Child Care and Development Fund (CCDF) Plan
For
New Hampshire
FFY 2022-2024

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1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: New Hampshire Department of Health and Human Services (NH DHHS)

Street Address: 129 Pleasant Street

City: Concord

State: NH

ZIP Code: 03301

Web Address for Lead Agency: https://www.dhhs.nh.gov/

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Lori

Lead Agency Official Last Name: Shibinette

Title: Commissioner

Phone Number: 603-271-9200

Email Address: OCOM@dhhs.nh.gov

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Debra

CCDF Administrator Last Name: Nelson

Title of the CCDF Administrator: Bureau Chief

Phone Number: 603-271-8153

Email Address: debra.nelson@dhhs.nh.gov

b) CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: Dianne

CCDF Co-Administrator Last Name: Chase

Title of the CCDF Co-Administrator: Assistant Bureau Chief

Description of the Role of the Co-Administrator: The Assistant Bureau Chief dedicates .4 FTE to CCDF and .6 FTE to Head Start Collaboration, funded by each grant respectively. Relative to CCDF the Assistant Bureau Chief assists the Bureau Chief in the Division of Economic and Housing Stability,Bureau of Child Development and Head Collaboration with administering the objectives and managing day-to-day operations for the Bureau. This includes, but is not limited to, work on the Child Care Scholarship Program and child care quality improvement initiatives encompassed within the CCDF Plan..

Phone Number: 603-271-7190

Email Address: dianne.chase@dhhs.nh.gov

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

☑ a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.

☐ b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

i. Eligibility rules and policies (e.g., income limits) are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

☐ C. Other.

Describe:

ii. Sliding-fee scale is set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

☐ C. Other.

Describe:

iii. Payment rates and payment policies are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

☐ C. Other.

Describe:

iv. Licensing standards and processes are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

☐ C. Other.

Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

☐ C. Other.

Describe:

vi. Quality improvement activities, including QRIS are set by the:

☐ A. State or territory

Identify the entity:

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

☐ C. Other.

Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services. Who conducts eligibility determinations?

☑ CCDF Lead Agency

- [ ] TANF agency
- [ ] Local government agencies
- [ ] CCR&R
- [ ] Community-based organizations

Who assists parents in locating child care (consumer education)?

- [ ] CCDF Lead Agency
- [ ] TANF agency
- [ ] Local government agencies
- [x] CCR&R
- [ ] Community-based organizations

Who issues payments?

- [x] CCDF Lead Agency
- [ ] TANF agency
- [ ] Local government agencies
- [ ] CCR&R
- [ ] Community-based organizations

Who monitors licensed providers?

- [x] CCDF Lead Agency
- [ ] TANF agency
- [ ] Local government agencies
- [ ] CCR&R
- [ ] Community-based organizations

Who monitors license-exempt providers?

- [x] CCDF Lead Agency
- [ ] TANF agency
- [ ] Local government agencies
- [ ] CCR&R
- [ ] Community-based organizations

Who operates the quality improvement activities?

- [x] CCDF Lead Agency

- ☐ TANF agency
- ☐ Local government agencies
- ☐ CCR&R
- ☐ Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

--Budget which itemizes categorical expenditures in accordance with CCDF requirements

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

DHHS uses a number of processes to monitor CCDF administration and implementation responsibilities being performed by other agencies - intra-agency (within DHHS), interagency (between NH state agencies) or externally - depending on the activity(ies) to be performed, the breadth and scope, funding level and intended outcomes.

For inter- and intra-agency responsibilities: The Administrator identifies a project lead from the BCDHSC who is responsible for facilitating the relationship and identifying intended outcomes; guiding strategic planning, discussions or development of work products;

identifying subsequent roles and responsibilities for all participating parties; coordinating with finance; building the timeline and task list; coordinating meetings; leveraging any needed resources; documenting the process and ensuring the finite or ongoing goals are met. All reports/deliverables/ products and discussion/decisions are tracked as part of the monitoring and compliance process.

For inter-agency (e.g., DHHS and Department of Education) responsibilities, a standard Memorandum of Agreement (MOA) is created to outline the afore-mentioned items in a more formalized process. This further includes sign-off by upper management within each agency New Hampshire Page 7 of 402 to solidify the agreement and provide an extra layer of accountability.

For external agencies and/or companies, DHHS enters into contractual agreements that specify the terms of the relationship, including the administration, implementation, accountabilities, monitoring and evaluation of CCDF responsibilities.

Contract development, supervision and monitoring are generally the same for all organizations, although each is tailored to its activities and accountabilities. These contracts are developed by the BCDHSC, operating as the content experts, and then submitted to the DHHS Contracts and Procurement Unit for review to ensure legality, clarity, continuity and enforceability. Contracts are approved by the DHHS Commissioner, the Governor and Council, the State Attorney General, and the contractor. Oversight for each contract is assigned to a BCDHSC staff member (known as the contract lead), who receives, reviews and approves invoices and reports/deliverables/ products, which are submitted on a predetermined schedule, as specified in the approved contract.

On an ongoing basis, expenditures are compared to line item amounts in the approved budget with the contract lead reaching out to the contractor to discuss/rectify any issues that arise. Reports of progress are also reviewed, relative to the accountabilities and timelines in the approved contract. Underperforming contracts are flagged and the contract lead works with the contractor on the issues (e.g., by exploring opportunities to improve progress or by reducing the contract amount). The contract lead reports both formally as the contract defines, and informally, as needed, during BCDHSC meetings, on the contract status, performances measures, etc. Further, the CCDF Bureau Chief is kept apprised of the status of each contract through multiple channels, including monthly budget reports, progress

updates, and stakeholder feedback.

Activities being performed by other agencies and contractors are included in both internal and external audit activities as appropriate. This includes audits strictly being done within DHHS and those such as financial audits being done within other agencies and through contractor's organizations.

1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

NH DHHS utilizes a number of information systems and technology, partially or fully funded by CCDF, to plan, implement, track, report and evaluate activities related to CCDF. Several of these systems are custom-built or customized for NH DHHS, such as NH Bridges (CCDF payment system), New Heights (eligibility system), Provider Web-billing, and the newly created New Hampshire Connections Information System (NHCIS), among others.These DHHS-based systems operate internally within specific divisions or bureaus, but can be utilized throughout the department or by other NH state departments, either by approved access to specific database fields, or data upload to the Electronic Data Warehouse (EDW). The EDW access can also be shared with other state departments, again with appropriate controls and approvals.

NHCIS

NHCIS is an online platform developed to date in partnership with Massachusetts. In April 2020, the Bureau Chief facilitated the development of a MOU between NH DHHS, NH Department of Information Technology and Mass LEAD (Licensing Education Analytic

Database) to share bi-directionally source code and software used to build each system and thus, decreased the cost and expedited the time for system development. NHCIS includes provider profiles and related child care search, child care referrals tracking, licensing, background checks, registry, subsidy, credentialing, professional development modules, technical assistance tracking. NHCIS replaced both the My Licensed Office (MLO) system used for child care licensing functions and the National Data System for Child Care (NDS) application through Child Care Aware of America, which was used for resource and referral functions and included the professional registry and professional development training and technical assistance tracking.

In fall 2021, New Hampshire's revised and expanded QRIS will be added to this online platform, serving as a repository of resources, as well as the point of application. Software and source code used in the development of these modules will be shared with other states upon completion as requested.
The system is available to families, providers, CCDF Lead Agencies and other public agencies in other states.

Other Efforts to Share Code or Software for Child Care Information Systems/Technology

In addition to the MOU with Massachusetts, New Hampshire uses several strategies to ensure code and software for the child care information system and information technology are made available to other agencies and states. BCDHSC regularly engages in collaboration with other states through the National Workforce Registry Alliance, including discussion, information exchange and presentations. BCDHSC also engages with the BUILD Initiative via newsletters and conferences designed to promote information sharing for the state's QRIS. Over the past year, New Hampshire has received technical assistance from The National Center on Early Childhood to support the build of the QRIS and has shared that work for use in other states receiving QRIS technical assistance. Quality Assurance New Hampshire also worked directly with other states to share source code, software and other supporting documentation to aid in the development of the child care information system.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

NH DHHS Bureau of Human Resource Management, Protection of Confidential Information Confidentiality Policy 062005 informs all DHHS employees of their responsibility to protect all confidential information and records within their control, as well as to release information only to authorized agencies or individuals as provided for by law, rules, and regulations.

Additionally, the DHHS Division for Housing and Economic Stability Child Care Provider Agreement (Form 1860) requires providers receiving CCDF “to keep all information concerning children and their families confidential except as otherwise allowed under law” (p. 2). Data shared between state agencies/departments/divisions are accessed by secured password or an encrypted password system with management level approval or exchanged through the EDW. During each sign-in procedure, both confidentially and consequences must be acknowledged. State employees may also access data and information from external sites only on state-provided technology through an encrypted system. In addition, all DHHS employees working remotely, on a regular or emergency basis, are required to sign a remote work agreement that details both technological confidentiality and controlling the physical proximity of others to confidential data (hard copy and electronic) and live/virtual meetings where confidential data is being discussed by limiting access through passwords, locked storage, headphones, confidentiality agreements and separate meeting spaces. Lastly, DHHS has implemented, through license, the use of secure email in accordance with the HIPAA security rule, further protecting confidentially and personally–identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds.

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation
involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

Prior to the completion of the FY 2022-2024 CCDF Plan, the BCDHSC Bureau Chief

connected via email with the NH Municipal Association, which is a long-standing non-profit, non-partisan membership association funded and governed by members that works to strengthen New Hampshire cities and towns and enhance their ability to serve the public. The correspondence directed members to the DHHS website, to view the draft plan and access the Public Hearing (live or recorded), as well as public comments summary. It also invited members to participate in a webinar/listening session and/or provide written input on the plan, particularly regarding activities and initiatives that may be of interest to them, such as COVID-19-related activities, workforce initiatives, supply building efforts, disaster planning, licensing requirements and the scope/impact of CCDF funding on families across the state. The intent was to incorporate feedback from local government into the Plan, whenever possible and appropriate, with a specific emphasis on workforce development, child care supply and families in need.

Over the past year, BCDHSC worked closely with representatives of local government, including parks and recreations staff and town/city officials overseeing child care-related needs for the families in their communities, with the goal of assisting families to access the child care and summer programs they needed. Several local governments received COVID-related dollars to assist with their child care-related programming.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

NH Council for Thriving Children

On January 23, 2020, Governor Christopher Sununu issued an executive order establishing the Council for Thriving Children to serve as the governor's advisory council on early childhood care and education and carry out the functions and obligations under the Federal Improving Head Start for School Readiness Head Start Act of 2007. Spark NH, former state Early Childhood Advisory Council, assumed these functions and obligations from 2011 to March 2020. The BCDHSC Bureau Chief serves on the Council, participating in quarterly meetings and providing information on child care and Head Start to the Council as relevant. DEHS Associate Commissioner Christine Santaniello co-leads the Council with Department of Education Deputy Commissioner Christine Brennan and shares data and information from BCHSC with the Council during each meeting. At the March 2021 meeting, Council members had the opportunity to provide input to DHHS on re-imagining child care following the pandemic, including how it should

look, how DHHS, in partnership with others, could strengthen the system and expand child care options such that supply better meets demand; and what are the priorities for investing in/testing new models that account for the needs of families, programs (particularly staffing), businesses and the general community. Additionally, CCDF dollars support a contract with NH Family Voices to lead the B-8 Early Childhood Care and Education Advisors, one of four quadrants in the Council's governance structure, along with the DHHS Early Childhood Integration Team, the Department of Education Early Childhood Integration Team, and the Early Childhood Care and Education Experts, led by the University of NH Center for Excellence. The B-8 Advisors will inform the Council of emerging trends for children, families, workforce, businesses and communities, and promote learning and capacity building across the ECCE system. Council recommendations were considered and incorporated in the CCDF Plan based on feasibility, federal rules and sustainability.

NH Child Care Advisory Council (CCAC)
In June 2021, the BCDHSC Bureau Chief formally presented to the CCAC on CCDF Plan timelines and opportunities to provide input, including participating in webinars/listening sessions and providing written input. Feedback from CCAC members was noted and incorporated into the CCDF Plan as appropriate and feasible. In addition, CCAC members were engaged in CCDF Plan-related discussions at various times over the 24 months, prior to and throughout the pandemic. This included input on child care provider needs, workforce initiatives, families access to affordable care, QRIS design and implementation and supply building. This input was used to inform the development of the plan.

Lastly, on June 11, 2021, the Bureau Chief attended the DHHS Legislative Oversight Committee with CCAC leadership (Anne Grassie, Chair, and Marianne Barter, Vice Chair), who presented the NH Child Care Advisory Council Annual Report. The report included four major recommendations: 1) Expand child care scholarship categorical eligibility to full scholarship level to include all child care workers who have children attending licensed or licensed-exempt child care programs at full scholarship rates, as many child care teachers cannot afford the tuition for their own children; 2) Provide $5 per hour incentives for individuals currently working in licensed and license-exempt programs through June 30, 2022.

Those individuals entering the child care workforce eligible for the summer stipend program announced by Governor Sununu on May 18th would be eligible for the incentive after the summer stipend ends. This approach focuses on both retaining and building the workforce; 3) Shift to enrollment instead of attendance-based payment for all scholarship children through September 30, 2022; and 4) Expand the Child Care and Adult Food Program (CACFP) to reimburse at the free rate in alignment with the USDA National School Lunch and Breakfast Program administered by the NH Department of Education (DOE). In response to the recommendations, the BCDHS will: 1) Include ARPA incentive funds for programs serving child care workers' children free of charge to the worker; 2) Include staff recruitment and retention as a priority for ARPA Stabilization Funds; and 3) Explore the true cost of enrollment vs. attendance based payment and potential to sustain this policy after grant funding ends, as well as mixed service delivery models and additional sources of funding to support the true cost of child care. Given that the CACFP is a federally funded program administered by NH DOE, BCDHS has no control over funding decisions. However, we will engage DOE in discussion on CACFP funding policy to ascertain if there is potential for change at the federal level.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.
N/A There are no recognized Indian tribes or tribal organizations in the Satae of New Hampshire.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.
BCDHSC staff actively consulted with multiple internal and external entities, agencies and organizations over the past six months through meetings, presentations (webinars/listening sessions), email, surveys, phone calls and face-to-face-discussions on issues related to NH's CCDF Plan. Included were:

NH DHHS:

- DHHS Associate Commissioner, Division of Economic and Housing Stability (DEHS)

Deputy Director;
- DEHS Bureaus of Housing Supports; Family Assistance; Child Support Services; Employment Supports; Children's Behavioral Health;
- Other DHHS Divisions, Bureaus and Units: Child Care Licensing Unit; Finance; Legal; Contracts; Information Technology (Bridges and New Heights, NHCIS systems); Child Care Audit Unit; Division for Children, Youth and Families; Family, Community and Children Supports; Special Medical Services; Women, Infants and Children Nutrition Program; Public Health; Quality Assurance and Improvement; Bureau for Family Centered Services; and the Bureau of Improvement and Integrity - Child Care Audit Unit.
- DHHS Early Childhood Integration Team (ECIT) as a group in addition to their individual bureaus and units listed above. The DHHS ECIT is one of four quadrants in the Council for Thriving Children's infrastructure.

For purposes of the NH CCDF Plan, the goal of the DHHS internal coordination is to create the capacity for effective integrated services for children from birth through age 13 and their families, including policy, practice, data, funding and infrastructure.

NH Department of Education (DOE):

The DOE's Early Childhood Integration Team is one of four quadrants in the Council for Thriving Children's infrastructure. In addition to separate DHHS and DOE ECITs, a cross agency ECIT was convened on which BCDHSC staff participates. Major collaborative efforts are underway through the ECITs and NH's Preschool Development Grant that influenced CCDF Plan development, including KEA/Transition Task Force, which the Bureau Chief co-leads with the DOE Deputy Commissioner; Family Engagement Work Group; NH Connections Information System development; Pyramid Model (also co-led by the Bureau Chief and DOE); early childhood/child care-public school-family support connections; and preschool special education/Head Start/child care collaboration initiatives. In addition to monthly meetings associated with the various initiatives, DOE staff participated in the July 15, 2021 webinar/listening session.

NH State Police:

The DHHS Child Care Licensing Unit has worked with the NH State Police regarding online access to the background check process, including scheduling fingerprinting appointments online and State Police sharing results with CCLU to help expedite the time it takes for current and prospective child care/early childhood program providers to complete their checks and receive approval to work with children.

NH Employment Security (NH DES):
DHHS and BCDHC staff partnered with DEHS Deputy Commissioner Richard Lavers to identify joint recruitment and retention strategies to address the early childhood/child care workforce shortage to be implemented over the next few years.

External Partners and Stakeholder Groups :
External partners and stakeholder groups, in the form of committees, advisory groups, state-level leadership teams, associations, work groups, contractors, and others, were also consulted at their regularly scheduled meetings as an agenda item and/or as participants in three CCDF Plan webinars/listening sessions. Participants included, but were not limited to: the Child Care Advisory Council; QRIS Task Force and Leadership Team; School Age Credential Task Force; Statewide Emergency Operations Task Force; Higher Education Roundtable; NH Afterschool Network; Head Start Directors Association; Head Start/Early Head Start program staff; NH Association for Infant Mental Health; Early Learning New Hampshire; MomsRising; New Futures; State Early Learning Alliance (SELA); Early Learning NH; Whole Family Approach to Jobs - Child Care Group; Cliff Effect Working Group; regional early childhood coalitions; and the Pyramid Model State Leadership Team; Community Action Program; YMCA Alliance of Northern New England After School; YMCA Board; Southern NH Services/Child Care Aware of NH; numerous program providers, and at least one (self-identified) parent.

Contractors and Vendors: Conversations were held with representatives of organizations under contract with DHHS to implement CCDF responsibilities, including Southern NH Services/Child Care Aware of NH, SERESC/Preschool Technical Assistance Network Child Care Inclusion Project and TA and Training to School Age Child Care Providers, Granite State College, ProSolutions (online professional development), MTX (NH Connections Information System developer), Salesforce (NH CIS platform), and Across NH.

National and Regional Consultants:
BCDHSC also consulted with numerous national and regional consultants on CCDF Plan-related activities, including the following: Harriet Dichter, Senior Manager at ICF, regarding CCDF support for QRIS; Zelda Boyd, Senior Technical Assistance Specialist, National Center on Early Childhood Quality Assurance on QRIS design; Sue Foley, OCC Region 1 State Systems Specialist, for technical assistance on multiple aspects of

CCDF; Rob Corso, national Pyramid Model Consortium Executive Director, on Pyramid Model state system development and implementation, including in home visiting; Preschool Development Grant B-5 TA Specialist Faith Scheibe and PDG Business Analyst Dylan Gatta, with Sue Foley and Anne Hemmer, Head Start State Systems Specialist, on early childhood data integration.

