



HEALTH AND SAFETY SELF-CERTIFICATION

SECTION I: GENERAL INFORMATION (Please Print)

Name of Parent/Guardian: _____ Phone #: () - _____

Address: _____

City: _____ State: _____ Zip: _____

Children In Care:

First Name	Last Name	Relationship to Provider	RID Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Provider: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: () - _____ Alternate Phone (optional): () - _____

Email Address: _____ Provider Resource ID# _____

SECTION II: HOUSEHOLD INFORMATION (Please Print)

Enter each person living in the child care provider's home.

First Name	Last Name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION III: HEALTH AND SAFETY SELF-CERTIFICATION REQUIREMENTS

	Parent Initials	Provider Initials	
1.	_____	_____	The home has working smoke detectors and fire extinguishers on all floors
2.	_____	_____	The child care provider does not use corporal punishment. Corporal punishment means the use of physical force, physical restraint, or physical actions against a child as a means of discipline.
3.	_____	_____	The child care provider will allow the parent or guardian unlimited access to the children while in his/her care.
4.	_____	_____	The child care provider must be free of communicable diseases; be physically able and mentally capable of caring for the children.
5.	_____	_____	The home has been checked (including indoor care areas and yard), and is safe for children. Children are protected from dangers such as standing bodies of water including pools and spas, electrical outlets, stairs, poisonous materials, medications, guns, and ammunition. A self-assessment checklist is available at http://nh.childcareaware.org/wp-content/uploads/2018/09/LE-FFN-Self-Check-List.pdf .
6.	_____	_____	The provider has access to a telephone communications and emergency telephone numbers are readily accessible.

Information about health and safety and other basic child care training is available at www.nh.childcareaware.org

SECTION IV: PROVIDER AND PARENT STATEMENTS AND SIGNATURES

Provider's Statement: I certify all information provided and contained on this form are true and accurate to the best of my knowledge. If I am providing child care to a related child in my home, I certify that my home meets the basic health and safety requirements listed in Section 3. I understand that health and safety training resources are available at www.nh.childcareaware.org

Signature of Child Care Provider: _____ Date: _____

Parent/Guardian's Statement: I have approved the person named on this form to care for my children. I understand all information provided and contained on this form are true and accurate to best of my knowledge. I understand that is my responsibility to make sure the child care provided to my children and the place where care is provided is safe. I understand that the State of NH will not monitor the safety of the child care provided.

I take full responsibility for the child care provided by this child care provider.

Signature of Parent/Guardian: _____ Date: _____



Instructions to the “Health and Safety Self-Certification”

PURPOSE:

The “Health and Safety Self-Certification” form is used to certify that the home in which license-exempt child care is provided, meets basic health and safety requirements for:

- A child cared for in their own home; or
- A child related to the child care provider.

This form also certifies that the parent/guardian understands that the State of NH will not monitor the safety of the child care provided and is responsible for making sure the home where child care is provided is safe.

INSTRUCTIONS:

The child care provider and parent/guardian must complete each section of this form, including initialing each health and safety self-certification requirement in Section 3 and signing and dating Section 4.

FORM COMPLETION:

SECTION 1: GENERAL INFORMATION:

- Enter the parent/guardian’s full name, telephone number and address
- For each child, enter the child’s first and last name, RID number, and relationship to the child care provider providing care
- Enter the child care provider’s first and last name, address, telephone number, email address and provider resource ID number

SECTION 2: HOUSEHOLD INFORMATION:

- Enter each person living in the child care provider’s home and indicate the relationship to the provider

SECTION 3: HEALTH AND SAFETY SELF-CERTIFICATION REQUIREMENTS:

- The child care provider must read and initial each health and safety self-certification requirement
- The parent/guardian must read and initial each health and safety self-certification requirement

SECTION 4: PROVIDER AND PARENT STATEMENTS AND SIGNATURES:

- The child care provider must read and certify the provider statement by signing and dating the form
- The parent/guardian must read and certify the provider statement by signing and dating the form

Either the parent or child care provider may return the completed form to DHHS at:

NH Department of Health and Human Services
ATTN: BCDHSC Provider Enrollment Specialist
129 Pleasant Street
Concord NH 03301

Keep a copy for your records

RETENTION:

Form 2692 is retained in the child care provider file.