

APPLICATION FOR NEW HAMPSHIRE LICENSED PLUS QUALITY RATING - OPTION 2

Option 2 is for programs that are engaged in a national accreditation process but have not yet achieved national accreditation.

NOTE: Programs that are currently nationally accredited have already exceeded Licensed Plus requirements and **are not eligible** for the NH Licensed Plus program. When you receive your national accreditation, you must notify the Licensed Plus program specialist so that your Licensed Plus file can be closed.

CHECK TYPE OF APPLICATION: NEW RENEWAL (EVERY 3 YEARS)

LICENSE TYPE: **FAMILY CHILD CARE HOME** **FAMILY GROUP CHILD CARE HOME**
 CENTER BASED CHILD CARE PROGRAM **SCHOOL AGE CHILD CARE PROGRAM**

PROGRAM NAME: _____

PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

ACTUAL LOCATION ADDRESS:

STREET CITY/TOWN STATE ZIPCODE

MAILING ADDRESS (IF DIFFERENT):

STREET/PO BOX CITY/TOWN STATE ZIPCODE

NAME OF PROGRAM DIRECTOR/FAMILY CHILD CARE PROVIDER:

EMAIL ADDRESS: _____

NAME OF APPLICANT, IF DIFFERENT FROM PROGRAM DIRECTOR/FAMILY CHILD CARE PROVIDER:

EMAIL ADDRESS: _____

INSTRUCTIONS: YOU MUST COMPLETE ALL 3 PAGES OF THIS APPLICATION.

- It is mandatory that you document compliance with a total of three standards, specifically 1, 2 and either 3a. or 3b.
- Required documentation must accompany this form. Each item of documentation should be labeled in red in the upper right hand corner with the corresponding standard number. For example, the copy of your license will be labeled with a red "1" on the upper right corner.
- Tally the entries in the right hand column to confirm that you have selected, documented and/or verified compliance with a total of **3** standards.
- **If you are currently certified** by the Department of Health and Human Services, Division for Children, Youth and Families (DCYF), to provide child care services for children in preventative or protective care, please place a check mark in the appropriate box below, and **include documentation of your current certification**.
 Yes, I am **currently** certified by DCYF My DCYF Bridges Resource ID# is: _____
My DCYF certification effective dates are: From: _____ To: _____
- If you are not currently certified by DCYF please place a checkmark in the appropriate box below.
 I am not currently certified by DCYF.
- If you are not certain of your current DCYF Certification status or your certification has expired or is about to expire; or you need a copy of the notification regarding your certification status, please call the Child Development Bureau Program Specialist responsible for certification at: 271-2175
- Programs that have been issued an LP Certificate will be required to complete a Renewal application every three years and document compliance with 16 standards.
- Keep a copy of this application and supporting documentation for your records.

If you have questions or need further information contact the Licensed Plus Program AT 271-4684 OR 1-800-852-3345 Extension 4684, or view the Licensed Plus web site at: WWW.LICENSEDPLUS.NH.GOV

Submit this application and documentation to:

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DCYF/CHILD DEVELOPMENT BUREAU
129 PLEASANT STREET, CONCORD, NH 03301-3857
ATT: LICENSED PLUS PROGRAM SPECIALIST