Philanthropic Community:
NH's philanthropic community plays a critical role in supporting CCDF-related activities, including the United Way, NH Community Loan Fund, NH Charitable Foundation and the Endowment for Health. Meetings were held with representatives of these organizations to discuss further collaborative efforts (including leveraging funding) over the next two years, such as early childhood workforce shortage, program quality enhancement, and strengthening business practices.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).
Reminder:
Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. 07/19/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a.
06/18/2021

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first

notice, the most recent notice or any date of notice that demonstrates this requirement).
c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.
The notice of the virtual hearing (live hearings were not yet permitted in the state) was posted on the following websites directly by the co-administrators:

https://www.dhhs.nh.gov/dcyf/cdb/index.htm (DHHS Bureau of Child Development webpage)

https://www.nh-connections.org/uploads/2021/07/NH-DHHS-CCDF-Plan-Public-Hearing-on-Jul-19-2021-5-PM.pdf

In addition, notification was included in a BCDHSC email to over 800 licensed and license-exempt providers and approximately 75 non-provider stakeholders. The non-provider stakeholders were asked to share the information with their constituency groups through website postings or email, as appropriate.

The hearing was publicly announced in a number of virtual forums through the day of the hearing.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The hearing was conducted online through the DHHS Zoom account and covered the entire state.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)
The Plan Draft was posted on the two websites listed above. The DHHS website offers a translation component through google and a direct access translation line for interpretation in 65 languages as the audience requires.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? The input from the public, through the hearing format, both live questions and chat along with the hearing recording, were posted on the NH Connections website and had a FAQ for those questions that were received during the hearing that needed more in-depth answers. All the feedback from the verbal/written comments of the public and the other input from stakeholder groups was assembled in a "by section" document and then reviewed by the BCDHSC CCDF

writing team both during the first draft and in the final writing phases. Feedback was incorporated as feasible based on funding, CCDF rules, sustainability and state priorities.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: https://www.acf.hhs.gov/occ/resource/pi-2009-01)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

It is posted at two locations:

https://www.dhhs.nh.gov/dcyf/cdb/index.htm

https://www.nh-connections.org/resources/

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

☑ Working with advisory committees.

Describe:

Various advisory committees are informed about the Plan and Plan amendments as follows: DEHS and/or BCDHSC staff attend quarterly meetings of the NH Council for Thriving Children (CTC); bi-monthly meetings of the Child Care Advisory Council (CCAC); and monthly meetings of the NH Head Start Directors Association (NHHSDA). Staff also shares information during bi-monthly meetings of the Early Learning NH and Advocates Network by attending bi-monthly meetings or submitting written information to the leaders. In turn, committee members inform their constituents and stakeholders of pertinent information via their email list serves and/or websites. Following are links to websites for the CTC and ELNH. CCAC and NH HSDA do not have their own websites:

Council for Thriving Children;

Early Learning NH.

☑ Working with child care resource and referral agencies.

Describe:

Southern NH Services Child Care Aware of NH administers the BCDHSC's consumer information website: NH Connections (see: Home - Child Care Aware of NH (nh-connections.org), where the CCDF Plan and Plan Amendments are shared with families, providers, other stakeholders and the general public. The website link is publicized via a weekly electronic newsletter and a Facebook page. CCAC of NH staff also regularly update the statewide target audience on the status of CCDF activities. This includes making stakeholders aware of the Plan status, potential changes in the form of waivers, amendments, new laws/rules, etc. that will impact the workforce and the cost, quality and availability of child care in NH.

☑ Providing translation in other languages.

Describe:

DHHS contracts with The Language Bank for translation services and has instructions and a link on the website on how to access these services. Should translation services be requested regarding the Plan, DHHS will contact the Language Bank for assistance. In addition, a number of the stakeholder groups offer access to translation services for written and verbal communications. Upon request the Department can further assist with simultaneous interpretation services as well. The Language Bank website can be accessed at: The Language Bank

☑ Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

The following organizations have shared, and will continue to share, information on the Plan and Plan-related activities through social media networks, including email list serves, Twitter and Facebook: Child Care Aware of NH, Council for Thriving Children, NHAN, ACROSS NH, Early Learning New Hampshire, New Futures, Preschool Technical Assistance Network (PTAN), NHAEYC, Moms Rising NH, Save the Children, Family Support NH, and others. Social media communications are constantly evolving, with BCDHSC establishing its own twitter account in Fall 2021 and more regularly accessing the DHHS Facebook page for updates to the public.

☑ Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

BCDHSC will continue to notify stakeholders regarding changes/updates to the plan via NH Connections (consumer education website) as the primary communication vehicle, but also through the DHHS and partners' social media as described previously in this section. Additionally, changes/updates to the plan will be shared ongoing through in-person or web-based (e.g., Zoom, Go to Meeting, MS TEAMS) meetings, newsletters, and Listening Sessions scheduled throughout the state.

☑ Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

☑ Other.

Describe:

Working with statewide afterschool networks or similar coordinating entities for out-of-school time (no text box available): Posting, updates and discussions around the CCDF Plan are made through these two groups regularly - NHAN, ACROSS NH - in addition working with NH Department of Education school districts are also regularly updates. The organizations previously mentioned also have school age program stakeholders and are made aware of both early childhood and school age components in the CCDF Plan along with any changes, errors, omissions, amendments and waivers that may impact their policies or practices.

Other:

BCDHSC will continue to inform various other groups about the Plan during regularly scheduled meetings, including, but not limited to, Higher Education Round, Pyramid Model State Leadership Team, Whole Families Approach to Jobs, PDG leadership groups, DHHS Legislative Oversight Committee, Cliff Effect Working Group, and others. All licensed and license-exempt providers will continue to receive notifications through the BCDHSC regular email updates.

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:
- -- extending the day or year of services for families;
- -- smoothing transitions for children between programs or as they age into school;
- -- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- -- linking comprehensive services to children in child care or school age settings; or
- -- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

There are two major goals for coordination with general purpose local government. The first is to share information and resources regarding the CCDF's Child Care Disaster Preparedness and Response Plan with representatives of local government and to solicit information from local governments on their current plan to include child care in their emergency preparedness plan. In particular, the coordination will focus on emergency preparedness, response and the Continuity of Operations Plan (COOP) in order to ensure, to the maximum extent possible, that children, staff and others on the premise are safe during disasters, and families receiving NH Child Care Scholarship Program funds continue to have access to child care following a natural disaster or other emergency. As was the case during the COVID-19 pandemic, DHHS will work with the NH Municipal Association and local governments to disseminate information on this topic statewide to appropriate representatives of general purpose local government and ask them to connect with the child care programs in their area. Similarly, programs receiving CCDF-supported technical assistance on this topic will be encouraged to reach out to their local governments to promote coordination and sharing of information.

The second major goal is to leverage local government resources (e.g., financial assistance/"municipal welfare"; summer/recreation programs) with federal, state and other resources for families with children in child care or out of school time programs to increase the supply of child care to meet the emerging needs of families and businesses in a post-COVID-19 environment. BCDHSC will coordinate with local government efforts to identify and (as feasible) implement community solutions to address the need for family child care, infant/toddler care and care for children who are vulnerable, as well as to address the early childhood workforce shortage. As for emergency preparedness, DHHS will work with the NH Municipal Association to reach out to its members for information sharing and discussion on these topics.

ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(l)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

BCDHSC has coordinated with the State Advisory Council, known as the NH Council for Thriving Children by: 1) Providing input on the New Hampshire Strategic Plan for Early Childhood (2020); 2) Promoting the common vision that all families are afforded

comprehensive and responsive supports, so that they are healthy, learning and thriving now and in the future; and 3) Working collaboratively with various Council members and organizations toward the achievement of four common goals to realize this vision: positive learning experiences; healthy children and families; strong families; and statewide coordination/early childhood infrastructure. BCDHSC will continue and expand its collaborative initiatives aimed at healthy social-emotional development and addressing toxic stress (e.g., Watch Me Grow developmental screening; Pyramid Model), fostering high quality child care/early childhood environments that provide children with positive early learning experiences (e.g., QRIS; professional development initiatives); partnering with families and the organizations that serve them (e.g., Family Engagement Integration Team; CTC B-8 Advisors; Family Resource Centers; regional early childhood collaboratives); and statewide coordination/infrastructure building (e.g., reimagining child care; NHCIS; targeting funding and resources to support various aspects of the system, such as workforce recruitment and retention/increased wages and benefits) and revising policy as feasible to better support children, families, providers and communities (e.g., discounting children's SSI income for purposes of CCDF eligibility; exploring expanded eligibility; strengthening early childhood system governance and coordination in the state.

☑ Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

N/A

☑ N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

The BCDHSC leverages funding and integrates its work with that of the DHHS Family

Centered Early Supports and Services Program (Part C) and the NH Department of Education Preschool Special Education Program (Part B/619) through joint efforts on multiple committees, task forces and projects, such as the state Pyramid Model initiative and NH DOE iSocial project, Watch Me Grow Developmental Screening, PDG projects (KEA/Transition Task Force; Family Engagement Work Group), US DOE Office of Special Education Programs/Head Start inclusion collaboration project, and DHHS and DOE Early Childhood Integration Teams. The goal of the coordination is to develop the supply of quality care for children who are vulnerable and their families

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

1. In the three years since the merger of the Head Start Collaboration Office (HSCO)(Head Start Bureau) and Child Development Bureau into the Bureau of Child Development and Head Start Collaboration, the goal has been to advance the formal integration of these two essential programs and systems as feasible relative to policy, funding, continuous quality improvement (QRIS), professional development, and other areas. Specifically, BCDHS: 1) Targets common goals/objectives and initiatives within the HSCO and CCDF federal plans; 2) Continues to support child care/Head Start wrap-around services; and 3) Leverages staffing and other resources to carry out functions and activities across the two programs. Staff meets monthly with the HSDA and HS TTA throughout the year, as well as participates in national and regional OHS monthly meetings, during which CCDF and HSCO plans and activities are discussed and input is gathered. For example, BCDHSC will engage in marketing/public awareness activities in the next two years aimed at workforce recruitment and retention and Head Start and child care program enrollment.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

The BCDHSC continues to collaborate with DHHS Public Health to ensure that child care/out of school time and Head Start programs receive the most up-to-date health and safety information in caring for children of various ages, including immunizations. During the COVID-19 pandemic, staff worked closely with Public Health in discussing, interpreting and disseminating pandemic-related health and safety guidelines to the child care/early childhood/afterschool fields to enable them to provide safe and healthy environments for children and families and minimize the spread of infection. Public Health administrators shared information and answered questions during bi-weekly DHHS and Early Learning NH webinars with as many as 200 participants. At BCDHSC's

request, Public Health also provided written responses to "Frequently Asked Questions" for the field, which was published weekly during the height of the pandemic. Public Health staff also provided input on the State Child Care Emergency Plan prior to and throughout the pandemic. Over the next two year, BCDHSC will continue to collaborate with Public Health through the DHHS Early Childhood Integration Team and Preschool Development Grant workgroups, particularly relative to data integration; family engagement; high quality, healthy and safe programs that foster social-emotional development and provide trauma-informed care to children.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

Along with BCDHSC, DEHS includes the Bureau of Family Assistance (BFA), which includes TANF, and the Bureau of Employment Supports (BES). DEHS Bureau Chiefs meet monthly to share information and promote collaboration and integration of the work on behalf of families and children. Additionally, representatives from all DEHS bureaus serve on the DHHS Early Childhood Integration Team, and the recently convened Supportive Services to Families Unit and TANF Integration Group are working on integration of policy and other aspects of the work impacting the field, including workforce. Over the next two years, one goal of the collaboration will be workforce development to address the critical child care/early childhood and out of school time workforce shortage by leveraging CCDF, NH Employment Plan (NHEP), NH Department of Employment Security (DEH), and regional/local resources to increase recruitment and retention via pilot projects and other strategies. For example, a joint pilot project is underway to support TANF recipients to receive coaching and stipends to explore a career in the child care/early childhood/school age field. Additionally, BCDHSC will continue to partner with other DEHS bureaus as follows: 1) Ensure that the DHHS New HEIGHTS system, which addresses NH Child Care Scholarship Program eligibility, generates accurate reports and is updated to reflect CCDF policy and rules changes, such as discounting children's SSI as income for CCDF eligibility; 2) Incorporate information on CCDF rules/policy changes in training for Family BFA Service Specialists who determine eligibility; 3) Engage in discussions on improving policy and quality to better serve families and children, most recently, as part of a DEHS policy team; and 4) Inform families about the NH Child Care Scholarship Program via Child Care Aware of NH via routine presentations at DHHS District Offices during NHEP Orientations (post pandemic). Most recently, the BCDHSC, BES and BFA collaborated on the Whole

Families Approach to Jobs initiative and the benefits cliff effect report recommendations.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The NH Department of Education (DOE) administers a K-12 public school system and the Part B/619 Preschool Special Education Program. There is no state-funded pre-K in NH at this time; rather, individual school districts may elect to support public pre-K, which includes children with and without disabilities. Over the past decade, the former Head Start Collaboration Office and Child Development Bureau have partnered with the DOE on key initiatives toward a common goal of enhancing the quality of early childhood programs and fostering smooth transitions for children entering kindergarten, as the following examples illustrate: Development and dissemination of the NH Kindergarten Readiness Indicators (2012); development and dissemination of the NH Early Learning Standards; and joint participation on an Early Childhood Governance Task Force, recommendations from which formed the foundation for the NH Council for Thriving Children's early childhood governance structure that includes DHHS and DOE Early Childhood Integration Teams and a cross agency integration team. Over the next few years, DHHS and DOE will work to enhance collaboration between the two agencies through collaboration on PDG and other projects and initiatives (KEA/Transition Task Force; mixed delivery model of services; Pyramid Model initiative; NHCIS data system development; professional development and credentialing; QRIS, workforce development; family engagement; serving children with disabilities; public school/child care/Head Start partnerships) and other areas.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

The BCDHSC and CCLU collaborate on the development of child care policy and rules, training for providers and monitoring procedures to ensure consistency between CCDF and child care licensing. The CCDF supports two full-time staff positions within the CCLU for monitoring child care programs. The BCDHSC and CCLU also collaborate regarding compliance with in-state and out-of-state criminal background checks and on developing procedures to enhance the state's capacity to investigate instances of possible child abuse within child care programs. Over the next three years, the BCDHSC will continue to support a position within CCLU on criminal background checks to ensure that NH is in compliance with both in-state and out-of-state requirements in this area. Further the

BCDHSC meets with the CCLU Chief weekly to review CCLU and BCDHSC activities and identify joint issues, develop communications coordination and make each other aware of activities, conditions, legislation, etc. that may impact both entities. This will continue for the foreseeable future and was a key coordination component during the pandemic. In addition, CCLU has introduced monthly webinars that serve as a conduit for coordination and communication with BCDHSC efforts. Lastly the shared NHCIS database has necessitated regular coordination between the two groups as the information, input, and stakeholder experience, both internal and external, require ongoing coordination and communication. This overall coordination has resulted in not only better stakeholder communication, but also a more concise and collaborative approach to supporting programs, communicating the relationship between federal compliance and licensing rules and policies, and support of increased efforts towards enhancing quality in addition to compliance.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

Through Child Care Aware of NH, the BCDHSC ensures that child care and Head Start providers have information on CACFP and encourages/supports enrollment by connecting program directors with not only the Southern NH Services CACFP, but also CACFP sponsors for technical assistance on CACFP participation. Program directors have the ability to select the CACFP sponsor that best meets their needs, with no preferential treatment being given to any particular sponsor.

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

The BCDHSC partners with the DEHS Bureau of Housing Supports to provide consumer information/education to early childhood/school age programs and families via the NH Connections website Resources on Homelessness pages, which include information (including videos) on McKinney-Vento, what homelessness looks like, health and wellness of children experiencing homelessness, homelessness in NH, and resources for providers and families. Additionally, BHS and BCDHSC will partner to explore strategies to better support the child care/Head Start needs of children and families without homes over the next two years.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

NH's TANF program is operated by the DHHS BFA. CCDF/TANF coordination was described previously in this section (1.4.1) regarding workforce development, NH Child Care Scholarship Program eligibility determination, the recently convened Policy Team, and the DHHS Early Childhood Integration Team.

xiii. Agency responsible for Medicaid and the state Childrenâs Health Insurance Program. Describe the coordination goals, processes, and results:

The coordination goal for BCDHSC and Medicaid/CHIP is to ensure that all families in need of such services are aware of their existence, can readily apply and understand both the process for utilization along with the importance of children's health in their overall growth and development. The DHHS Office of Medicaid Services administers NH's Medicaid and CHIP programs. Currently, the BCDHSC ensures that families and providers have access to information on Medicaid and CHIP via the Child Care Aware of NH website, Wellness and Safety and Resources page at: Resources - Child Care Aware of NH (nh-connections.org); and Helping Children Grow - Child Care Aware of NH (nh-connections.org). https://nh.childcareaware.org/wellness-and-safety-resources. Further, when submitting an application for NH Child Care Scholarship Program funds through the local District Office or online (NH EASY - Gateway to Services), the family is briefed on the available Medicaid and Chip services (along with food, housing, etc.) to augment their family wellness and stability plan. While Head Start includes aspects of child health in their regular program features, other CCDF providers have been referring families to the NH First website or their District Office. To enhance this coordination over the next several years, BCDHS will partner with DEHS Family Support/family resource centers and the PDG community grants project to provide regional early childhood collaboratives with information on this topic.

