

CHILD CARE LICENSING UNIT

REMINDER LIST

PROGRAM NAME: _____ DATE OF VISIT: _____

ADDRESS: _____

ALL PROGRAMS ARE RESPONSIBLE FOR KNOWING AND FOLLOWING THE NEW HAMPSHIRE CHILD CARE PROGRAM LICENSING RULES.

THE ITEMS CHECKED OFF ARE REMINDERS OF WHAT YOU NEED TO DO TO ACHIEVE AND/OR MAINTAIN COMPLIANCE. SAMPLE FORMS THAT ARE INCLUDED IN THE SAMPLE FORMS PACKET ARE MARKED WITH AN ASTERISK *. YOU WILL NEED TO MAKE ADDITIONAL COPIES FOR YOUR USE (WITH THE EXCEPTION OF THE HOUSEHOLD & PERSONNEL LIST FORM WHICH IS A MULTI-PART FORM WHICH MUST BE ORDERED FROM THE UNIT BY CALLING 1-800-852-3345, EXT. 9025).

_____ **A FIRE DRILL LOG** * COMPLETE A FIRE DRILL RECORD WHICH INCLUDES THE DATE AND TIME, EXITS USED, NUMBER OF CHILDREN EVACUATED, TOTAL NUMBER OF PEOPLE, NAME OF PERSON CONDUCTING THE DRILL, AND AMOUNT OF TIME TAKEN TO EVACUATE THE BUILDING. THE LOG MUST BE AVAILABLE FOR REVIEW BY THE FIRE INSPECTOR AND BY THE LICENSING COORDINATOR. FIRE DRILLS MUST BE CONDUCTED AT VARYING TIMES DURING EACH DAY'S OPERATING HOURS, INCLUDING NIGHT TIME HOURS SO THAT ALL CHILDREN EXPERIENCE FIRE DRILLS. PROGRAMS SHALL ACTIVATE THE ACTUAL FIRE ALARM SYSTEM FOR THE BUILDING FOR AT LEAST 2 OF THE MONTHS FIRE DRILLS, AND MUST USE A FIRE ALARM OR SMOKE DETECTOR TO SIGNAL ALL OTHER DRILLS. FOR PROGRAMS THAT OPERATE YEAR ROUND, FIRE DRILLS MUST BE CONDUCTED DURING AT LEAST 9 MONTHS OF EACH YEAR, INCLUDING AT LEAST 1 DRILL DURING WINTER MONTHS. FOR PROGRAMS OPERATING LESS THAN 12 MONTHS PER YEAR, NO MORE THAN 60 DAYS MAY ELAPSE BETWEEN FIRE DRILLS.

_____ **EMERGENCY PLAN** * HAVE A WRITTEN PLAN POSTED BY THE TELEPHONE DETAILING PROCEDURES FOR MANAGING INJURIES AND EMERGENCIES. MAKE SURE ALL STAFF MEMBERS ARE AWARE OF THE PLAN.

_____ **HOUSEHOLD AND PERSONNEL LIST* & CRIMINAL RECORD RELEASE AUTHORIZATION*** COMPLETE AND SEND TO THE UNIT A HOUSEHOLD AND PERSONNEL LIST * THAT INCLUDES THE FULL NAME AND DATE OF BIRTH OF ALL CHILD CARE PERSONNEL AGE 16 AND OLDER, ALL OTHER INDIVIDUALS AGE 16 AND OLDER WHO WILL HAVE DAILY CONTACT WITH THE CHILDREN, AND ALL HOUSEHOLD MEMBERS AGE 10 AND OLDER, **ON THE FIRST DAY OF EMPLOYMENT, OR OF BECOMING A HOUSEHOLD MEMBER**, PLUS A NOTARIZED CRIMINAL RECORD RELEASE AUTHORIZATION FORM AND FINGERPRINT SUBMISSIONS * FOR EACH OF THE ABOVE NAMED INDIVIDUALS WHO IS 17 YEARS OF AGE AND OLDER MUST BE SENT TO THE NH STATE POLICE – CRIMINAL RECORDS UNIT. **PLEASE INCLUDE A CHECK OR MONEY ORDER PAYABLE TO: STATE OF NH – CRIMINAL RECORDS, COST IS DEPENDENT UPON WHETHER YOU COMPLETE INK PRINTS OR LIVESCAN. WITHOUT THIS PAYMENT, YOUR CRIMINAL RECORD CHECKS CANNOT BE PROCESSED BY THE DEPARTMENT OF SAFETY.**

_____ **CHILD CARE PERSONNEL HEALTH FORM** * OBTAIN AND KEEP ON THE PREMISES OF THE PROGRAM, A COMPLETED CHILD CARE PERSONNEL HEALTH FORM OR EQUIVALENT RECORD OF PHYSICAL EXAMINATION FOR EACH NEW STAFF PERSON AND FOR ANY ADULT WHO WILL HAVE DAILY CONTACT WITH CHILDREN, WITHIN 60 DAYS OF HIRE, OR BECOMING A HOUSEHOLD MEMBER. (THIS FORM MUST BE UPDATED EVERY 3 YEARS.)

_____ **CHILD REGISTRATION AND EMERGENCY INFORMATION FORM** * MUST BE COMPLETED AND ON FILE FOR EACH CHILD ON THE FIRST DAY OF ATTENDANCE AND MUST BE UPDATED EVERY YEAR OR WHENEVER ANY INFORMATION CHANGES.)