LICENSED PLUS STANDARDS (OPTION TWO)	DOCUMENTATION REQUIREMENTS PLACE A CHECK MARK ✓ IN THE COLUMN TO THE RIGHT OF EACH APPLICABLE STANDARD TO INDICATE THAT YOU HAVE ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION, AND OR INITIALLED THE VERIFICATION STATEMENT WHERE REQUIRED.	
REGULATION		
1. My license, issued by the NH Department of Health and Human Services is current and is not conditional or suspended	Copy of your current license. LICENSE NUMBER: _____	
LEARNING ENVIRONMENT		
3. At least 1 program director, lead teacher or associate teacher has within the past 12 months attended the New Hampshire Early Learning Guidelines workshop (described at right) EXCEPTION: if more than one program director, lead teacher or associate teacher completed the workshop in any of the past 2 years, submit that documentation and an updated plan for ensuring that all program directors, lead teachers and associate teachers will attend the above workshop within 5 years from the date the program submitted their initial application for licensed plus.	Copies of attendance certificates for staff who have attended the NH Early Learning Guidelines workshop, and if applicable a written plan as described in the Exception at left. NH Early Learning Guidelines is an interactive workshop (approximately 3 hours in length) presented by NH Child Care Resource & Referral (NHCCRR). www.nhccrr.org	
3A. The program is participating in the Head Start federal review process.	Evidence of participation in the Head Start Federal Review Process, without a deficiency.	
3B. The program is in the process of becoming accredited, as follows: (Place a check mark in the applicable boxes below.) <input type="checkbox"/> For family child care homes: <input type="checkbox"/> The National Association for Family Child Care (NAFCC) or <input type="checkbox"/> The National Association for the Education of Young Children (NAEYC). <input type="checkbox"/> For Center Based Programs: <input type="checkbox"/> The National Association for the Education of Young Children (NAEYC). <input type="checkbox"/> For School Age Programs: The National Afterschool Association (NAA)	A letter from NAFCC confirming that an “observation visit” has been requested by the program director. Evidence of participation in “Step Two: Becoming an Applicant for Accreditation”. Evidence of participation in “Step Two: Becoming an Applicant for Accreditation”. A letter from NAA confirming that the program’s application for accreditation has been forwarded to the Regional Point Affiliate, Endorsement Visit Scheduler”.	
PLEASE TOTAL THE STANDARDS DOCUMENTED WITH THIS APPLICATION TO ENSURE THAT YOU HAVE DEMONSTRATED COMPLIANCE WITH 3 STANDARDS, INCLUDING STANDARDS 1, 2 AND 3A OR 3B. TOTAL _____		
The following section (see next page) must be completed, signed and dated by the family child care provider or program director, and the owner/applicant as applicable.		

PLEASE COMPLETE THE FOLLOWING:

Do you operate more than 1 childcare program in New Hampshire?

YES NO

If yes, please submit with this application a separate sheet that includes the total number of programs you operate and the name, physical address, and license number of each of those programs, and indicate for each program whether or not the program cares for DHHS scholarship children and/or children in DCYF's care for protective or preventative child care.

Are any of the programs you operate nationally accredited?

YES NO

If yes, please indicate on the list required above, which programs are nationally accredited.

Are any of the programs you operate in the process of applying for national accreditation?

YES NO

If yes, contact the Licensed Plus program specialist prior to completing this application as you may be able to submit an abbreviated application for Licensed Plus.

(Nationally accredited programs are not eligible for Licensed Plus as they have already exceeded licensed plus quality standards.)

Reminder: If you are not currently in compliance with all Licensed Plus requirements you should delay submitting your application until you can demonstrate compliance with all requirements.

THE FOLLOWING SECTION MUST BE SIGNED BY THE FAMILY CHILD CARE PROVIDER OR PROGRAM DIRECTOR, AS APPLICABLE, AND OWNER/APPLICANT, IF DIFFERENT THAN PROGRAM DIRECTOR.

By signing below, I hereby verify that:

- I have read and understand the Licensed Plus Quality Rating Standards and the requirements for the application process.
- I understand that a Licensed Plus Program Specialist may visit my program to discuss the application, offer consultation, and review applicable records for compliance.
- I understand that provision of false or misleading information or submission of false or misleading documents to the Department of Health & Human Services will be considered fraudulent, which may result in 1 or more of the following:
 1. Revocation of my NH Child Care Agency License;
 2. Loss of billing privileges with the Department; or
 3. Loss of Licensed Plus Quality Rating.
- All information provided as part of this application and in all attachments is true and accurate to the best of my knowledge.

Signature of Family Child Care Provider or Program Director

Date signed

Signature of Owner/Applicant

Date Signed