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

In 2016 NH's DHHS Commissioner established the Division for Behavioral Health, Bureau of Children's Behavioral Health to better serve the mental health needs of NH's citizens, with a focus on those with substance misuse challenges, as well as on children's mental health. The BCDHSC has collaborated with the Bureau of Children's Behavioral

Health on multiple initiatives/activities aimed at improving access to early childhood mental health services, early identification of social-emotional challenges for children aged birth to five years and building early childhood program capacity to better support the social-emotional needs of young children. Included are partnerships on the early childhood Pyramid Model initiative and the Watch Me Grow developmental screening system for the early identification and referral of young children who need support regarding social emotional development and/or challenging behavior. In the next two years, BCDHSC and BCBH will explore strengthening the connection between child care/early childhood/school age programs and NH's community MH centers.

xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:

Currently, NH has one statewide contract for CCR&R supports and services, provided by Child Care Aware of NH, a program of Southern New Hampshire Services (SNHS), which offers training, technical assistance, coaching, and support to providers, child care referrals to families, and consumer education to providers and families phone, in person events, and social media (Home - Child Care Aware of NH (nh-connections.org). BCDHSC worked with NH 2-1-1 staff to include information on the NH Child Care Scholarship Program and other child-care related resources in its referral information (see: www.211.nh.org; e.g. Child Care Expense Assistance). DHHS holds contracts with: a) Granite State College for tuition assistance to early childhood providers; b) SERESC's Preschool Technical Assistance Network for training and technical assistance to child care programs on social-emotional challenges and trauma-informed care; and c) ProSolutions for online training at no cost to NH providers (please see: https://www.prosolutionstraining.com/content/?id=89/New_Hampshire/. In 2021, ProSolutions added courses to enhance training options for child care programs, including Pyramid Model modules. BCDHSC works to coordinate training and technical assistance from the Office of Head Start and the Office of Child Care by identifying opportunities to include both Head Start and child care providers in professional development opportunities. Over the next two years, BCDHSC will explore offering decentralized CCRR support to regions/communities while maintaining statewide functions for the website and coordinated training and technical assistance

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

DHHS partners with NHAN (NH Afterschool Network) https://www.nhafterschool.org/ toward its mission to "actively support the development, sustainability, and accessibility of high quality afterschool experiences for NH youth." BCDHSC staff participates on the NHAN Steering Committee. DHHS holds a contract with ACROSS NH to support two, low-cost conferences each year, and free trainings presented by master trainers at various locations in all regions of the state. Trainings include Afterschool Orientation, Afterschool Basics, Credential Information and Work Sessions, Business Management trainings, and trainings in all core knowledge areas for program leaders and directors. Training opportunities are offered to support leaders of out-of-school time programs in NH. Leadership Institutes help develop leaders with the goal of sustaining out-of-school time programs. ACROSS NH has expanded its focus to include work around SEL to further support out-of-school time programs and professionals. The contractor has developed *A Guide to Social and Emotional Learning for the Afterschool Professional* and *A Suspension and Expulsion Prevention Policy Guide for New Hampshire Afterschool Programs*. Information about ACROSS NH can be found at http://www.acrossnh.org/.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

1. Coordination and mutual goals are the cornerstone of emergency management and response. For the Bureau, the main goals are ensuring, in collaboration with our partners, the continuity of child care operations and quality care, rapid and seamless responsiveness, immediate and long term recovery after a disaster, provider readiness with everything from procedures to materials, ongoing support and communication with providers to keep families informed about current changes and possible options, coordination with child care licensing, CCR&R, Across NH and other stakeholder organizations to create a safety net for families and providers involved in small or large disasters. Further, the Bureau coordinates, with emergency management, a post disaster assessment to determine successes and needed refinements. BCDHSC staff co-led a task force to develop a Statewide Child Care Disaster Plan. Representatives from the DHHS Emergency Services Unit (ESU) and the NH Department of Safety (DOS), Homeland Security and Emergency Management (HSEM) served on the task force to ensure the NH Statewide Child Care Disaster Plan is coordinated with those of the ESU and HSEM. Bureau staff worked with the DHHS Emergency Services Unit to develop resources for child care providers around emergency preparedness including

emergency operation plan templates and continuity of operations resources. Jointly they have provided half and full day trainings on emergency planning and coordination with ESU for providers. Also they have done presentations at the NH State Emergency Operations Conference specifically on emergency preparedness for child care programs and to support community services in planning for children and child care during a localized or statewide disaster. The Bureau's Continuity of Operations Plan (COOP) and Statewide Emergency Plan for continuity of services is directed at ensuring needed personnel, resources, documentation, etc. are readily available in the event of an emergency to continue provider focused operations and support whether onsite at the Bureau offices or remotely if necessary.

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

☑ i. State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

BCDHSC continues to support NH's two Early Head Start - Child Care Partnership and Child Care Expansion grantees via a wrap-around agreement and by keeping informed of any challenges and barriers to these programs. Over the next two years, BCDHSC will explore EHS program expansion via child care partnerships in NH's North Country and Southwestern region using ARPA CCDF Discretionary funds. Both the former Child Development Bureau administrator and Head Start attend monthly Head Start Director Association meetings, providing updates/reports and garnering feedback on both Head Start and CCDF activities.

☑ ii. State/territory institutions for higher education, including community colleges

Describe

BCDHSC staff convenes regular meetings of the Institutions of Higher Education (IHE) Roundtable for information sharing and discussion on early childhood workforce and professional development opportunities and challenges. BCDHSC also serves as a

liaison between the IHE Roundtable and the EarlyEdU Alliance. The IHE Roundtable has served as a state EarlyEdU Alliance team. The EarlyEdU Alliance seeks to make bachelor's degrees accessible and affordable to the early childhood workforce by making available to IHEs high quality courses and teaching tools at no cost. https://www.earlyedualliance.org/ The BCDHSC holds a contract with Granite State College and the NH Community College System to offer free or reduced cost course work for NH early childhood professionals. The BCDHSC also funds the SNHS T.E.A.C.H. contract to help early childhood professionals with the cost of college course work.

☑ iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.

Describe

The BCDHSC partners with the University of NH Institute on multiple initiatives and grant projects, including PDG, Watch Me Grow, professional development opportunities (coaching model), and LEND (Leadership Education in Neurodevelopmental and Related Disabilities); with the goal of ensuring that CCDF activities support the needs of children with and without disabilities.

☑ iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

The BCDHSC collaborates with the DHHS Maternal and Child Health Home Visiting (MCH) program on three key initiatives: 1) PDG Family Engagement Integration Team; 2) The early childhood Pyramid Model initiative; and 3) Watch Me Grow, NH's developmental screening and referral system. In the past, Project LAUNCH (a MCH project funded by SAMHSA) has supported Pyramid Model training and coaching for early childhood providers (child care, Head Start, pre-K) on Pyramid model readiness, evidence-based practices and Positive Solutions for Families. MCH has also co-funded materials, training, and the development of the website and data system for Watch Me Grow. MCH and BCDHSC staff participates on the Pyramid Model State Leadership Team, the DHHS ECIT, and the PDG DHHS and DOE family engagement work group.

☑ v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

Child Care Aware of NH through the NH Connections consumer education website provides a link to information on the DHHS Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, a mandatory service under Medicaid covered benefits, at Helping Children Grow - Child Care Aware of NH (nh-connections.org) The goal of ensuring that families and providers have access to this information.

☑ vi. State/territory agency responsible for child welfare.

Describe

For many years and prior to a recent reorganization, CCDF was located in the DHHS Division for Children, Youth, and Families, Child Development Bureau as one of 10 bureaus supporting its mission to strengthen families, protect children and prevent child abuse and neglect. Following the relocation of the BCDHSC to the new Division of Economic and Housing Stability, the BCDHSC will continue to partner with DCYF in all areas that affect both divisions, including mutual referrals and joint professional development, ensuring that children with Protective and Preventive child care cases receive care (supported with state general funds), and participation on the DHHS ECIT.

☑ vii. Provider groups or associations.

Describe

DHHS provides financial support for the NH Association for Infant Mental Health's (NHAIMH) annual conference and assists the Association in disseminating information about the conference and other Association professional development opportunities to Head Start, child care, preschool, school age and other providers. BCDHSC and the NHAIMH also collaborate on the Early Childhood and Family Mental Health Credential

☑ viii. Parent groups or organizations.

Describe

BCDHSC staff serves with NH Parent Information Center on multiple councils and committees (e.g., NH Council for Thriving Children, Pyramid Model State Leadership

Team) and collaborates with NH Family Voices on Watch Me Grow. Most recently, DHHS funded the parent-lead CTC B-8 Advisors group with CCDF discretionary funds. Additionally, BCDHSC works with Moms Rising and Head Start parents to identify issues and develop strategies to address them.

☑ ix. Other.

Describe

Child Care Aware of NH refers military families to Child Care Aware of America for Military/DoD Child Care Assistance based on the branch in which the family serves. Programs are also referred to Child Care Aware of America to access this assistance (see: Military Families - Child Care Aware® of America).

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start - Child Care Partnerships:

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

☐ No (If no, skip to question 1.5.2)

☑ Yes. If yes, describe at a minimum:

a) How you define "combine"

NH defines "combine" as blending funding sources to support programs, policies or practices.

b) Which funds you will combine

Head Start and CCDF wrap-around care, enabling child care programs to bill CCDF for full day services for children in need of care outside of the Head Start portion of the day. BCDHSC has also combined COVID CARES Act and ARPA funding with regular CCDF funds to provide multiple supports for programs and families.

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

Expanding access to child care/school age care, enhancing program quality, serving children who are vulnerable, addressing the workforce shortage, and promoting state coordination and infrastructure building, and reimagining child care to meet the emerging and post-pandemic needs of families, providers, programs and families.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

CCDF pays local providers for caring for children enrolled in Head Start part of the day; CCDF regular and COVID-related funds will be leveraged to support statewide and regional/local initiatives

e) How are the funds tracked and method of oversight

DHHS Finance monitors/oversees funds from initial budgeting process (for state funds), NOAs, allocations of appropriations, line item coding, fund transfers, payables and reporting used for child care and routinely shares data on utilization and cost with the BCDHSC. Head Start programs enter into agreements with participating local child care programs serving children in Head Start part of the day and child care part of the day, which BCDHSC reviews. Recipients of CCDF quality, CARES Act and ARPA funds must submit reports to BCDHSC. Preschool Development Grant funded projects are monitored by the University of NH.

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?

Note:
Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be

under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

- [ ] a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- [x] b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

  i. If checked, identify the source of funds:

  State of New Hampshire General funds

- [ ] c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

  i. If checked, are those funds:

  - [ ] A. Donated directly to the State?
  - [ ] B. Donated to a separate entity(ies) designated to receive private donated funds?

  ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

- [ ] d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

  If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):

  i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

  ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

- [ ] e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

☐ f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those

partnerships will be continued post-pandemic.

NH engaged in multiple public- private partnerships over the past few years, both COVID- and non-COVID related. Included were: partnerships with the philanthropic community and Grappone Automotive to address pandemic-related needs (supply chain/PPE and cleaning supplies); CCDF/philanthropic community co-funded Early Childhood Workforce Study, T.E.A.C.H. NH, QRIS-related pilot projects and supported grant writers to work with DHHS and DOE on federal grant opportunities, including NH's PDG-B-5 grant application. BCDHSC plans to continue its partnership with Grappone Automotive and other businesses to help rebuild and stabilize child care post-pandemic.

1.7 Coordination With Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead

Agency).

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.

- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.

- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

☐ No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

☑ Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

The state contracts with one agency, Southern New Hampshire Services, to provide a statewide system of Child Care Resource and Referral known as Child Care Aware of NH. There are five regional outreach offices throughout the state. The current contract became effective on July 1, 2015, was renewed for a 2-year period from July 1, 2017 through June 30, 2019, was renewed again for a 2-year period from July 1, 2019 through June 30, 2021 and was recently renewed for a 1-year period from July 1, 2021 through June 30, 2022. Information about Child Care Aware of NH is found at

https://www.nh-connections.org/about-us/who-we-are/

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agencyâs experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

- [x] No
- [ ] Yes

If yes, describe the elements of the plan that were updated: Click or tap here to enter text.

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

- [x] a. The plan was developed in collaboration with the following required entities:

- ☑ i. State human services agency
- ☑ ii. State emergency management agency
- ☑ iii. State licensing agency
- ☑ iv. State health department or public health department
- ☑ v. Local and state child care resource and referral agencies
- ☑ vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- ☑ b. The plan includes guidelines for the continuation of child care subsidies.
- ☑ c. The plan includes guidelines for the continuation of child care services.
- ☑ d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- ☑ e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
- ☑ i. Procedures for evacuation
- ☑ ii. Procedures for relocation
- ☑ iii. Procedures for shelter-in-place
- ☑ iv. Procedures for communication and reunification with families
- ☑ v. Procedures for continuity of operations
- ☑ vi. Procedures for accommodations of infants and toddlers
- ☑ vii. Procedures for accommodations of children with disabilities
- ☑ viii. Procedures for accommodations of children with chronic medical conditions
- ☑ f. The plan contains procedures for staff and volunteer emergency preparedness training.
- ☑ g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

https://www.dhhs.nh.gov/dcyf/cdb/publications.htm

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- [x] a. Application in other languages (application document, brochures, provider notices)
- [x] b. Informational materials in non-English languages
- [x] c. Website in non-English languages
- [x] d. Lead Agency accepts applications at local community-based locations
- [x] e. Bilingual caseworkers or translators available
- [x] f. Bilingual outreach workers
- [x] g. Partnerships with community-based organizations
- [x] h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- [x] i. Home visiting programs
- [ ] j. Other.

Describe:

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- [x] a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- [x] b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- [x] c. Caseworkers with specialized training/experience in working with individuals with disabilities
- [x] d. Ensuring accessibility of environments and activities for all children
- [x] e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- [x] f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- [x] g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- [x] h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- [x] i. Other.

Describe:

Partnership with the University of NH, Institute on Disability on multiple state initiatives and on professional development relative to social-emotional development and trauma-informed care, and developmental screening.

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

Parents can submit complaints regarding licensed and license-exempt (LE) child care

providers and services by phone or email to the DHHS Child Care Licensing Unit in Concord. Information on how to file a complaint may be found at: https://www.dhhs.nh.gov/oos/cclu/complaint.htm.
Contact information for the Child Care Licensing Unit is below:
Child Care Licensing Unit
NH Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301
Telephone: (603) 271-9025 or (800) 852-3345, ext. 9025
Weblink to E-Mail: https://www.dhhs.nh.gov/oos/cclu/contact.htm This information is provided to parents on theBCDHSC Consumer Education website at: https://www.nh connections.org/providers/child-care-licensing/

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Upon receipt of the complaint, an immediate review is completed by the CCLU for completeness of information, level of severity, applicability to state laws and jurisdiction of Child Care Licensing. If deemed appropriate (see criteria below), an investigation is opened. Further, the complaint needs to contain an allegation of a violation in accordance with He-C 4002 for licensed providers, or: He-C 6916 and; He-C 6917 for LE providers, or any provision of RSA 170-E, as follows:

- Based upon first-hand knowledge or on information reported directly by a child who has first-hand knowledge;
- When there is sufficient specific information for CCLU to determine that the allegation(s), if proven to be true, would constitute a violation of any Child Care Licensing Rule or Law;
- That involve an incident that occurred within the last 6 months; or
- Involves an incident that occurred any time if the complaint alleges physical injury or abuse; verbal or emotional abuse; or the danger of physical injury to one or more children. The complaint also needs to contain an allegation violation in accordance with

He-C 4002:

For licensed providers, a visit is conducted for every complaint when there is an allegation of a critical rule. If there are only non-critical rules alleged CCLU may choose to contact the provider by phone in lieu of an inspection and follow-up at the next on-site visit. A license exempt provider is subject to a visit if there is any complaint about the safety of the environment or the treatment of children. If it is determined an investigation is needed, the complaint is assigned to a licensing coordinator and this visit is always unannounced for licensed providers, except in some cases where a complaint is self-reported by the provider. In that case, the licensing coordinator may request the program make available certain staff members or documentation for the day of their visit. The visit is announced for license-exempt providers. If a complaint is determined to be unfounded, a notice will be sent to the program informing them of this decision. For licensed providers, when CCLU determines the violation occurred, a Statement of Findings is issued listing the violations found and will include any additional violations that were identified during the investigation but were not related to the initial allegations. If the individual who made the complaint requested to be notified of the outcome, they receive a letter stating if the complaint was founded or unfounded. The Statement of Findings is subject to a waiting period of 5 business days before being posted online for public viewing, per RSA 170-E:10, III. This waiting period allows the provider to receive the report prior to it being made available and to provide a reasonable response to be posted online with the findings if the program chooses to do so. The licensed provider must provide a corrective action plan for each critical violation on the Statement of Findings within 3 weeks of issuance. Once the corrective action plan is accepted by the Unit, it is publicly posted on the CCLU provider database, accessible through the DHHS/OLRS/CCLU website or through a link on the Child Care Aware of NH consumer education website. For licensed-exempt providers, when CCLU determines the violation occurred, a Monitoring Statement is issued listing the violations found as a result of the investigation and any other violations found during the visit. This report is subject to the same waiting period as listed for a licensed provider. The CCDF license-exempt provider must document all corrective actions taken within the time period designated in the Monitoring Statement. These actions are reported by the program in a Program Improvement Plan and once accepted by the Unit, it is publicly posted on the CCLU provider database as referenced above. Licensing coordinators are expected to do an inspection and complete the report within 14 days of the complaint intake, provided all information has been received to complete the investigation. This allows for supervisory review and issuance of findings within 30 days. Complaints that include other agencies, such as those with police involvement, may

take additional time. Complaint visits are second only to pre-licensure inspections to open a new program; unless the complaint is deemed serious then the complaint will take priority over pre-licensure inspections.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Complete records of substantiated complaints on both licensed and CCDF license-exempt providers are maintained with the program's record while they are licensed or enrolled as a license-exempt CCDF provider, then up to four years after a program has ceased operating. After four years, the complete record of closed programs is purged from the system. CCLU maintains an in-house database which includes a history of founded complaint allegations for both licensed and CCDF license-exempt programs.

2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

As discussed in Section 2.2.2, all results from substantiated complaints against licensed and CCDF license-exempt programs are included on the Statement of Findings for licensed providers or the Monitoring Visit Report for CCDF License-exempt providers. These reports are available publicly on the CCLU provider database, accessible through the DHHS/OLRS/CCLU website https://nhlicenses.nh.gov or through a link on the NH Connections consumer education website. A parent can also request a statement of findings for any substantiated complaint against a currently licensed or CCDF license-exempt program.

2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:

He-C 4002.07 for licensed providers, or He-C 6916.18 and He-C 6917.18 for LE providers

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agencyâs policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

DHHS contracts with SNHS/Child Care Aware of NH to host and maintain the Bureau's consumer education website known as NH Connections. The website is user-friendly, offering an easy-to-navigate layout that guides the user to the most relevant information. All information is accessible to the user in four clicks or less. In addition, the website is free of technical jargon that may be unfamiliar to many users and is mainly written at an 8th-grade reading level. The site is regularly updated and reviewed by BCDHSC, its contractors and selected stakeholders. These reviews result in ongoing changes/refinements to ensure usability, clarity and relevance.

The site meets the criteria established by OCC for the Consumer Education website, along with the Agency's "best practice" recommendations. It also meets best practices standards for Child Care Aware of America, National Association for the Education of Young Children (NAEYC) and National Afterschool Association (NAA). It incorporates resource buttons for use with tablets and smartphones to accommodate the increasing number of people who use these modalities.

This site offers a "How Do I?" tab that addresses frequently asked questions in addition to a search feature and a live chat response tab available throughout the word day and early evening hours. The entire site was revamped from the original Child Care Aware of NH website and now includes main page with both headers that directs the consumer to different featured tabs or "buttons" that include child care search (online referral search), NH Professional Registry (online workforce history for users and training search), Child Care Licensing Unit, Child Care Aware Training Academy and additional tabs specific for families, providers, resources, COVID-19 resources and data reports. A list of informative and related resources and links for both families and providers are provided on the main page of the website, with tabs specific to the various stakeholder groups as outlined below:
- The "Families" tab provides the following selections: Helping Children Grow; Quality Care Matters; Types of Child Care; Child Care Licensing; and Family Resources with sub-sections on Emergency Planning; Wellness & Safety Resources.
The "Providers" tab provides the following selections: Helping Children Grow; Child Care Licensing; Quality Matters Professional Development; Child Care Aware Training Academy (an online customizable training component); Annual Training Calendar; First Aid & CPR; Health & Safety Trainings and Resources; Emergency Planning; Smart Horizons Online trainings; and Provider Resources.
In addition, the main page includes a funding disclaimer and complaint policy, along with

social media links to Facebook, Twitter and Pinterest.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

The NH Connections website ensures that families that speak languages other than English will have access to all resources by utilizing the Google Translate service. This service is accessible by self–selecting the language choice button on the main page. This service translates the entire website navigation system and web-created pages into the chosen language. The contractor, Child Care Aware of NH, has further enhanced access for families that speak languages other than English by upgrading the linked databases and other information with translation software or pre-translated documents.