_____ **A CHILD HEALTH FORM** * OR EQUIVALENT RECORD OF PHYSICAL EXAMINATION MUST BE ON FILE FOR EACH CHILD WITHIN 60 DAYS OF ENROLLMENT. (THIS FORM MUST BE UPDATED ANNUALLY FOR EACH CHILD 5 YEARS AND YOUNGER, AND EVERY TWO YEARS FOR EACH CHILD 6 YEARS AND OLDER.)

_____ **CHILDREN'S IMMUNIZATION RECORDS** MUST BE ON FILE UPON A CHILD'S FIRST DAY OF ATTENDANCE AT THE PROGRAM.

_____ **FIELD TRIP, WATER ACTIVITY, AND TRANSPORTATION PERMISSION*** OBTAIN WRITTEN PARENTAL PERMISSION FOR EACH CHILD

_____ **AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NON PRESCRIPTION MEDICATION *** PRIOR TO ADMINISTERING ANY MEDICATION, THERE MUST BE WRITTEN PERMISSION FROM THE CHILD'S PARENT. FOR PRESCRIPTION MEDICATION, THE PRESCRIPTION LABEL WILL SERVE AS THE HEALTH PRACTITIONER'S AUTHORIZATION. NON-PRESCRIPTION MEDICATION MUST BE ACCOMPANIED BY THE WRITTEN ORDER OF A LICENSED HEALTH PRACTITIONER WHEN IT IS TO BE ADMINISTERED OTHER THAN AS INSTRUCTED ON THE MANUFACTURER'S PRINTED INSTRUCTIONS, OR WITH THE PARENT'S WRITTEN INSTRUCTIONS. **MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER, LABELED WITH THE NAME OF THE CHILD.**

_____ **INJURY REPORT*** KEEP A RECORD OF INJURIES TO CHILDREN AND OF FIRST AID/MEDICAL TREATMENT PROVIDED. INFORM PARENTS OF ALL INJURIES TO THEIR CHILD.

_____ **EDUCATION & EXPERIENCE** HAVE ON FILE AND KEEP UP-TO-DATE, DOCUMENTATION OF EACH STAFF MEMBER'S EDUCATION AND/OR EXPERIENCE.

_____ **PROFESSIONAL DEVELOPMENT** HAVE ON FILE A RECORD OF PROFESSIONAL DEVELOPMENT FOR FAMILY CHILDCARE PROVIDERS AND WORKERS, AND FOR ALL CENTER BASED CHILD CARE PERSONNEL EXCEPT FOR CHILD CARE PERSONNEL WHO WORK WITH CHILDREN ONLY WHEN UNDER THE SUPERVISION AND OBSERVATION AS SPECIFIED IN He-C 4002.31(d)(2), He-C 4002.32(n)(2) AND (r)(2) AND WHO WORKS 5 OR FEWER HOURS PER WEEK. YOU MUST MAINTAIN UP-TO-DATE PROFESSIONAL DEVELOPMENT RECORDS ON THE PREMISES OF THE PROGRAM FOR REVIEW BY THE LICENSING COORDINATOR.

_____ **WEEKLY MENUS*** PLAN AND COMPLETE WRITTEN MENUS FOR MEALS AND SNACKS ON A WEEKLY BASIS.

_____ **STAFF ATTENDANCE RECORDS*** MUST BE COMPLETED AND MAINTAINED ON THE PREMISES OF PROGRAM, AVAILABLE FOR REVIEW BY LICENSING COORDINATORS FOR AT LEAST 6 MONTHS.

_____ **CHILD ATTENDANCE RECORDS*** MUST BE MAINTAINED ON THE PREMISES OF PROGRAM, AVAILABLE FOR REVIEW BY LICENSING COORDINATORS FOR AT LEAST 6 MONTHS.

_____ **FIRST AID AND CPR CERTIFICATION** MAINTAIN DOCUMENTATION OF NON-EXPIRED FIRST AID AND CPR TRAINING AND CERTIFICATION, TO SHOW THAT A STAFF PERSON WHO IS CERTIFIED IN FIRST AID AND CPR IS ON PREMISES DURING ALL HOURS OF OPERATION, THAT 1 STAFF PERSON IS CERTIFIED FOR EVERY 20 CHILDREN IN ATTENDANCE, THAT THE INDIVIDUAL WHO ADMINISTERS FIRST AID TO INJURED CHILDREN (MORE THAN MINOR SCRAPES OR BRUISES) IS CERTIFIED IN FIRST AID, AND THAT A STAFF PERSON CERTIFIED IN FIRST AID & CPR IS PRESENT WITH ANY GROUP OF CHILDREN PARTICIPATING IN WATER ACTIVITIES ON OR OFF THE PREMISES AND IN FIELD TRIPS OFF THE PREMISES.

_____ **OTHER:** _____

IF YOU HAVE ANY QUESTIONS REGARDING THESE REMINDERS OR OTHER NEW HAMPSHIRE CHILD CARE PROGRAM LICENSING RULES, PLEASE DO NOT HESITATE TO CONTACT YOUR LICENSING COORDINATOR AT 1-800-852-3345, EXTENSION 9025. WE WILL BE HAPPY TO PROVIDE YOU WITH TECHNICAL ASSISTANCE TO HELP YOU ACHIEVE/MAINTAIN COMPLIANCE WITH LICENSING RULES.