitize/gloves/HW after/safe disposal; call disease control)			
Parent notice if ill child (do not have to exclude; see list of symptoms)			
Safe food served to children			
Bathrooms cleaned, disinfected weekly or when visibly soiled			
If applicable, pets: <input type="checkbox"/> Current rabies for dogs & cats <input type="checkbox"/> Litter boxes not in food prep or children play areas <input type="checkbox"/> No direct contact with animal feces/urine, indoors/outdoors			
Immunizations: <input type="checkbox"/> On file first day <input type="checkbox"/> Exemptions for homeless children <input type="checkbox"/> Signed & notarized form when not immunized due to religion or medical reasons			

<b>11 First Aid and CPR</b>	<b>Y</b>	<b>N</b>	<b>Comments:</b>
Selection of non-expired first aid supplies adequate to meet needs of children present			
Notice to parents on same day provide first aid treatment			
If staff perform CPR: <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			

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<b>12 Child Development</b>	<b>Y</b>	<b>N</b>	<b>Comments:</b>
Parents able to communicate w/staff during operating hours			
Staff supervise every child in care at all times			
Supervision exceptions for children 72 mos. and older : <input type="checkbox"/> OK to go inside for bathroom w/o staff, with plan to track <input type="checkbox"/> OK to leave premises w/written parental permission on file			
Privacy for each child toileting w/age appropriate supervision			
Daily opportunities for outdoor physical activity when no extreme weather conditions			
Media (TV, video, electronic devices) age & developmentally appropriate			
Comply w/parental restrictions re their child's use of electronic media			
Behavior guidance: <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			
Separation/Time out: <input type="checkbox"/> Not for discipline but to regain control; not punitive disciplinary technique <input type="checkbox"/> Able to see and hear other children (not isolated) unless remove for 1:1			
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"/> Direct profanity/obscene language @ children or use in the presence of children			
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, Recognition and Reporting of Child Abuse and Neglect</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
Allow parent access at all times unless contrary to court order			
Prompt action to protect from abuse/neglect/corporal punish/mistreatment by any individual			
Report suspected abuse or neglect as a 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			

<b>14 Appropriate Precautions in Transporting Children</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
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			
Items taken on field trips: <input type="checkbox"/> Attendance record <input type="checkbox"/> Copies of registration & emergency info form <input type="checkbox"/> First aid kit <input type="checkbox"/> All meds (if applicable), remain w/the child, including during transport			
Access to a phone during trips/parents have #/staff remaining at the program have #			
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			
Child restraints/seat belts used by each child (not on buses)			

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<b>15 Child Ratio and Group Size</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
1:15 with maximum group size of 60			
Second staff in building when 13 or more children present			
40 sq. ft. usable indoor space/child, available for use daily, except for time-limited activities (meals, snacks, meetings, stories, etc.)			
If offer drop-in care: <input type="checkbox"/> Monitor attendance to ensure ratios & group size <input type="checkbox"/> Add staff as needed for drop-in children <input type="checkbox"/> Attendance records available on file for review			

<b>20 Confidentiality</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
<u>Required records maintained:</u> <input type="checkbox"/> On premises <input type="checkbox"/> Accessible/available for review <input type="checkbox"/> Only release info as per parents direction or w/written parental auth. to release			
<u>Keep confidential:</u> <input type="checkbox"/> Children's records re admission, health & discharge <input type="checkbox"/> Facts regarding children & their families			
Discuss/share info re a child in a way that protects & maintain confid. for both child & family			



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**STAFF RECORD MATRIX**

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

DATE: \_\_\_\_\_ LICENSING COORDINATOR: \_\_\_\_\_

Name	Start Date	*Prof. Dev.		CPR (Expires)	FA (Expires)
		Need	Have		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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**CHILD RECORD MATRIX**

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

<b>Child's name</b>	<b>DOB</b>	<b>Registration</b>	<b>Emergency Permission</b>	<b>Immunizations</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				