Since the website hosts many links that are considered state-based, often with public access required (e.g., CCDF Plan-related information, Licensing, NH Child Care Scholarship Program, State and Federal COVID relief funds, etc.) website visitors can utilize the additional enhancement of the state's Language Bank previously described in Section 1.3.3.b. All of these services support compliance with state mandates and best practice guidelines.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

Individuals can contact SNHS/Child Care Aware of NH through the website's "Contact Us" feature to request information in alternate formats. The new website is 508 compliant, augmenting the previously available services and increasing accessibility to individuals with disabilities. The website's simple design provides equal access, navigation, and an equal

experience to resources for persons with diverse abilities. To verify accessibility (across automation and manual assurance checks), the following tools have been utilized across modern browsers such as Edge,
Firefox, and Chrome and older browsers such as Internet Explorer:

- Accessible Name & Description Inspector (ANDI)
- Screen Readers: NVDA and JAWS
- Monitoring tools such as SiteImprove
- WAVE (Web Accessibility Evaluation Tool)
- Color Contract (ColorZilla and TGPI)

The ongoing and evolving goal for the site is to ensure it is perceivable, operable, understandable, robust, and conforms to the WCAG standards for accessibility and usability (available at https://www.w3.org/WAI/standards-guidelines/wcag/).

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

The links annotated here include information on the licensing process and the criteria for being a licensed or license-exempt program. The link can be accessed directly from the DHHS site or through the NH Connections consumer education website. Link to the licensing process on the DHHS website: https://www.dhhs.nh.gov/oos/cclu/forms.htm and NH Connections website is https://www.nh-connections.org/providers/child-care licensing-for-providers/

Link to information on licensed and license-exempt child care, including rationale, on the

DHHS website: https://www.dhhs.nh.gov/oos/cclu/quality.htm.

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:
https://www.dhhs.nh.gov/oos/cclu/faq.htm#visit

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.
The link to this information on the DHHS website is:
https://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm
It can also be accessed through the Bureau's consumer education website at
https://www.nh-connections.org/providers/child care-licensing-for-providers/

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:
https://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:
https://nhpublichealth.force.com/nhccis/NH_ChildCareSearch

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- [x] i. License-exempt center-based CCDF providers
- [x] ii. License-exempt family child care (FCC) CCDF providers
- [ ] iii. License-exempt non-CCDF providers
- [ ] iv. Relative CCDF child care providers
- [x] v. Other.

Describe

Licensed summer camps - day and overnight

c) Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

All Licensed Providers

- [x] Contact Information
- [x] Enrollment capacity
- [x] Hours, days and months of operation
- [ ] Provider education and training
- [x] Languages spoken by the caregiver
- [x] Quality Information
- [x] Monitoring reports
- [x] Willingness to accept CCDF certificates
- [x] Ages of children served

License-Exempt CCDF Center-based Providers

- [x] Contact Information
- [x] Enrollment capacity
- [x] Hours, days and months of operation
- [ ] Provider education and training
- [x] Languages spoken by the caregiver
- [x] Quality Information
- [x] Monitoring reports
- [x] Willingness to accept CCDF certificates
- [x] Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- [x] Contact Information
- [x] Enrollment capacity
- [x] Hours, days and months of operation
- [ ] Provider education and training
- [x] Languages spoken by the caregiver
- [x] Quality Information
- [x] Monitoring reports
- [x] Willingness to accept CCDF certificates
- [x] Ages of children served

License-Exempt Non-CCDF Providers

- [ ] Contact Information
- [ ] Enrollment capacity
- [ ] Hours, days and months of operation
- [ ] Provider education and training
- [ ] Languages spoken by the caregiver
- [ ] Quality Information
- [ ] Monitoring reports
- [ ] Willingness to accept CCDF certificates
- [ ] Ages of children served

Relative CCDF Providers

- [ ] Contact Information
- [ ] Enrollment capacity
- [ ] Hours, days and months of operation
- [ ] Provider education and training
- [ ] Languages spoken by the caregiver
- [ ] Quality Information
- [ ] Monitoring reports
- [ ] Willingness to accept CCDF certificates
- [ ] Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

☑ i. All Licensed providers.

Describe

TYPE OF FINANCIAL ASSISTANCE:

ENVIRONMENT:
TRANSPORTATION:
AVAILABLE SCHEDULE OPTIONS:
SPECIAL NEEDS:

LANGUAGE SPOKEN BY STAFF:

MEALS:

TYPE OF CARE:

SPECIAL SKILLS:

☑ ii. License-exempt CCDF center-based providers.

Describe

TYPE OF FINANCIAL ASSISTANCE:

ENVIRONMENT:
TRANSPORTATION:
AVAILABLE SCHEDULE OPTIONS:
SPECIAL NEEDS:

LANGUAGE SPOKEN BY STAFF:

MEALS:

TYPE OF CARE:

SPECIAL SKILLS:

☑ iii. License-exempt CCDF family child care providers.

Describe

TYPE OF FINANCIAL ASSISTANCE:

ENVIRONMENT:
TRANSPORTATION:
AVAILABLE SCHEDULE OPTIONS:
SPECIAL NEEDS:

LANGUAGE SPOKEN BY STAFF:

MEALS:

TYPE OF CARE:

SPECIAL SKILLS:

☐ iv. License-exempt, non-CCDF providers.

Describe

☐ v. Relative CCDF providers.

Describe

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

☑ i. Quality rating and improvement system

☑ ii. National accreditation

☐ iii. Enhanced licensing system

- [x] iv. Meeting Head Start/Early Head Start Program Performance Standards
- [ ] v. Meeting Prekindergarten quality requirements
- [x] vi. School-age standards, where applicable
- [ ] vii. Other.

Describe

b) For what types of providers are quality ratings or other indicators of quality available?

- [x] i. Licensed CCDF providers.

Describe the quality information:

Quality rating through state QRIS

National Accreditation status

NAA Accreditation status

Accommodations - languages, special needs, others

Environment type

Financial options

Flexibility on hours/schedules

- [x] ii. Licensed non-CCDF providers.

Describe the quality information:

Quality rating through state QRIS

National Accreditation status

Accommodations - languages, special needs, others

Environment type

Financial options

Flexibility on hours/schedules

- [x] iii. License-exempt center-based CCDF providers.

Describe the quality information:

Quality rating through state QRIS

National Accreditation status

Accommodations - languages, special needs, others

Environment type

Financial options

Flexibility on hours/schedules

☑ iv. License-exempt FCC CCDF providers.

Describe the quality information:

Quality rating through state QRIS

Accommodations - languages, special needs, others

Environment type

Financial options

Flexibility on hours/schedules

☐ v. License-exempt non-CCDF providers.

Describe the quality information:

Â

☐ vi. Relative child care providers.

Describe the quality information:

Â

☑ vii. Other.

Describe

Youth Summer Camps

National Accreditation status
Accommodations - languages, special needs, others
Environment type
Financial options
Flexibility on hours/schedules

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full

report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- ☐ i. Full monitoring reports that include areas of compliance and non-compliance.
- ☐ ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

CCLU does not have a checklist, we refer individuals to our rules:
https://www.dhhs.nh.gov/oos/cclu/documents/he-c4002.pdf

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- ☑ Date of inspection
- ☑ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

They are listed on the Statement of Findings as a cited violation with evidence that indicates the nature of the violation, including if it resulted in a serious injury or death.

☑ Corrective action plans taken by the state and/or child care provider.
Describe:

Licensed child care providers are required to provide their Correction Action Plan (CAP) for all critical violations cited. The CAP is required by He-C 4002.06(i) to include: (1)The action the program has taken or will take to correct the violation(s);(2) The steps the program will take to ensure compliance with these rules and the applicable statutes in the future; (3) The date by which each of the violations was corrected or will be corrected; (4) The interim measures the program has implemented to protect the health and safety of children, when the violation cannot be corrected immediately; and (5) The dated signature of the provider for family and family group child care homes and of the center director or site director for center-based programs. If the CAP provided by the program is not acceptable for correcting the violation, the Department issues a directed CAP to the program. If an immediate corrective action plan is required, the Department may issue a CAP without first offering the opportunity for the program to complete a CAP. CCDF license-exempt providers are required to complete a Program Improvement Plan(PIP) for each violation included on the monitoring statement. The PIP is required by He-C 6916.16(g) or He-C 6917(f) and must meet the same requirements as listed above for licensed child care providers.

☑ A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

i. Provide the direct URL/website link to where the reports are posted.

The reports are accessed through https://nhlicenses.nh.gov/verification/?facility=Y. Select "child care" in the "Profession" drop down menu. Fill in any NH city (e.g.,"Manchester") or zip code and then "search" to access a list of providers for that area.

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

The DHHS policy is to provide reports for both licensed and license-exempt providers within 30 days of the completion of the inspection, whenever practical. Except for license exempt providers caring for relatives and children being cared for in their own home, reports will be made public online 5 working days after they are sent to the provider.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

The Department defines plain language as language that is clear, concise, and easily understood by all audiences, such as parents, providers, and the general public. To the extent possible, language does not exceed the Flush Kincaid 8th grade readability level.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

For licensing and the Bureau, clarity is as important as contents. Within the Licensing Coordinator Manual, it states, under written reports: "when writing evidence, be as clear and concise as possible - remember that others reading the Statement Of Findings (SOF) such as your supervisor, the provider, and the public, need to understand exactly what you mean." When a parent or the public contact CCLU, via phone or email as listed on the report and DHHS web sites, a licensing coordinator or supervisor will respond and clarify rules and explain the process of inspections including how the report is written and issued. While the CCLU cannot provide information regarding the inspections that is not already provided in the statement of findings, they can explain in general terms how rule applies.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

To correct any inaccuracies in either a Statement of Findings or a Monitoring Visit Report before they are published, providers contact their licensing coordinator. If the inaccuracies are true errors, providers will be issued a new Statement of Findings and

the initial Statement of Findings is removed from the public and provider file. An Informal Dispute Resolution Process is available to licensed providers, which allows them to dispute findings within 14 days of the issuance of the statement of findings or monitoring visit report: He-C 4002.11 Informal Dispute Resolution: An opportunity for informal dispute resolution shall be available to any applicant, licensee or permittee who disagrees with a finding of violation made by the department, per RSA 170-E: 10-a. A notice to the department requesting an informal dispute resolution shall be submitted in writing by the applicant, licensee, center director, or site director no later than 14 days from the date the Statement of Findings was issued by the department and shall include information and any additional documentation, if applicable, the applicant, licensee, or permitee believes is needed to show why the applicant, licensee, or permitee is not in violation as noted in the Statement of Findings issued by the department. In accordance with RSA 170-E:10-a, written notice of the Department's decision shall be provided to the applicant or licensee within 30 days from receipt of the request and receipt of any and all information from the applicant, licensee, or permitee. An informal dispute resolution shall not be an option for any applicant, licensee, or permitee against whom the Department has initiated a fine, conditional license, or action to suspend, revoke, deny, or refuse to issue or renew a license or permit.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:
-- filing the appeal
-- conducting the investigation
-- removal of any violations from the website determined on appeal to be unfounded.
An Informal Dispute Resolution Process is available to licensed providers, which allows them to dispute findings within 14 days of the issuance of the statement of findings. A Statement of Findings under dispute is noted on the website. Once a determination is made, if violations are removed, a new Statement of Findings is issued and the initial report is removed from the website and no longer available to the public. He-C 4002.11 Informal Dispute Resolution: An opportunity for informal dispute resolution shall be available to any applicant, licensee or permittee who disagrees with a finding of violation made by the department, per RSA 170-E: 10-a. A notice to the department requesting an informal dispute resolution shall be submitted in writing by the applicant, licensee, center director, or site director no later than 14 days from the date the Statement of Findings was issued by the department and shall include information and any additional

documentation, if applicable, the applicant, licensee, or permittee believes is needed to show why the applicant, licensee, or permittee is not in violation as noted in the Statement of Findings issued by the department. In accordance with RSA 170-E:10-a, written notice of the Department's decision shall be provided to the applicant or licensee within 30 days from receipt of the request and receipt of any and all information from the applicant, licensee, or permittee. An informal dispute resolution shall not be an option for any applicant, licensee, or permittee against whom the Department has initiated a fine, conditional license, or action to suspend, revoke, deny, or refuse to issue or renew a license or permit.

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

Three years' worth of monitoring reports are available online, with the option to request earlier reports by contacting CCLU. Monitoring of CCDF license exempt providers began on July 1, 2018. The Department policy will be the same as licensed providers once three years' of reports are available. CCLU staff reviews the information shared online every time they are in the database record of a program and makes reports nonpublic that fit the criteria. The same policy will pertain to CCDF license-exempt providers.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

CCLU is the designated entity. Any child that has a serious injury while in the care of a licensed program in accordance with HE-C 4002.19(ah) or license-exempt program in accordance with He-C 6916.11 (c) or He-C 6917.11(c) must:

- Notify the child's parents immediately;
- Notify CCLU within 48 hours; and
- Provide CCLU within one week a written report which details the nature and circumstances of the serious injury.

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

In the State of New Hampshire "substantiated child abuse" is defined by the components and consequences of said abuse instead of a single definition. The definition is under RSA 169-C:3, II: "Abused child" means any child who has been:

1. Sexually abused; or
2. Intentionally physically injured; or
3. Psychologically injured so that said child exhibits symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect; or
4. Physically injured by other than accidental means.

Child Care Licensing Rules He-C 4002.25(e), Behavior Guidance and Treatment and CCDF License-exempt rules He-C 6916.12(k) and He-C6917.12(l), Child Development, state: Child care personnel and household members shall not abuse or neglect children.

CCLU does not make the determination whether or not the incident rises to the level of substantiated abuse. The information gathered during a complaint investigation is provided to the DHHS Division for Children, Youth, and Families as to whether or not the individual will be charged with abuse or neglect. Child care licensing rule He-C 4002.25(e)(2),and CCDF License-exempt rules He-C6916.12(k)(2), He-C 6917.12(l)(2)referencing corporal punishment as defined in He- 4002.01(o), He-C

6916.03(d),He-C6917.03(e) and the program is cited for physical acts against a child. Licensing makes a referral to law enforcement when the mistreatment of children is severe enough that it may rise to the level of criminal charges.

iii. The definition of "serious injury" used by the Lead Agency for this requirement.
Serious injury is defined as any injury while in the care of the program, including fractures, dislocations, stitches, second or third degree burns, concussions, loss of consciousness, or requires emergency medical treatment or hospitalization.

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- [x] i. the total number of serious injuries of children in care by provider category/licensing status
- [x] ii. the total number of deaths of children in care by provider category/licensing status
- [x] iii. the total number of substantiated instances of child abuse in child care settings
- [x] iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.
Annually, based on a calendar year, a report on child deaths, and serious injuries in childcare is posted on the Agency's website along with the consumer education website. The current link to the report is: https://www.nh-connections.org/uploads/2020/11/3_3_2020Serious-Injury-Death-ReportKD.pdf

At present, the BCDHSC is coordinating with the Governor-appointed NH Child Fatality Committees' Communication Group which is chaired by the Assistant Bureau Chief of BCDHSC and the CCDF Co-administrator. The goal is integrate the report with additional resources, information and action items for child care providers, parents, children and other stakeholders as methodology for prevention and awareness. A specific tab is being built to share preventative strategies, statistics related to children's serious injury, abuse/neglect and death with associated educational and resource information.

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

BCDHSC contracts with SNHS/Child Care Aware of NH service and maintain the BCDHSC consumer education website, NH Connections. The site's main page directs the consumer to a NH's online child care referral searchable database of licensed and license-exempt (optionally) child care options through a linkable button.

Link to main page - NH Connections

Child Care Search page - NH Child Care Search

Child Care Aware of NH is also the statewide resource and referral agency.

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

As the Resource and Referral/Professional Development contractor, Child Care Aware of NH includes multiple ways for parents and other stakeholders to contact both this organization and DHHS through links. Parents can access help with understanding information on a wide variety of topics, from finding child care to applying for the NH Child Care Scholarship Program, as well as any information on the NH Connections website. The "contact us" page contains multiple ways to contact DHHS and Child Care Aware of NH via a central phone number, their regional office phone numbers or an option to email a question directly on the website. Child Care Aware of NH staff is available to answer questions Monday through Friday, 8:00 AM – 5:00 PM. In addition, there is a live chat component, Facebook page with messaging capability for additional contact avenues. Link: NH Connections.

The BCDHSC has a designated staff member to respond to urgent Child Care Aware live chat or Facebook questions during and outside of business hours when the site is active and manned by Child Care Aware of NH staff.

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

https://www.nh-connections.org/

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

Information about the availability of child care services provided through CCDF and other programs for which the family may be eligible is made available in multiple ways, including but not limited to, the following:

- NH Connections consumer education website at https://www.nh-connections.org/
- Lead Agency website at DHHS website https://www.dhhs.nh.gov/dcyf/cdb/index.htm
- New Hampshire's benefits application website NH Easy at https://nheasy.nh.gov/
- Contracted services with SNHS/Child Care Aware of NH and established partnerships with other community and state programs serving, or providing resources to, potentially eligible families. Child Care Aware of NH provides information by phone, email, in-person at the district offices through the NH Employment Program (NHEP) orientations and at various community meetings, events and on NH Connections website, as follows:
- Information for families includes child care referrals specific to the family's needs and desires for child care, types of care available, and how to choose quality child care.
- Information and resources are provided to child care providers through professional development, training and targeted technical assistance.
- Information to the community and/or general public may include various early childhood resources, information and data relevant to early childhood.
- Links to the DHHS website, which includes information on the NH Child Care Scholarship Program, billing and payment practices, and licensing rules and regulations. DHHS strives to write materials at a 6th to 8th grade reading level and provides a translation feature that will translate information found directly on the website. DHHS has translation services available upon request for any documents linked on the website. Translation is also available for materials provided through Child Care Aware of NH and DHHS.

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

☑ Temporary Assistance for Needy Families program:

Information on the Temporary Assistance for Needy Families (TANF) program is provided through a universal application process for all assistance programs at each of the 11 district offices located throughout the state via NH's online application - NH Easy at https://nheasy.nh.gov/, and on the DHHS website: https://www.dhhs.nh.gov/dfa/tanf/index.htm. In addition, NH Connections, the consumer education website, provides information and links related to the: NH Child Care Scholarship Program

☑ Head Start and Early Head Start programs:

DHHS website: https://www.dhhs.nh.gov/dcyf/headstart/index.htm; and a link to the DHHS website information appears on NH Connections at : NH Connections-Types of Child Care and under resources at NH Connections Resources.

