



State of New Hampshire

Charles M. Arlinghaus
Commissioner
(603) 271-3201

DIVISION OF PERSONNEL
Department of Administrative Services
State House Annex — 28 School Street
Concord, New Hampshire 03301

Lorrie A. Rudis
Director
(603) 271-3261

Infants in the Workplace Program

REVIEW CHECKLIST

About this form: This form is used when reviewing the work environment of a participating Parent and employee(s) who are approved Care Providers for the Infants in the Workplace program. This form is used to ensure Parent and Care Provider(s) meet the eligibility requirements of the program.

- The reviewer will provide the assigned HR consultant and each participating employee a copy of their review.
- If corrections are needed by the employee, the reviewer will schedule another review after receiving notification, from the employee, that the corrections have been completed.

Employee Name:	Building/Office or Cubicle Number:
Reviewed By:	Review Date:

EMPLOYMENT CONDITIONS	YES	NO	N/A
1. Suitable primary work setting? Typically, participation will only be considered for those working in an office setting. Exclusions may include but are not limited to primary functions requiring: <ol style="list-style-type: none"> field work, in person contact with the public, conducting investigations/adjudicative processes, a work location such as the Public Health Laboratory, or loud or disruptive working conditions. 			
WORK ENVIRONMENT	YES	NO	N/A
1. Floors and aisles free of obstacles, and debris, and meet the Americans with Disabilities Act (ADA) guidelines and Fire Safety code, planning for items such as strollers, swings, bouncers.			
2. Floors and aisles meet entrance and egress requirements including American’s with Disability Act (ADA) guidelines and Fire Safety codes with allowance for planned items such as strollers, swings, and bouncers. <ol style="list-style-type: none"> ADA Fire Safety 			
3. Are there any tripping hazards? (Edges of floor coverings tacked down, files, boxes, etc.)			
4. Power strips must be used instead of extension cords? (Extension cords are not allowed)			



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5. Are phones, electrical and computer wires secured and bundled, off the floor and out of infant's reach? Are lights out of reach of the infant?			
6. Are there any known Building Related Issues (BRIN's) that have not been resolved?			
WORK STATIONS	YES	NO	N/A
1. Housekeeping safe and acceptable? (cleanliness, excessive papers, etc.)			
2. Book shelves sturdy and/or anchored to floor or wall?			
3. Monitor/CPU, specifically desktop tower is secure and sturdy?			
4. Room to shelter into place in the office or under the desk with an infant?			
PARENT	YES	NO	N/A
1. Parent is not an initial probationary employee.			
2. Parent has been in their current position for more than one (1) year.			
3. Parent has a current performance evaluation on file.			
4. Parent is not currently on a Performance Improvement Plan.			
5. Parent is not currently a Care Provider for another infant under this program.			
6. Parent has not participated in this program in the last twelve (12) months.			
CARE PROVIDER	YES	NO	N/A
1. Care Provider is not an initial probationary employee.			
2. Care Provider has been in their current position for more than one (1) year.			
3. Care Provider has a current performance evaluation on file.			
4. Care Provider is not currently on a Performance Improvement Plan.			
5. Care Provider has no documented restrictions that limit ability to provide childcare.			
6. Care Provider is not currently providing care for another infant under this program.			

NOTE: Any "NO" or "N/A" answers will require a discussion between the Agency and the Division of Personnel.