☑ Low Income Home Energy Assistance Program (LIHEAP):

Family Service Specialists (FSS) at the District Offices will refer families needing fuel assistance to their local Community Action Program (CAP): Fuel Assistance-Energy Programs.

In addition, the consumer education website provides information and links as it relates to referring families needing fuel assistance: http://nh.childcareaware.org/family-resources/

In addition, the consumer education website provides information and links as it relates to referring families needing fuel assistance at https://www.nh connections.org/resources/

☑ Supplemental Nutrition Assistance Programs (SNAP) Program:

Information is provided through a universal application process for all assistance programs at each of the 11 district offices located throughout the state, the online application for NH Easy is found at https://nheasy.nh.gov/ , and on the DHHS website: TANIF.

In addition, the consumer education website shares a comprehensive list of resource websites and materials: https://www.nh-connections.org/resources/

☑ Women, Infants, and Children Program (WIC) program:

WIC is referenced in our online eligibility application - NH EASY, on our DHHS website (WIC Information) and on the consumer education website, which includes links to a comprehensive list of resources - https://www.nh-connections.org/resources/

Additionally, Family Services Specialists refer families needing WIC assistance to the local Community Action Program.

☑ Child and Adult Care Food Program(CACFP):

Per Child Care Licensing rules, programs that provide food are required to ensure that meals and snacks meet the daily meal patterns listed in, the USDA "Child Meal Pattern." Programs are directed in the rule to the USDA website:https://www.fns.usda.gov/sites/default/files/cacfp/CACFP_childmealpattern.pdf

In addition, the consumer education website provides a resource link that provides information on CACFP: https://www.nh-connections.org/resources/

☑ Medicaid and Children's Health Insurance Program (CHIP):

Information on Medicaid and CHIP may be accessed at: Contact Us | Medicaid Program | Office of Medicaid Business and Policy | NH Department of Health and Human Services.

In addition, the consumer education website provides a comprehensive list of resource links, which directs families to information on CHIP and Medicaid is located on the consumer education website at: https://www.nh-connections.org/resources/

☑ Programs carried out under IDEA Part B, Section 619 and Part C:

The consumer education website includes a tab, "Helping Children Grow" : https://www.nh-connections.org/families/helping-children-grow/. This tab provides resources and links to families and providers that can be utilized to better support children's growth and development, including Part B/619 and Part C programs.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

-- what information is provided

-- how the information is provided

-- how the information is tailored to a variety of audiences, including:

- parents

- providers

- the general public

-- any partners in providing this information

Description:

The consumer education, NH Connections website at https://www.nh connections.org/families/helping-children-grow/ includes a page available to providers, families, and the general public titled, “Helping Children Grow.” Information available on this page includes the following:

- The New Hampshire Early Learning Standards, which is a statewide resource for everyone who loves, cares for, and educates young children. The Standards provide essential information to support and enhance children’s development and learning.
- Vroom: a website and app available for families and general public, which includes over 1000 activities designed to help promote brain development. Early learning experts created Vroom tips to complement existing community efforts to enhance parent and caregiver knowledge on promoting child development.
- Nutrition and Physical Activity: a link to NH DHHS Division of Public Health and Services Developmental Milestones: a link to the Center for Disease Control and Prevention website.
- Developmental Screening: Including information on EPSDT and Watch Me Grow, NH’s developmental screening, referral and information system for families of children ages birth to six years. Additionally, Child Care Aware of NH includes resource pages for families and providers that link to all contracted services and state partnerships.

ACROSSNH maintains a website that is available to providers, families, and the general public that includes on the consumer resource page information about physical health and development, particularly healthy eating and physical activity, parent and family engagement and child care resources for school age children. Child Care Aware of NH and ACROSSNH provide training and technical assistance to child care providers aimed at increasing knowledge on research and best practices concerning children's growth and development.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,

- how the information is provided, and

- how information is tailored to a variety of audiences, and

- include any partners in providing this information.

Description:

Through a BCDHSC-contracted partnership with the SERESC Preschool Technical Assistance Network (PTAN), providers and families have access to early childhood consultation services that are individualized to meet the social-emotional and behavioral health needs of the child or children via telephone, in person, and resource and referral sharing. PTAN maintains a website that is available to families, providers and the general public that includes information about inclusive child care. Topics include information about the social-emotional development of children, positive interventions, as well as resources and tools to support families in responding to their child's social-emotional needs. New research and resources that promote children's social-emotional development are emailed to child care teachers and directors on a regular basis to support their ability to maintain all

children in their program. Additionally, through a BCDHSC and DOE partnership, PTAN plays a key role in NH's Pyramid Model state initiative by facilitating the Pyramid Model State Leadership Team, working closely with Rob Corso, national Pyramid Model Consortium executive director and NH consultant, and temporarily posting Pyramid Model State Leadership Team information on the SERESC website for SLT members: Link to PTAN services: http://ptan.seresc.net/blog/homenew/.

ACROSS NH maintains a website that is available to providers, families, and the general public that includes on the consumer resource page, ACROSS NH Consumer Resources information about social and emotional health and development, parent and family engagement and child care resources for school age children. Links to both the PTAN and ACROSS NH website can be found on the consumer education website provider and family resource pages: Provider Resource page - https://www.nh-connections.org/social-emotional-development/; Family Resource page https://www.nh-connections.org/resources/

Head Start programs are required by Head Start Program Performance Standards to support a program-wide culture that promotes children's mental health, social and emotional wellbeing, and overall health, by providing effective classroom management and positive learning environments, supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social-emotional, and mental health concerns. Head Start programs are supported by mental health consultants who assist the program to implement strategies to identify and support children with mental health and social-emotional concerns. Head Start has long implemented the Pyramid Model framework and is represented on the Pyramid Model State Leadership Team.

NH is the 28th Pyramid Model State with the national Pyramid Model Consortium. Key stakeholders in the state (including BCDHSC and DOE staff) are working together to develop a sustainable infrastructure that will offer a more systematic approach to ensuring that those who work with young children have the capacity to support families and strengthen social emotional development in young children, including providing trauma-informed care. Over the past several years, the DOE has implemented its iSocial project, which developed and implemented the Pyramid Model framework in preschool special education programs in partnership with community early childhood programs in numerous districts throughout the state. The DOE and BCDHSC will work over the next year to merge the iSocial and Pyramid Model State Leadership Teams, connect the iSocial database to NHCIS, and jointly support

the continued expansion of the framework to programs throughout the state. Lastly, the DHHS Bureau of Children's Behavioral Health participates on the Pyramid Model State Leadership Team and works to leverage resources and align policies and practices accordingly.

2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

All NH licensed child care programs, including school-age programs, in accordance with He-C 4002.25(g), Behavior Guidance and Treatment of Children, are required to develop and implement a written policy to address the limitations of expelling children from their program for challenging behaviors. Except for relatives and children being cared for in their own home, CCDF license-exempt providers in accordance with He-C 6917.12(m), serving children birth to five years of age and their families, are included in this requirement.

The policy must address at, a minimum:

- The steps the program will take to assist the child in maintaining enrollment prior to expelling the child for challenging behaviors;
- Parent notification requirements regarding their child's challenging behaviors; and
- The responsibility of the program if the challenging behavior results in a serious safety risk to the child or others within the program. The written policy must be provided to parents at enrollment and can only apply when addressing a child's behavior. The expulsion policy is not inclusive of a parent's misconduct or the parent's failure to comply with other child care rules or laws.

As described in section 2.4.4, a BCDHSC-contracted partnership with Preschool Technical Assistance Network (PTAN) supports providers and families to access early childhood mental health consultation services that are individualized to meet the needs of the child and are available by telephone, in person and resource and referral sharing.

The purpose of the contract is to provide a statewide program to support the inclusion of young children with special needs in child care programs serving children six weeks

through five years of age. PTAN provides on-site and telephone consultation to child care programs, as well as group training to child care teachers and directors, to promote the successful inclusion and prevent the expulsion or suspension of young children with special needs.

PTAN maintains a website that is available to families, providers and general public that includes information about preventing suspension and expulsion: http://ptan.seresc.net/inclusive-child-care/preventing-child-care-expulsion / The consumer education website links families, providers and the general public to the PTAN website.

A brochure that describes best practices to prevent expulsion and suspension, as well as the requirement that programs develop and implement a suspension and expulsion policy in accordance with A CF standards, is distributed widely via the CCLU, Child Care Aware of NH (in a child care referral packet) and PTAN. Further, the materials for providers are posted along with other information on the topic on the consumer education website at https://www.nh-connections.org/providers/expulsion-prevention/ and for families at https://www.nh-connections.org/resources/ at the Family Resources tab.

ACROSS NH, the afterschool provider support contractor funded by the BCDHSC, created a resource for NH out-of-school time programs: A Suspension and Expulsion Prevention Policy Guide for NH Afterschool Programs

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include:
Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance.Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional,

physical, or linguistic delays (658E(c)(2)(E)(ii)).This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

Watch Me Grow (WMG), NH's development screening, referral and information system for children ages birth to six years and their families, provides: a) parental completed development screening using Ages and Stages Questionnaires (ASQ-3 and ASQ-SocialEmotional); 2) timely referrals to supports and services based on families' priorities and needs; 3) information for families on health, development, developmental milestones and red flags to development; and 4) tips for families on helping their children grow and learn. At this time, data on developmental screening activities, outcomes and referrals are collected via the Watch Me Grow/Welligent data system. However, WMG Stakeholders Team is exploring shifting data collection to Brookes Publishing Company, Inc. Information on Watch Me Grow is disseminated via social media (Watch Me Grow New Hampshire - New Hampshire Family Voices (nhfv.org), sharing information during relevant conferences, training sessions, meetings, etc., as well as through the DEHS contracted Family Resource Centers, which serve as hubs for the system. Over the next three years, Watch Me Grow will be expanded to include more child care programs by blending CCDF and other resources.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and

Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
A link to information on EPSDT is provided on the consumer education website at:
https://www.nh-connections.org/families/helping-children-grow/
Watch Me Grow provides information on, and referrals, to NH Part C and Part B/619 based on results of screening. NH's Part C program, Family Centered Early Supports and Services, co-funds Watch Me Grow, which satisfies in part its child find requirements. In NH, there is no statewide system for referrals to Part B/619 through the Department of Education. Individual school districts are responsible for carrying out child find activities. However, Watch Me Grow outreaches to school districts to inform them about the system and how they can become a Watch Me Grow partner, which numerous districts have done to date.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.
Families receive a Notice of Decision regarding their eligibility for the NH Child Care Scholarship Program. This notice includes a statement on developmental screening, with a link to Watch Me Grow New Hampshire

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.
The Watch Me Grow system is universal (i.e., all young children from birth to age six years can access screening at no cost to the family), and families and early childhood professionals are encouraged to ensure that children are screened "early and often" according to the Ages and Stages Questionnaires (ASQ) screening intervals. Families can access development screening online through the Watch Me Grow website, or connect with a Family Resource Center for a paper copy of the screening tools and/or assistance with completing the tools.

e) How child care providers receive this information through training and professional development.
Training and professional development are available to child care and other early childhood professionals via Child Care Aware of NH and the Watch Me Grow system.

Family Resource Centers contracted through DEHS Family Support to provide Watch Me Grow activities to families also offer training on developmental screening, red flags to development, resources for families and the Watch Me Grow system itself. In addition, the national website for Help Me Grow, also a development screening system model, has comprehensive information on developmental screening for providers (see: Help Me Grow National Center).

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

A description of the DHHS Watch Me Grow system is located at: https://www.dhhs.nh.gov/dcbcs/bds/families.htm.

In addition, the national website for Help Me Grow, also a development screening system model, has comprehensive information on developmental screenings (see: Help Me Grow National Center).

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

All parents eligible for the NH Child Care Scholarship Program receive a Notice of Decision (NOD). A NOD informs a family when an eligibility determination has been made or when a child is added to or released from the wait list, if applicable (currently

there is no wait list in NH) and offers them the right to appeal the decision.

The NOD includes a link to the Consumer Statement found on the consumer education website on https://www.nh-connections.org/

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- ☑ Health and safety requirements met by the provider
- ☑ Licensing or regulatory requirements met by the provider
- ☑ Date the provider was last inspected
- ☑ Any history of violations of these requirements
- ☑ Any voluntary quality standards met by the provider
- ☑ How CCDF subsidies are designed to promote equal access
- ☑ How to submit a complaint through the hotline
- ☑ How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

https://www.nh-connections.org/

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children

in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed $1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4))); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from birth

(weeks/months/years)

through 12

years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))

☐ No

☑ Yes,

and the upper age is one day before child's 18 birthday

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: A child aged 13 through the age of 17 who has a verified medical, physical, developmental, educational, or emotional condition which limits the child's ability to care for himself/herself, or he/she would cause harm to himself/herself or others without supervision as verified on Form 2690, Verification for a Child Experiencing Significant Special Needs. Children cannot be found initially eligible for NH Child Care Scholarship (CCS) at age 13. CCS terminates for children turning 13 years old at the end of their 12-month eligibility period.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

☐ No.

☑ Yes

and the upper age is one day before child's 18th birthday

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

i. "residing with":

The parent is in the household, except for temporary absences, while the child remains financially supported by the parent.

ii. "in loco parentis":

A person is acting in place of a parent, such as a guardian, aunt, uncle, grandparent with whom the child lives and who provides care. This responsibility need not be ordered by the court.

3.1.2 Eligibility criteria: Reason for care

a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

i. Define what is accepted as "Working" (including activities and any hour requirements):

Working" means that the parent is participating in an activity that is designed to assist them in entering, re-entering, or remaining in the workforce, including paid internships, performing duties for VISTA, employment, job search, training leading to employment, Basic Education or activities approved by the NH Employment Program (NHEP), such as workplace training, barrier resolution or job readiness. Employment hours include one hour of commute time per day of work each week, rest time for the parent who works any four or more hours between 10 PM and 6 AM.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

Any post-secondary training that is preparatory to employment.

iii. Define what is accepted as "Education" (including activities and any hour requirements):

Secondary education that leads to a degree or certificate that is preparatory to employment, including classroom and internet training. Secondary education for non TANF clients must: 1) prepare the parent for employment; 2) lead to a degree or certificate in a specific field of employment: 3) not exceed 2 years in a lifetime: 4) is not a single course apart from a degree or certificate; and 5) not result in a bachelor's degree or higher.

- For TANF clients who are not receiving NHEP, requirements 1-4 above apply, but the degree may be at the associate or bachelor's level.

- For NHEP participants, the secondary education must be approved on the client's Employability Plan, but acceptable degrees are not indicated.
- For parents receiving TANF, Basic Education includes remedial, basic, and alternative education that leads to a high school diploma or equivalent or increases literacy levels. Acceptable programs include high school, General Education Development, English as a Second Language, and Alternative Basic Education. No minimum number of hours is required. Study time equal to one hour for every classroom hour within a week is allowed. Commute time is allowed per unique number of hours' child care is needed per week.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

No minimum hours are required when attending approved training or education .Commute time is allowed per unique number of hours child care is needed per week. Study time equal to one hour for every classroom hour within a week is allowed.

3.1.2 Eligibility criteria: Reason for care

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

☑ Yes

☐ No,

If no, describe the additional work requirements.

The NH Child Care Scholarship Program allows parents at initial eligibility and redetermination to be participating in an approved training or educational program without any additional work requirements.

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

☐ No.

☑ Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

Protective child care is a court-ordered service authorized by a DCYF social

worker. DCYF provides child care funds through TANF and state funding sources to children in foster care while the foster parent is working or to children who remain in the parent's home and the family is involved in a founded report of abuse or neglect pursuant to RSA 169-C:3 XII-a. CCDF is not used for this purpose. In the latter case, protective care relieves parents of stress of continuous child care and gives parents the opportunity to correct their abusive or neglectful behavior. NH has another service called "preventive child care" aimed at preventing child abuse and neglect by offering services before the escalation to protective services. Preventive child care is authorized for children who remain in the parent's home. Families create a case plan with their local Family Resource Center for child care to address issues that lead to abuse and neglect.

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

- [ ] No
- [x] Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

- [x] No
- [ ] Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

- [x] No
- [ ] Yes

v. Does the Lead Agency provide respite care to custodial parents of children in

protective services?

- [x] No
- [ ] Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

a. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination?

The total monthly monies received before taxes and other deductions

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI($/Month)	85% of SMI ($/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) ($/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	5,033	4,278	2,362	47%
2	6,581	5,594	3,194	49%
3	8,130	6,911	4,026	50%
4	9,679	8,227	4,859	50%
5	11,227	9,543	5,691	51%

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

NH's income eligibility limits are statewide.

d. SMI source and year. May 29, 2020 LIHEAP-IM-2020-02 Federal Low Income Home Energy Assistance Program from the US DHHS ACF Office of Community Services Division of Energy Assistance.

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

NH has uniform statewide rates.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 07/01/2021

g. Provide the citation or link, if available, for the income eligibility limits.
https://www.dhhs.nh.gov/fam_htm/newfam.htm

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed $1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a) Describe how the family member certifies that family assets do not exceed $1,000,000 (e.g., a checkoff on the CCDF application).

The applicant must attest that the family assets do not exceed $1,000,000. Members of the assistance group cannot have assets, or combined assets, greater than one million dollars. A mandatory question, "Do the Family Assets exceed $1,000,000?" is located on the Child Care Program Responses screen in the New HEIGHTS eligibility system to conduct the resource test.

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

☑ No.

☐ Yes.

If yes, describe the policy or procedure and provide citation:

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

Each child for whom the NH Child Care Scholarship Program is requested must be a resident of New Hampshire; except for children of migrant workers who qualify as homeless because they are living in circumstances described in the McKinney-Vento Act. Each child for whom the NH Child Care Scholarship Program is requested must also reside in the same household as the parent/caretaker relative/legal guardian who is requesting NH Child Care Scholarship Program, and must be a U.S. Citizen, or a noncitizen who meets TANF criteria for noncitizen eligibility.

b. eligibility redetermination.

All eligibility conditions or rules at redetermination are the same as those at eligibility determination.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

☑ a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules

- [ ] b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- [ ] c. Establishing minimum eligibility periods greater than 12 months
- [x] d. Using cross-enrollment or referrals to other public benefits
- [ ] e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- [ ] f. Working with entities that may provide other child support services.
- [x] g. Providing more intensive case management for families with children with multiple risk factors;
- [ ] h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- [x] i. Other.

Describe:

- BCDHSC partners with Head Start and utilizes a DCYF/Head Start Memorandum of Agreement to enable wrap-around services for children who are enrolled in Head Start for part of the day to attend child care for a remaining portion of the day. The agreement specifies that child care programs may bill the NH Child Care Scholarship Program for the full-day rate for children who attend Head Start for part of the day and then attend child care the rest of the day.
- For children receiving DCYF Preventive care, the family must have a family service plan that focuses on barriers, needs of the child, and goals, which is developed with both family and worker input.
- For children receiving DCYF Protective services, the NH Child Care Scholarship Program covers the cost share and copayment amount in order to remove any financial barriers and to improve continuity of care.
- NH pays a special need differential to child care providers on behalf of eligible children, which is intended to be used for accommodation or classroom adaptation in the child care setting. The cumulative effect of these weekly payments for a child can increase continuity of specialized care received in a particular child care program. In 2020, differential payments for children with significant special needs were increased from $50 to $100 for full time, from $30 to $75 for half time and from $15 to $50 for part time per week.
- Since it was printed, NH distributed approximately 10,000 copies of the Early Learning Standards statewide to provide essential information to support and enhance children's development and learning. The NH Early Learning Standards guide contains a section titled, "Differences in Development," which outlines developmental milestones at various age intervals. These milestones may help families and professionals who work with children from birth through age five identify potential delays in development that may be a cause for concern. If there

is an identified concern about a child's development, the section in the document "Partnering with Families When You Have a Concern About a Child's Development" helps guide professionals about the process that could be followed to help families ensure a child receives follow-up services to address the concern. The document also provides resources in the section titled, "Where to Get Help." This section has information about NH's development screening system called "Watch Me Grow." Families and professionals also have information about NH's early intervention system, "Family-Centered Early Supports and Services (FCESS)" for children from birth to 3 years of age, and information about Preschool Special Education Services for children ages 3 - 5. An overview of the special education process also helps families understand the basics about the Individualized Education Program (IEP) process.

3.1.7 Fluctuation in earnings.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- [x] Average the family's earnings over a period of time (i.e. 12 months).
- [ ] Request earning statements that are most representative of the family's monthly income.
- [ ] Deduct temporary or irregular increases in wages from the family's standard income level.
- [ ] Other.

Describe:

When a parent indicates that the current income does not reflect the total family income of the next 12-month period or the parent has irregular fluctuations in earnings over the course of a year, typically due togaps in employment from month to month or season to season availability of work, income may be annualized over 12 months to better reflect the family's annual income. Examples include: a contractor who completes a construction job in one month and has no additional work scheduled for the next month(s); a ski resort employee that works only during the winter season; or a farm worker that works only in spring and summer.

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

- [x] Applicant identity.
  - [x] Required at Initial Determination
  - [ ] Required at Redetermination

    Describe:

    DHHS requires one or more of the following: his/her birth certificate; his/her marriage certificate; his/her divorce decree, if the name to be used subsequent to a divorce is changed; his/her driver's license or other identification which contains a picture of the individual; or for a legal name change, the court documentation showing the legal name of the individual and the date the name change took effect.

- [x] Applicant's relationship to the child.
  - [x] Required at Initial Determination
  - [ ] Required at Redetermination

    Describe:

    DHHS requires one or more of the following:
    - The child's birth record containing the name(s) of his/her parent(s); the adult's birth record;
    - A marriage certificate containing the names of the parties who were married, including any maiden or previous names used;
    - Any additional birth or marriage records necessary to show the relationship of the child(ren) to the adult(s)in the assistance group;
    - For a legal guardian, the court documentation indicating the relationship of the adult to the child as that of a legal guardian; or
    - For a caretaker relative, one or more of the following documentation: (a) a court order giving the caretaker relative the duty of care, custody, and supervision of the

child; (b) a document showing power of attorney for the child(ren) by the caretaker relative with whom the child(ren) lives; or (c) a statement from the child's parent(s) that the caretaker relative is the individual who shall provide care and supervision for the child on his/her behalf.

☑ Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

☑ Required at Initial Determination

☐ Required at Redetermination

Describe:

A child's identity may be verified by one of the following:

- His/her birth certificate; identification which contains a picture of the individual;
- For a legal name change, the court documentation showing the legal name of the individual and the date the name change took effect. The date and place of birth of each child in the assistance group for which the parent is requesting the benefit of the NH Child Care Scholarship Program must be verified by one or more of the following documents:
- His/her birth certificate;
- His/her baptismal certificate; or
- His/her US passport. When a child was not born in the US but has either become a US citizen or been lawfully admitted to the US, his/her birth record and one or more of the following documents must be submitted to verify date and place of birth and citizenship status: his/her certificate of citizenship or naturalization; or the following US Immigration and Naturalization Service (INS) forms or documentation: (a) INS Form I-551, Permanent Resident card; (b) INS Form I327, Re-entry Permit; (c) INS Form I-94, Arrival Departure Record, stating that the person has been admitted to the US as a refugee under Section 207(c) of the Immigration and Nationality Act; (d) INS Form I-94, Arrival Departure Record, stating that the person has been admitted to the US as an asylee under Section 208 of the Immigration and Nationality Act; or (e) Documentation from INS that the person has lawful temporary or permanent resident status under Section 201 or 302 of the Immigration Reform and Control Act.

☑ Work.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

To document work, DHHS requires paystubs that indicate the type of income, the

gross amount, frequency and source of payment or a statement from the employer indicating start date, expected weekly hours and expected earnings, or for self-employment, a parent's current profit and loss statement or the entire IRS tax filing from the previous year.

☑ Job training or educational program.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

For those parents who are not NHEP participants, but who are in a training or educational program (including any internet training or educational programs) the acceptable verification of the training or education must be a signed and dated statement from the school or training organization indicating:

1. That the parent is enrolled in the program;
2. That the program shall lead to a degree or certificate at the associate's level or less in a specific field of employment;
3. The duration of the program; and
4. The class schedule, including hours of class attendance.

☑ Family income.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

"Family income" is any earned or unearned income plus any contributions of monies to the family from any source, verified by a statement from the contributor, which indicates the amount, frequency, and expected end date of the contribution.

☑ Household composition.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

At a minimum, the following information must be provided by the applicant at the time of application for each member of the assistance group:

- His/her full name, including maiden name, if applicable, and any other names used previously;
- His/her date and place of birth;

- His/her current address; and
- A description of the current household composition, such as whether the family lives independently, or with a relative(s) or others, is homeless, or if the child(ren) living with him/her is a foster child.

☑ Applicant residence.

☑ Required at Initial Determination

☑ Required at Redetermination

Describe:

To verify a current address, any of the following verifications are acceptable:

- Rental receipts which show the address of the family;
- If the home is owned, the deed or mortgage receipts which indicate the address of the family; or
- Utility or telephone bills which show the address of the family; or a statement from the current landlord that includes the address of the family.

☑ Other.

☐ Required at Initial Determination

☐ Required at Redetermination

Describe:

- Child experiencing a significant special need(s): When a child is experiencing a significant special need, Form 2690 "Verification for a Child Experiencing Significant Special Needs" (July 2015) must be completed and submitted to DHHS for approval. If approved, the special need differential payment is made directly to the child's enrolled child care provider.
- Need for Sleep When Working during the Night: When a parent works at least 4 hours on a night shift between 10:00 pm and 6:00 am, acceptable verification must be a signed and dated statement from the parent's employer, or if self-employed, the parent's customer stating the hours of the shift that the individual works each week.
- Medical Leave of Absence from Work: Upon initial and redetermination, if an individual is on a medical leave of absence from work, due to their own health or is caring for the other parent of a common child living in the household or another child living in the household, the parent must provide a signed and dated statement from the employer or the individual, if self-employed, stating the individual is still considered employed and will be able to return to work following the medical leave.
- Medical Leave of Absence from Job Training or Education: Upon initial and redetermination, if an individual is on a medical leave of absence from a training or educational program, due to their own health or is caring for the other parent of

a common child living in the household or another child living in the household, the parent must provide a signed and dated statement from the institution where the individual attends the training or educational program stating that the individual is still considered enrolled by the institution.

- Job Search: Upon initial and redetermination when a parent is actively seeking employment, job search is verified by: 1) the parent's compliance with the NHEP pursuant to He-W 637.05; 2) by virtue of a parent's registration with the NH Department of Employment Security's NH Job Match System; or 3) in accordance with the NH Unemployment Compensation Benefits.
- Parent is seeking employment and housing on the same day: When a parent is seeking employment and housing on the same day, acceptable verification shall be the same as in "Job Search" above. Temporary housing shall be any nonpermanent living arrangement as described in the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11301.Person is providing in-home care and the employer will not allow the provider to provide care simultaneously for his/her own child: For individuals who are providing care as a license-exempt provider in the child's home, but whose employment is based on the condition described in He-C 6910.07(j), the individual must to provide a document signed by his or her employer verifying that the provider is prohibited from caring for his or her own children while caring for the employer's children as a condition of the individual's employment and that the employer is not a license-exempt child care provider.

Families must arrange for child care with an enrolled provider within 30 calendar days from the official application date and return the completed DCYF Form 1863 to link the child to the eligible provider. A one-time additional 30 calendar day extension will be granted per application as good cause in the following circumstances:

1. Parent has been unable to locate suitable child care in a timely fashion after working with Child Care Aware of NH, statewide Resource and Referral program. For individuals seeking child care through a child care resource and referral program pursuant to He-C 6910.10(r)(1), a letter from the child care resource and referral program stating that the parent has been working with them and child care has not been identified for that specific child is acceptable verification. Parent has been unable to locate child care within the DHHS specified time limit (30 calendar days) due to a hospital stay: When a child or parent has had an in-patient hospital stay within the past 30 days as described in He-C 6910.10(r)(2), acceptable verification will be the discharge statement, hospital record, or a statement from the attending physician

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

- [x] Time limit for making eligibility determinations

  Describe length of time:

  Family Services Specialists (FSS) are required to make an eligibility determination within 30 days of the receipt of a completed application. Expedited child care must be determined within 7 days of receipt of a completed application (typically determined within 3 days), with a final eligibility determination within 30 days of receipt of a completed application.

- [x] Track and monitor the eligibility determination process
- [x] Other.

  Describe:

  Clients are required to provide verification documentation within 10 days of a completed application.

- [ ] None

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a. Identify the TANF agency that established these criteria or definitions: DHHS, Division of Economic and Housing Stability, Bureau of Family Assistance

b. Provide the following definitions established by the TANF agency:

i. "Appropriate child care":

"Appropriate child care" means the child care provider is: open for the hours and days the parent would need child care in order to comply with work requirements; able and willing to provide child care services including any of those required to address special needs of the children; either licensed or license-exempt for the appropriate age group in accordance with RSA170E; and providing care that is representative of the quality of child care provided to other children in the community.

ii. "Reasonable distance":

"Reasonable distance" means the distance of the available child care provider from the individual's residence and then to his or her work activity is not substantially greater than the distance that others living in the same town or city would travel for child care services and then to their work activity.

iii. "Unsuitability of informal child care":

"Unsuitability of informal child care" means that the child care provider is license exempt and was not able to successfully pass the background check required in RSA 170E:7 related to the State central registry and criminal records check, or the child care provider was not able to meet the conditions specified in the employment-related child care program rules He-C 6914 and He-C6920.

iv. "Affordable child care arrangements":

"Affordable child care arrangements" refers to equal access to child care that can be maintained without undue financial hardship to the family.

c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

- [x] i. In writing
- [x] ii. Verbally
- [ ] iii. Other.

Describe:

N/A

d. Provide the citation for the TANF policy or procedure:

RSA 167:82 III (c)(8); 167:82 III(e) and He-W 637.06, He-W 637.07

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

3.2.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	**Lowest initial or First Tier Income Level where family is first charged co-pay (greater than $0)**	**What is the monthly co-payment for a family of this size based on the income level in (a)?**	**What percentage of income is this co-payment in (b)?**	**Highest initial or First Tier Income Level before a family is no longer eligible.**	**What is the monthly co-payment for a family of this size based on the income level in (d)?**	**What percentage of income is this co-payment in (d)?**
1	1-1074	0.47-51.02	4.75%	2,362	402	17%
2	1-1452	0.47-68.97	4.75%	3,194	543	17%
3	1-1830	0.47-86.93	4.75%	4,026	684	17%
4	1-2209	0.47-104.93	4.75%	4,859	826	17%
5	1-2587	0.47-122.88	4.75%	5,691	967	17%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

☑ i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

c. What is the effective date of the sliding-fee scale(s)? 07/01/2021

d. Provide the link(s) to the sliding-fee scale:

See FAM 935 *NH Child Care Scholarship Gross Monthly Income Limits* here:

https://www.dhhs.nh.gov/fam_htm/newfam.htm

3.2.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply under a. or b.

- [x] a. The fee is a dollar amount and (check all that apply):
  - [ ] i. The fee is per child, with the same fee for each child.
  - [ ] ii. The fee is per child and is discounted for two or more children.
  - [ ] iii. The fee is per child up to a maximum per family.
  - [ ] iv. No additional fee is charged after certain number of children.
  - [x] v. The fee is per family.
  - [ ] vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

    Describe:

  - [ ] vii. Other.

    Describe:

    N/A The contribution schedule is statewide.

- [x] b. The fee is a percent of income and (check all that apply):
  - [ ] i. The fee is per child, with the same percentage applied for each child.
  - [ ] ii. The fee is per child, and a discounted percentage is applied for two or more children.
  - [ ] iii. The fee is per child up to a maximum per family.
  - [ ] iv. No additional percentage is charged after certain number of children.
  - [x] v. The fee is per family.
  - [ ] vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

    Describe:

    N/A The contribution schedule is statewide.

☑ vii. Other.

Describe:

The fee is per family and is divided equally amongst all eligible children who are currently linked to a DHHS-enrolled child care provider.

3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

☑ No.

☐ Yes, check and describe those additional factors below.

☐ a. Number of hours the child is in care.

Describe:

☐ b. Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

☐ c. Other.

Describe:

3.2.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

☐ No, the Lead Agency does not waive family contributions/co-payments.

☑ Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

☐ a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

☑ b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

Families receiving preventive and protective services are not charged a co-pay.

See He-C 6912.07 *Child Care Scholarship Payment for Preventive and Protective Care.*

☐ c. Families meeting other criteria established by the Lead Agency. Describe

Describe the policy.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

- ☐ N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)
- ☐ The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

☑ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

A. Provide the income level for the second tier of eligibility for a family of three:

Over $4026 and at or under $4575 monthly.

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

Sources reference New Hampshire as having one of the highest State Median Income (SMI) levels in the country, repeatedly ranking NH in the top 10 over the past five years. For a family of three, the SMI is $97,561 and $116,144 for a family of four. New Hampshire also has a very low unemployment rate at 2.9% in June 2021 (New Hampshire Employment Security). In the 2019 Priorities Report, the Office of Child Care recognizes that NH has the lowest percent of children ages 0-12 in poverty in the nation and receiving CCDF at 9%. According to the research of the National Center for Children in Poverty at Columbia University on average, families need an income of about twice the federal poverty threshold to meet their most basic needs. A typical family of three with a low income has an income of $21,960. The NH Child Care Scholarship Program will serve this same family until their income exceeds $54,900, an excess of $10,980.

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

New Hampshire's tier two eligibility range is greater than 220% of FPG and less than or equal to 250% of FPG. This allows families to be determined eligible at higher incomes than most other states. For example, a family of three can meet initial eligibility for the NH Child Care Scholarship Program with an annual income of $48,313 and could remain eligible for a 12-month period with income up to $54,900. Having a high eligibility threshold such as this helps prevent parents from passing up job opportunities in order to retain NH Child Care Scholarship Program.

Almost half of the population served through the NH Child Care Scholarship

Program enters at Step 1, leaving 6 additional income levels to go through before phasing out of the program. With 12-month eligibility and a 7-step system, children and families are not subject to a "cliff effect," but have ample time and financial assistance to maintain child care as income increases to the point of economic independence.

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

New Hampshire's system reasonably allows a family to continue accessing child care services without unnecessary disruption as follows: NH has decreased reporting requirements of families significantly during the current Plan cycle. Families are not required to report income changes unless it is a benefit to do so. New Hampshire chose not to exercise the option to increase cost share for families in tier two when the family experiences an increase in income.

NH's 7-step system allows eligible families to remain within a step or move from step-to-step while accommodating very high percentages of income increases. NH ensures that a small increase in earnings will not result in families becoming ineligible for assistance before they are able to afford the full cost of care. For example, a family of three that enters at the maximum Step 1 (100% of FPG), can remain eligible for the NH Child Care Scholarship Program with an increase in income of 150%. NH's tier two, Step 7, accounts for 30% of this income increase. When considering another example of progressing from step-to step within the system, it would take an increase in income of 18.75% for a family of three to move from the lowest level of Step 4 to the lowest level of Step 5 or a 15.79% increase in income to move from the lowest level of Step 5 to the lowest level of Step 6. When a parent is in low-wage employment, it is very unlikely that typical pay increases will cause a step change at redetermination.

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

He-C 6910.03(x), He-C 6910.03 (au), He-C 6910.15(h) through (j), He-C 6910.18 (a)(7), He-C 6910.18 (c)

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

- [x] No
- [ ] Yes

i. If yes, describe how the Lead Agency gradually adjusts copayments for families under a graduated phase-out.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

- [ ] No.
- [ ] Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:
CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

Children with special needs: A child experiencing significant needs means a child through the age of 17 who has a verified medical, physical, developmental, educational and/or emotional disability requiring additional funds for accommodations or classroom adaptation in the child care setting, and children receiving preventative or protective care using general funds.

b) "Families with very low incomes":

Families whose income is at or below 100% of the Federal Poverty Level who are not receiving TANF; and 2) Families currently receiving TANF benefits or are within 92 calendar days of TANF benefits ending.

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- [ ] Prioritize for enrollment in child care services
- [ ] Serve without placing on waiting list
- [ ] Waive co-payments (on a case-by-case basis). As described in 3.2.4
- [x] Pay higher rate for access to higher quality care
- [ ] Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for famiies with very low incomes. Check all that apply:

- [x] Prioritize for enrollment in child care services
- [x] Serve without placing on waiting list
- [ ] Waive co-payments (on a case-by-case basis). As described in 3.2.4
- [ ] Pay higher rate for access to higher quality care
- [ ] Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- [x] Prioritize for enrollment in child care services
- [ ] Serve without placing on waiting list
- [ ] Waive co-payments (on a case-by-case basis). As described in 3.2.4
- [ ] Pay higher rate for access to higher quality care
- [ ] Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- [ ] Prioritize for enrollment in child care services
- [ ] Serve without placing on waiting list
- [ ] Waive co-payments (on a case-by-case basis). As described in 3.2.4
- [ ] Pay higher rate for access to higher quality care
- [ ] Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

A child experiencing significant special needs means a child through the age of 17 who has a verified medical, physical, developmental, educational and/or emotional disability requiring additional funds for accommodation or classroom adaptation in the child care setting, and children receiving preventive or protective child care through general funds. DHHS prioritizes these children by providing a differential payment to child care providers who certify that they need additional funds to care for a child experiencing significant special needs and that a physician, physician's assistant, advance practice registered nurse, licensed mental health professional or a SAU Special Education Director or Area Agency Director certifies that a child's

significant special need requires additional support. For a child age 13 through 17 years of age, the physician, physician's assistant, advance practice registered nurse, or licensed mental health professional must certify that the child's condition limits the child's ability to care for him/herself or he/she would cause harm to him/herself or others without supervision.

The payment is made weekly based on the child's full-time, half-time or part-time attendance. As noted in 3.1.6 i., the weekly differential payment was increased in 2020 from $50 to $100 for full time attendance, from $30 to $75 for half time attendance is $30, and from $15 to $50 for part time attendance. Children with special needs receive the same eligibility priority as other CCDF-eligible children. Children receiving preventive or protective child care (supported with general funds, not CCDF) or who are within 92 days of transitioning out of preventive or protective child care are exempt from a wait list when the parent applies for employment-related NH Child Care Scholarship Program. Cost share may be waived for these families on a case-by-case basis. Child care providers who are serving children with special needs may receive specialized technical assistance to their program at no cost with the express intent of including children in the program and preventing suspension and expulsion.

Families whose income is at or below 100% of the Federal Poverty Level who are not receiving TANF; and 2) Families currently receiving TANF benefits or are within 92 calendar days of TANF benefits ending. Families in the first category would be placed on the high priority wait list, when one is in effect, where they will be released twice as quickly as those families on the non-priority wait list. Families in the second category are guaranteed to receive NH Child Care Scholarship Program. Currently there is no wait list in NH.

Families who meet the McKinney-Vento definition of homelessness are eligible for Expedited Child Care to improve access to child care services. Expedited child care must be determined within 7 calendar days of the date of application with a final eligibility decision made within 30 calendar days. The child care provider must be a currently enrolled DHHS child care provider. Expedited child care is allowed with a person's self-attestation as verification of homelessness and that the parent is participating in employment, training, education or job search. A

parent is not required to verify income or complete Form 1863 "Provider Verification" to be determined eligible for expedited child care. NH requires the family services specialist to ask a family if they meet the McKinney-Vento definition of homelessness, if they report they live in a home or apartment. Families are prompted to respond to this question when applying online through NH EASY. FSS are trained to inform families of the opportunity to receive expedited child care to improve access to child care services. In addition, Child Care Aware of New Hampshire, statewide Child Care Resource and Referral (CCR&R), participates in the Homelessness Task Force and screens for indications of homelessness during the intake process when providing referrals for families. They are familiar with expedited child care and will also refer families experiencing homelessness to other resources and programs that might benefit them. If they identify a family as homeless, they track it in their referral database. He-C 4002.17(a), He-C 6916.09(l), and He-C 6917.09(k) provide families experiencing homelessness and children in foster care 60 days to obtain immunization records.

Families who are receiving TANF or who have transitioned off TANF in the past 92 calendar days; families currently experiencing homelessness or whose families have found housing after experiencing homelessness within the past 92 calendar days; families whose preventive or protective child care services closed in the past 92 calendar days; and families receiving NH Child Care Scholarship Program with a single parent who is placed on orders or deployed for military service if the single parent will be out of NH for more than
30 calendar days and their legal guardian applies and is determined eligible for NH Child Care Scholarship Program. The legal guardian's income is not counted unless his or her own children are receiving NH Child Care Scholarship Program. Families whose single parent returns from military service out-of-state and reapplies for child care and is determined eligible are not subject to a wait list, when one is in effect. Families who are at or below 100% of FPL and not receiving TANF, but may be at risk for becoming dependent on TANF, are placed on a high priority wait list, when one is in effect, and released twice as quickly from the wait list as other CCDF eligible families.

3.3.3 List and define any other priority groups established by the Lead Agency.

At this time there are no other “official” priority groups; however, special attention, with potential future priorities, is being paid to such groups as new immigrants, children in homes where parents are receiving treatment/services for substance use or mental health issues, children of teen parents, among others. As of July 1, 2019, however, NH SB 570 required NH to waive the CCDF work requirement for those receiving treatment/services for substance use or mental health issues.

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

With the exception of parents receiving treatment/services for mental health or substance use issues as mandated by NH SB 570 that began on July 1, 2019, there currently are no additional priority groups. However, prioritization in NH grows out of need, social condition, crisis intervention, and public demand. Any newly identified priority group would then be evaluated for eligibility of services throughout the DHHS system.

During the COVID-19 pandemic, the children of essential workers and those children deemed "vulnerable" (not necessarily a DCYF case, but vulnerable for mental, physical, or environmental abuse or neglect) received prioritization in a number of ways including access to care, funding, and flexibility within group sizes.

3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

NH requires FSS to ask a family if they meet the McKinney-Vento definition of homelessness, if they report they live in a home or apartment. Families are prompted to respond to this question when applying online through NH EASY.FSS are trained to inform families of the opportunity to receive expedited child care. In addition, Child Care Aware of NH (CCR&R) participates in the Homelessness Task Force and screens for indications of homelessness during intake when making referrals for families. Staff is familiar with expedited child care and will also refer families experiencing homelessness to other resources and programs that might benefit them. If they identify a family as homeless, they track it in their referral database. Currently enrolled DHHS child care providers aware of families experiencing homelessness inform the family of DHHS Expedited Child Care and refer the family to apply at DHHS. Expedited child care must be determined within 7 calendar days of the date of application with a final eligibility decision made within 30 calendar days. The child's child care provider must be a currently enrolled DHHS child care provider. Once expedited child care eligibility has been determined, a New HEIGHTS (eligibility data system) generated notice is sent to both the parent and currently enrolled child care provider indicating child care is authorized for 30 calendar days.

b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- [x] i. Lead Agency accepts applications at local community-based locations
- [x] ii. Partnerships with community-based organizations
- [x] iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- [x] iv. Other

The Child Care Aware of NH include training and technical assistance to help providers identify and serve children and families experiencing homelessness. Sessions of the trainings titled "Working with Homeless Youth," "Understanding Homelessness and its Impact on Children and Families," and "Strengthening Families Experiencing Homelessness" are offered. Child Care Aware of NH created a TA Initiative titled, *Homelessness Identification and Assistance.* Child Care Aware

of NH training and TA staff provides intensive TA on homelessness to child care providers through this initiative. The ACROSS NH contract, renewed in June 2021, also includes a requirement that training on homelessness is provided. The contractor has provided trainings entitled, "Afterschool -Summer Concerns: Homelessness and
Hunger" and "Afterschool - Working with Children and Families Experiencing Homelessness."

BCDHSC has fostered a cadre of liaisons to provide training for child care providers within their region around families experiencing homelessness.

Child Care Aware of NH, the state's resource and referral contractor, has continued to provide ongoing staff attended trainings about homelessness to ensure staff are better able to identify families as homeless and provide them with resources such as family resource centers, homeless shelters, soup kitchens, etc. A dedicated resource tab on the NH Connection website for related to homelessness for providers and families. Additionally, NH DHHS, Bureau of Family Assistance District Office staff working with families to determine eligibility for the NH Child Care Scholarship Program receives training on identifying and serving children and their families experiencing homelessness. The Homelessness Task Force created brochure, "Are You In Temporary Housing and Do You Need Child Care?" for families is distributed to a variety of stakeholders and partners (e.g., Child Care Aware of NH, DHHS District Offices, child care providers, homeless liaisons and others).

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.3.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health

agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:
Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

Children experiencing homelessness (as defined by Lead Agency's CCDF)

Child Care Licensing Unit's Rule He-C 4002 permits children experiencing homelessness to enroll in a child care program without immunizations documentation. Families are allowed 60 days to obtain and provide documentation of immunizations from the first day of the child's attendance at the program. The 60-day period was established in consultation with the DHHS Public Health Division with consideration for length of time for physician responses and in alignment with the ongoing immunization plan recommended by the American Pediatric Association.

Provide the citation for this policy and procedure.

Child Care Licensing rule He-C 4002.17 Child Health Requirements and Communicable Disease Issues. Additional documentation of immunizations can be located in RSA 141-C:20-a, RSA 141-C:20-b and He-P 301.14.

Children who are in foster care.

He-C 4002, He-C 6916 and He-C 6917 permit children experiencing homelessness or children in foster care to enroll in licensed child care programs or license-exempt child care programs receiving NH Child Care Scholarship Program without immunizations documentation. Families are allowed 60 days to obtain and provide documentation of immunizations from the first day of the child's attendance at the program.

Provide the citation for this policy and procedure.

Child Care Licensing rule He-C 4002.17 Child Health Requirements and Communicable Disease Issues, He-C 6916.09 and He-C 6917.07 Administration of Medication and Immunizations. Additional documentation of immunizations are located in RSA 141-C:20-a, RSA 141-C:20-b and He-P 301.14.

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

BCDHSC contracts with SNHS/Child Care Aware of NH to serviceand maintain the BCDHSC consumer education website, NH Connections. This website includes wellness and safety resources for families at https://www.nh-connections.org/resources/. TheNH Connections website address is included on the cover of the referral packet that all eligible families receive and the brochure. In addition, outreach specialists provide support to eligible families. The Child Care Licensing Unit posts information on the consumer website, as well as providing a link to this website on its web page.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

- [x] No.
- [ ] Yes.

Describe:

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:
regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change

in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:
any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illnessany interruption in work for a seasonal worker who is not workingany student holiday or break for a parent participating in a training or educational programany reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational programany other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agencya child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

DHHS established the eligibility criteria for 12-month, employment-related NH Child Care Scholarship Program, which enables eligible parents to work, look for work, or participate in education or training preparatory to work, or is in an approved NHEP activity and supports healthy child development for families who meet and continue to meet program requirements.

- Child care eligibility is determined for a 12-month period of time, regardless of eligibility for other DHHS programs of assistance. Eligibility will continue for employment, through the 12-month certification period, without reporting requirements as long as the parent(s) is considered employed by the employer, even when the parent is: 1) on a medical leave due to his/her own health or caring for the other parent of the common child living in the household or another child living in the household; 2) experiencing a seasonal break in employment according to regular industry work seasons; or 3) experiencing any other reduction in work or is absent from scheduled work hours as long as the parent is still working.
- Eligibility will continue for training or education, through the 12-month certification period, without reporting requirements as long as the parent(s) is considered currently enrolled in training or educational program by the institution, even when the parent is not actively participating in the approved training or educational activity. During the 12-month eligibility period, a 92 calendar day job search period is allowed for each parent when the following occurs: 1) permanent loss of employment; 2) cessation of training or educational program; or 3) NHEP is in sanction or closes. Clients are expected to comply with the requirements of the 12-month redetermination, even if they are on a break.
- NH allows eligible children who turn age 13 to remain eligible through their current

12-month eligibility certification period.

Since July of 2019, the NH Child Care Scholarship Program no longer provides funding for DCYF Protective child care for children in foster care. Child care for children in protective, preventative and foster care is now provided through TANF and/or other state funding sources and therefore does not fall under the 12-month eligibility rule.

The BCDHSC policies regarding policies and procedures for 12-month eligibility can be found in the Employment Related Child Care Scholarship Program Eligibility rule He-C 6910.10, He-C 6910.13 and the FAM 900 NH Child Care Scholarship, FAM 921.01 Continued Eligibility for Employment, FAM 923.02 Continued Eligibility for Job Search during the 12Month Eligibility Period, and FAM 925.03 Continued Eligibility for Training/Education and Basic Education.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

☐ i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

Eligibility will continue without reporting or verification requirements as long as the parent is considered employed by the employer when the parent is on a medical leave due to their own health or caring for the other parent of the common child living in the household, or another child living in the household.

Citation:

FAM 921.01, He-C 6910.10(o)(1)

☐ ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

Eligibility will continue without reporting or verification requirements as long as the parent is considered employed by the employer when the parent is experiencing a

seasonal break in employment according to regular industry work seasons.

Citation:

FAM 921.01, He-C 6910.10(o)(2)

☐ iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

Parents are allowed continued eligibility during the 12-month eligibility certification period for training or education as long as the parent is considered currently enrolled in a training or educational program by the institution, even when the parent is not actively participating in the approved training or educational activity.

Citation:

FAM 925.03, He-C 6910.10(o)(3)

☐ iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

Eligibility will continue without reporting or verification requirements as long as the parent is considered employed by the employer, or enrolled with the educational program, even when the parent is experiencing a reduction in work or is absent from scheduled work hours, as long as the parent is still working or in the educational program.

Citation:

FAM 921.01, He-C 6910.10(o)(4)

☐ v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.

Describe or define your Lead Agency's policy:

12-month eligibility would continue without reporting or verification requirements so long as the parent is still considered employed by the employer or enrolled by the educational program. A parent is only required to report and verify a permanent

loss of employment, or the end of a training program, not a temporary absence.

Citation:

FAM 909, He-C 6910.14

☐ vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

A child who turns 13 years of age during the 12-month eligibility period remains eligible for NH Child Care Scholarship Program until the next redetermination, at which time the NH Child Care Scholarship Program eligibility ends for the child.

Citation:

FAM 919, He-C 6910.07 (c)

☐ vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

A change in address is one of New Hampshire's mandatory reporting requirements. If a parent reported this and failed to verify the change, the family would not be eligible for continued assistance and eligibility for the NH Child Care Scholarship Program would terminate.

Citation:

FAM 909

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

N/A

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's
non-temporary
loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

☐ No.

☑ Yes.

If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

New Hampshire allows eligibility for parents to actively seek employment at both initial eligibility determination and redetermination. Verification is required at both initial eligibility determination and redetermination, but not during 12-month certification period. If a parent's only approved activity is actively seeking employment at initial eligibility determination or redetermination, they receive NH Child Care Scholarship Program for 92 days. Their eligibility ends after 92 days unless another approved activity is reported, such as employment or education. If a parent's only approved activity is actively seeking employment at initial eligibility determination and they then report another approved activity during the 92-day period, a new 12-month eligibility

period begins.

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

- [ ] No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.
- [x] Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

Assistance is discontinued following a parent's non-temporary change only after the parent is allowed 92 days of job search/continued assistance.

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

If there is a permanent loss of employment or cessation of training or educational program during the 12-month eligibility period, a 92 calendar day job search is allowed without verification requirements for each parent. NH terminates assistance prior to the end of the 12-month eligibility period only following the non-temporary loss of work or cessation of attendance at a job training or educational program and after providing a 92 calendar day period of job search. NH requires a period of employment or training between job search activities. Job search can be authorized each time a parent has been approved for an employment related activity between the next requested job search. If there is no approved employment related activity, then job search cannot be authorized again until 6 months has lapsed from the last date of the authorized job search limit. Documentation or verification of job search activities during the 92 calendar day period is not required. The authorized level of service will remain as determined at eligibility or redetermination. Family cost share will be decreased when a parent reports a loss or decrease of income.

iii. How long is the job-search period (must be at least 3 months)?

92 calendar days.

iv. Provide the citation for this policy or procedure.

BCDHSC policies and procedures for a minimum 3-month period of job search can be found in the Employment Related Child Care Scholarship Eligibility rule He-C 6910.10, He-C 6910.13, FAM 921.01 Employment, FAM 923 Actively Seeking Employment, FAM 923.02 Continued Eligibility for Job Search during the 12-Month Eligibility Period, and FAM 925.03 Continued Eligibility for Training/Education and Basic Education.

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

- [x] i. Not applicable.
- [ ] ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

A. Define the number of unexplained absences identified as excessive:

B. Provide the citation for this policy or procedure:

- [x] iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

Each child, for whom NH Child Care Scholarship is requested, must be a resident of NH.

He-C 6910.07 Non-Financial Eligibility Requirements

- [x] iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

DHHS has a Special Investigations Unit established to collect intentional misspent

monies. BCDHSC also collects intentionally misspent monies from enrolled child care providers. BCDHSC policies and procedures for Recoupment and Overpayment can be found in the Employment Related Child Care Scholarship Eligibility rule He-C 6910.20.

3.4.3 Change reporting during the minimum 12-month eligibility period.

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

- [x] No
- [ ] Yes

b. Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

- [x] i. Additional changes that may impact a family's eligibility during the 12-month period.

  Describe:

  Families must report if any member of the assistance group has assets including personal or real property, or the combined assets of the assistance group, are greater than a cumulative value of $1,000,000. Families must also report a change in the assistance group composition (IE - if a parent moves into the household, if an individual residing in the household becomes the parent of a child in the assistance group, or a parent adopts a child during the 12-month eligibility period).

- [x] ii. Changes that impact the Lead Agency's ability to contact the family.

  Describe:

  Families must report if there is a change in address.

- [x] iii. Changes that impact the Lead Agency's ability to pay child care providers.

  Describe:

  Families must report a change of child care provider or child care provider location.

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- [x] i. Phone
- [x] ii. Email
- [x] iii. Online forms
- [x] iv. Extended submission hours
- [x] v. Postal Mail
- [x] vi. FAX

☑ vii. In-person submission

☑ viii. Other.

Describe:

NH EASY Website

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

No other changes apply

ii. Provide the citation for this policy or procedure.

N/A

3.4.4 Prevent the disruption of employment, education, or job training activities

3.4.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support

(e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- [x] i. Advance notice to parents of pending redetermination
- [x] ii. Advance notice to providers of pending redetermination
- [x] iii. Pre-populated subsidy renewal form
- [x] iv. Online documentation submission
- [ ] v. Cross-program redeterminations
- [ ] vi. Extended office hours (evenings and/or weekends)
- [ ] vii. Consultation available via phone
- [ ] viii. Other.

Describe:

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and

defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

NH offers a certificate for child care that is awarded after the following steps are completed:

1. Submission and review of the eligibility application;
2. Participation in an eligibility interview with the Family Service Specialist (FSS);
3. Overview, by the Family Support Specialist (FSS), of the NH Child Care Scholarship Program parent option to choose any provider that meets their needs;
4. Referral, if the parent does not already have a provider, to the Child Care Aware of NH website for a provider search; and
5. After the selection of a provider, completion of the Provider Verification Form (Form 1863).Once the parent is found eligible, a notice of decision is generated clarifying the eligibility status, restrictions, limitations and scope of services along with the certification period. A second notice is generated to the parent and the provider that gives the name of the eligible child, the effective begin and end dates, the step level

and the assigned family cost share, and the authorized level of service. These two documents constitute the child care certificate.

4.1.2 Identify how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- [ ] a. Certificate provides information about the choice of providers
- [ ] b. Certificate provides information about the quality of providers
- [x] c. Certificate is not linked to a specific provider, so parents can choose any provider
- [x] d. Consumer education materials on choosing child care
- [x] e. Referrals provided to child care resource and referral agencies
- [ ] f. Co-located resource and referral staff in eligibility offices
- [ ] g. Verbal communication at the time of the application
- [ ] h. Community outreach, workshops, or other in-person activities
- [x] i. Other.

Describe:

SNHS/Child Care Aware of NH is contracted to service and maintain the NH Connections consumer education website for the Bureau of Child Development and Head Start Collaboration (BCDHSC)(Bureau) where information regarding consumer choice is available. During the initial child care eligibility interview with the FSS, the option to choose from a variety of child care providers is explained. Further, each applicant receives information on the criteria for selection, the availability of the NH Connections consumer education website and the Resource and Referral component Child Care Search feature) along with the links for specific things to look for in quality child care.

The online Child Care Search feature was designed for parents to locate child care to suit their specific needs. In addition, Child Care Aware of NH reaches out to parents

via weekly visits to the New Hampshire Employment Program (NHEP) Orientations and bimonthly visits to Workplace Success Career Centers. Staff will also visit family resource centers to talk to families upon request. During all of these outreach activities, the option to make choices about child care is explained. In addition, during the pandemic the child care outreach was expanded to include one on one support for business HR departments and supervisors to include needs surveys, individualized referrals, virtual materials among other enhancements. These are now permanent parts of the R & R offerings

4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

Families are found eligible to receive NH Child Care Scholarship Program, they may choose their child care providers by conducting an online search through the NHCIS Child Care Search feature. If the provider they choose is not enrolled in the NH Child Care Scholarship Program, that provider may contact the BCDHSC to enroll in the Program. Families may also choose to contact SNHS Child Care Aware of NH (CCAoNH) to help with the child care search. CCAoNH staff are well versed on how to search for providers, starting with providers that are already enrolled in the NH Child Care Scholarship Program. By choosing a child care provider that meets the family's needs and that is already enrolled in the Scholarship Program, the family is less likely to experience a delay in enrolling their child.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

As of July 2021, 497 of the 632 licensed centers (79%) and 83 of the 123 licensed family homes (67%) are enrolled in the NH Child Care Scholarship Program.

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on

provider feedback and reports to the Lead Agency:

Provider feedback to BCDHSC on challenges and barriers to participation in the NH Child Care Scholarship Program included the following: 1) The length of time it takes to enroll, which requires completion of Health & Safety trainings, including First Aid and CPR; 2) The delay in receiving background check results and completing fingerprinting due to a NH State Police backlog; 3) The length of time it takes to establish direct deposit for the receipt of payments; and 4) The length of time it takes for children who are eligible for NH Child Care Scholarship Program to be linked to a child care program. Additionally, some license-exempt (LE) providers have mentioned that the rates for LE facilities and LE Family, Friend and Neighbor are too low; or that the new "85%" absentee policy not paying when children do not attend at all during a week is an issue for them. BCDHSC takes all feedback seriously and will look into each of these barriers/concerns to determine how they may be addressed. Relative to LE rates: Increases went into effect in July 2021.

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

The NH Child Care Licensing Unit (CCLU) administrative rule (He-C 4002.24(a)) states: “Parents shall be allowed unannounced access to their children at all times, including, but not limited to, observation of their children interacting with the children in his/her assigned classroom, and with the child care personnel responsible for his/her care.” Child Care Aware of NH provides parents seeking child care with information regarding their right to access their child at any time. A checklist of quality indicators, including child care policies welcoming families into the program at any time, is provided with the referral. Information that encourages parents to inquire about access to their children can be found through the NH Connections website.

License-exempt providers who receives CCDF funds are required to allow a parent access to his or her child(ren) at all times while the child(ren) is in the child care provider's care, unless allowing access is contrary to a court order or a court-ordered parenting plan pursuant to HeC 6916.13(b) and He-C 6917.14(b).

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

- [ ] No.
- [x] Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
  - [ ] a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

    Describe:

  - [x] b. Restricted based on the provider meeting a minimum age requirement.

    Describe:

    Since June 2017, the minimum age for all licensed and license-exempt child care providers to 18 years.

  - [x] c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

    Describe:

    For license-exempt providers, any number of the providers own children, whether related biologically or through adoption, and up to 3 additional children can be cared for regularly in a private home for any part of the day, but for less than 24 hours (RSA 170-E:3).

  - [ ] d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

    Describe:

  - [ ] e. Restricted to care for children with special needs or a medical condition.

Describe:

☑ f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

NH CCDF requires license-exempt child care providers to obtain two hours of professional development from the health and safety training topics on an annual basis to qualify for and maintain enrollment in the NH Child Care Scholarship Program. The CCLU requires that all licensed program staff who supervises children participating in water activities have water safety training in addition to their other health and safety topics

☐ g. Other.

Describe:

4.1.6 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if every provider is simply required to sign an agreement to be paid in the certificate program.

☑ No. If no, skip to 4.1.7.

☐ Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

☐ Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

4.1.6 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care?

- ☐ No
- ☐ Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

- ☐ To increase the supply of care
- ☐ To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

- ☐ To increase the supply of care
- ☐ To increase the quality of care

Describe

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x).

a. In child care centers.

In child care centers. Resource and Referral usage and placement data, Child Care Aware of
NH and of America reports and surveys, NH Connections Information System, Market Rate
Survey, Statewide and National Supply and use studies; DHHS Fiscal Unit - Utilization Reports; local early childhood and afterschool collaboratives, Community Action Partnership locations, NH Employment Security, DHHS Bureau of Family Assistance

b. In child care homes.

In child care homes. SNHS Family Child Care Supply and Service Study (underway); Resource and Referral usage and placement data; Child Care Aware of NH and of America reports and surveys; NH Connections Information System; Market Rate Survey; Statewide and National supply and use studies; DHHS Fiscal Unit - Utilization Reports; local early childhood and afterschool collaboratives; Community Action Partnership locations; NH Employment Security; DHHS Bureau of Family Assistance

c. Other.

n/a

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

a) Children in underserved areas. Check and describe all that apply.

☑ i. Grants and contracts (as discussed in 4.1.6).

Describe:

Although BCDHSC does not contract for slots, multiple contracts are in place to

improve quality and support the needs of children in underserved areas, including SERESC/PTAN and School Age Consultation, Training and TA; and SNHS/Child Care Aware of NH

☑ ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

Multiple contracts are in place to improve quality and support the needs of Family Child Care to serve children in underserved areas, including SERESC/PTAN and School Age Consultation, Training and TA; and SNHS/Child Care Aware of NH. Additionally, BCDHSC provided grant funding to SNHS/Child Care Aware of NH to provide funds, TA and other support to early childhood/school age collaboratives throughout the state to increase child care supply

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

Multiple contracts are in place to improve quality and support the needs of Family Child Care to serve children in underserved areas, including SERESC/PTAN and School Age Consultation, Training and TA; and SNHS/Child Care Aware of NH. Additionally, BCDHSC provided grant funding to SNHS/Child Care Aware of NH to provide funds, TA and other support to early childhood/school age collaboratives throughout the state to increase child care supply

☑ v. Recruitment of providers.

Describe:

BCDHSC provided grant funding to SNHS/Child Care Aware of NH to provide funds, TA and other support to early childhood/school age collaboratives throughout the state to increase child care supply during COVID-19.

☐ vi. Tiered payment rates (as in 4.3.3).

Describe:

☑ vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

In October 2019 BCDHSC partnered with SNHS/Child Care Aware of NH and the National Center on EC Quality Assurance to bring a "Strengthening Business Practices for Child Care Programs" "trainer of trainers" session to NH. This training is now offered on an ongoing basis through NH Child Care Aware of NH and others.

☐ viii. Accreditation supports.

Describe:

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

As described previously, BCDHSC contracts with SERESC/PTAN and ACROSS NH for consultation to support inclusion in early childhood and school age programs, and with SNSH/Child Care Aware of NH to provide training, TA and support to programs on quality improvement that benefits all children, including those living in underserved areas. Also, in collaboration with the NH Dept. of Education, BCDHSC contracts to provide Pyramid Model state coordination, training and TA, and implementation. Other strategies include paying a disability differential rate for providers serving children with significant special needs to providers in all areas of the state.

☐ xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-

traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

- [x] i. Grants and contracts (as discussed in 4.1.6).

  Describe:

  Although BCDHSC does not contract for slots, multiple contracts are in place to improve quality and support the needs of infants and toddlers, including SERESC/PTAN Training and TA and SNHS/Child Care Aware of NH.

- [x] ii. Family Child Care Networks.

  Describe:

  Multiple contracts are in place to improve quality and support the needs of Family Child Care to serve infants and toddlers, including SERESC/PTAN Consultation, Training and TA; and SNHS/Child Care Aware of NH. Additionally, BCDHSC provided grant funding to SNHS/Child Care Aware of NH to provide funds, TA and other support to early childhood/school age child care access throughout the state to increase child care supply for children of all ages.

- [ ] iii. Start-up funding.

  Describe:

- [x] iv. Technical assistance support.

  Describe:

  Although BCDHSC does not contract for slots, multiple contracts are in place to improve quality and support the needs of infants and toddlers, including SERESC/PTAN Training and TA and SNHS/Child Care Aware of NH.

- [x] v. Recruitment of providers.

  Describe:

  BCDHSC provided grant funding to SNHS/Child Care Aware of NH to provide funds, TA and other support to early childhood/school age collaboratives throughout the state to increase child care supply during COVID-19.

☑ vi. Tiered payment rates (as in 4.3.3).

Describe:

NH payment rates for infants and toddlers is at the 60th percentile of the latest MRS. The payment rate for infants and toddlers was increased from the 50th to the 60th percentile in SFY 2019.

☑ vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

In October 2019 BCDHSC partnered with SNHS/Child Care Aware of NH and the National Center on EC Quality Assurance to bring a "Strengthening Business Practices for Child Care Programs" "trainer of trainers" session to NH. This training is now offered on an ongoing basis through NH Child Care Aware of NH and others.

☐ viii. Accreditation supports.

Describe:

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

As described previously, BCDHSC contracts with SERESC/PTAN and ACROSS NH for consultation to support inclusion in early childhood and school age programs, and with SNSH/Child Care Aware of NH to provide training, TA and support to programs on quality improvement that benefits all children, including those living in underserved areas. Also, in collaboration with the NH Dept. of Education, BCDHSC contracts to provide Pyramid Model state coordination, training and TA, and implementation. Other strategies include paying a disability differential rate for providers serving children with significant special needs to providers in all areas of the state

☐ xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

☑ i. Grants and contracts (as discussed in 4.1.6).

Describe:

As described previously, although BCDHSC does not issue grants or contracts to pay for slots, it does contract with SERESC/PTAN for consultation to support inclusion in early childhood and school age programs and with SNSH/Child Care Aware of NH to provide training, TA and support to programs on quality improvement that benefits all children. Also, in collaboration with the NH Dept. of Education, BCDHSC contracts to provide Pyramid Model state coordination, training and TA, and implementation. Other strategies include paying a disability differential rate for providers serving children with significant special needs, contracting with SNHS/Child Care Aware of NH to work with regional early childhood collaboratives to build child care supply and enhance quality, including addressing the needs of children with disabilities .

☑ ii. Family Child Care Networks.

Describe:

Multiple contracts are in place to improve quality and support the needs of Family Child Care to serve children with disabilities, including SERESC/PTAN Consultation, Training and TA; and SNHS/Child Care Aware of NH. Additionally, BCDHSC provided grant funding to SNHS/Child Care Aware of NH to provide funds, TA and other support to early childhood/school age child care access throughout the state to increase child care supply for children of all ages.

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

Multiple contracts are in place to improve quality and support the needs of Family Child Care to serve children with disabilities, including SERESC/PTAN Consultation, Training and TA; and SNHS/Child Care Aware of NH. Additionally, BCDHSC provided grant funding to SNHS/Child Care Aware of NH to provide funds, TA and other support to early childhood/school age child care access throughout the state to increase child care supply for children of all ages.

☐ v. Recruitment of providers.

Describe:

☑ vi. Tiered payment rates (as in 4.3.3).

Describe:

In SFY 2019 BCDHSC substantially increased the weekly disability differential payment for providers serving children with significant special needs from $50 to $100 for full time; from $35 to $75 for half time, and from $15 to $50 for part time.

☐ vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

In October 2019 BCDHSC partnered with SNHS/Child Care Aware of NH and the National Center on EC Quality Assurance to bring a "Strengthening Business Practices for Child Care Programs" "trainer of trainers" session to NH. This training is now offered on an ongoing basis through NH Child Care Aware of NH and others.

☐ viii. Accreditation supports.

Describe:

☐ ix. Child Care Health Consultation.

Describe:

☑ x. Mental Health Consultation.

Describe:

With a focus on children with disabilities,as described previously, BCDHSC contracts with SERESC/PTAN and ACROSS NH for consultation to support inclusion in early childhood and school age programs, and with SNSH/Child Care Aware of NH to provide training, TA and support to programs on quality improvement that benefits all children, including those living in underserved areas. Also, in collaboration with the NH Dept. of Education, BCDHSC contracts to provide Pyramid Model state coordination, training and TA, and implementation. Other strategies include paying a disability differential rate for providers serving children with significant special needs to providers in all areas of the state.

☐ xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

☐ i. Grants and contracts (as discussed in 4.1.6).

Describe:

☐ ii. Family Child Care Networks.

Describe:

☐ iii. Start-up funding.

Describe:

☐ iv. Technical assistance support.

Describe:

☐ v. Recruitment of providers.

Describe:

☐ vi. Tiered payment rates (as in 4.3.3).

Describe:

☐ vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ viii. Accreditation supports.

Describe:

☐ ix. Child Care Health Consultation.

Describe:

☐ x. Mental Health Consultation.

Describe:

☐ xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is

focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

- ☐ i. Grants and contracts (as discussed in 4.1.6).

  Describe:

- ☐ ii. Family Child Care Networks.

  Describe:

- ☐ iii. Start-up funding.

  Describe:

- ☐ iv. Technical assistance support.

  Describe:

- ☐ v. Recruitment of providers.

  Describe:

- ☐ vi. Tiered payment rates (as in 4.3.3).

  Describe:

- ☐ vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

  Describe:

- ☐ viii. Accreditation supports.

  Describe:

- ☐ ix. Child Care Health Consultation.

  Describe:

- ☐ x. Mental Health Consultation.

  Describe:

☐ xi. Other.

Describe:

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The State of New Hampshire, while not having a legislative definition, does define "areas with significant concentrations of poverty and unemployment" using these major factors, utilizing data available at the time of assessment:

- Those areas with25% or more households that fall below the national poverty threshold (e.g., $26,500 for a family of four)
- Those areas with overall poverty rates that are above the statewide average of 7.6% (e.g., Coos County at 13.1%)
- Those areas where more than 25% of households are accessing one or more of the following services: TANF, SNAP, unemployment compensation, and other social services
- Those areas where number of children under age 18 living in poverty is higher than the national and state threshold.
- Those areas where unemployment rates are below the state and national averages.
- Those areas where substance abuse, crime, and homelessness are higher than the state and national averages

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

BCDHS engages in the following activities in prioritizing increasing access to high quality child care and developmental services for children families living in these areas:

- Provide training and technical assistance to retain and/or increase the number of child care slots and to improve provider business practices;
- Make investments that improve quality;
- Partner to provide access to developmental screening and referral;
- Support the use of shared services; and

- Provide quality incentive payments to providers that achieve Licensed Plus or national accreditation. NH has taken a data-driven approach through the application of various research projects and opportunities to gather information on issues such as cost, access, poverty, and quality that is needed to make investments regarding supply building strategies. NH has engaged in multiple, targeted research projects to identify issues of access and affordability. Issues of affordability can directly impact a parent's choice of child care. In addition, the Bureau Chief and staff meet with advocates, advisory groups, other community stakeholders, and convenes task forces (e.g., Homeless, QRIS) to gain input on how to prioritize investments. NH has a history of making investments to increase access to programs providing high quality child care and development services, particularly to children in families that experience significant poverty.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08
). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

- [x] Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.
  - [x] a. MRS.

    When was your data gathered (provide a date range, for instance, September - December, 2019)?

    February 2021 - March 2021

  - [ ] b. ACF pre-approved alternative methodology.

    Identify the date of the ACF approval and describe the methodology:

- [ ] No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

☑ i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

Child Care Programs received the MRS on January 18, 2021. Providers were asked to respond to several questions, including the information specific for January 20, 2021, or if the program was closed due to bad weather or the Coronavirus on January 20, they were asked to complete the survey for the first day they were open after January 20th. If not open January 21-27, they were asked to complete just Question #1 and return the survey. The MRS contractor provided rate information to the BCDHSC prior to submitting the final report to allow the BCDHSC to compute the new rates that went into effect on 7/12/2021.

☐ ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

The BCDHSC Bureau Chief is a member of the Council for Thriving Children, the Governor-appointed Early Childhood Advisory Council, as well as participates on the

Council's DHHS Early Childhood Integration Team. In this role, she has sought feedback from members during the development of the Market Rate Survey.

b) Local child care program administrators:

Prior to and throughout the pandemic, child care administrators were asked to weigh-in on issues around the market rates and their invaluable input was synthesized into relevant questions, survey administration and timing decisions.

c) Local child care resource and referral agencies:

The BCDHSC CCDF program specialist met with the program manager and the lead outreach specialist of Child Care Aware of NH to seek feedback for particular areas of interest that Child Care Aware of NH would like addressed. Child Care Aware of NH was primarily interested in staff turnover and its impact on available child care spaces, which was addressed in the Market Rate Survey.

d) Organizations representing caregivers, teachers, and directors:

The Bureau Chief and Assistant Bureau Chief co-administer the Head Start Collaboration

Office. In that role, they meet monthly with the NH Head Start Directors Association (NH HSDA) and have sought feedback during meetings on content for the March 7, 2018 Market Rate Survey. The HSDA is concerned with staff shortages--particularly qualified infant/toddler teachers.

The Bureau Chief co-leads the Pyramid Model state initiative with the NH Department of Education. Both she and the training specialist serve on the Pyramid Model State Leadership Team, which discussed the MRS as a potential avenue to gather data to inform the work of this team in developing state and local capacity to implement the Pyramid Model within early childhood programs.

e) Other. Describe:

As participants in the federal Office of Child Care's Impact Project, the BCDHSC also collected information and feedback from this group, which focused on the early childhood (birth to five). With goals to recruit and retain a stable, diverse, and qualified workforce and to increase compensation for this group, there was interest in gathering information in these areas. As a result, additional questions were developed to augment the

Workforce Study conducted in the Fall of 2020 including the topics of cost share, co-payment, and staff turnover. BCDHSC plans to conduct a similar study on the workforce serving school age children.

In addition, other groups consulted that have input on content, audience expansion and delivery were the Whole Families Approach to Jobs - Child Care Working Group and Leadership Group and the Cliff Effect Working Group.

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: Click or tap here to enter text.

The contractor sent the survey to all licensed NH child care programs and licensed-exempt providers in the state.

.

ii. Provide complete and current data:

The contractor followed up with programs that had not originally responded to the survey by the requested completion date This was done by phone and resulted in a significant increase is responses .

iii. Use rigorous data collection procedures:

NH's Market Rate Survey is mailed to every licensed early childhood and school age program in the state based on a list provided by the DHHS CCLU. Follow-up telephone calls, sufficient to achieve a minimum 60% response rate in each of five regional areas of the state, with a minimum of 20% of each type of care being represented in the regional sampling (e.g.. center-based, family child care), are conducted following an initial response period of two weeks. To confirm the accuracy of provider responses, Child Care Aware of NH provides independent verification of responses for a random sample of 50 participating child care programs, across the two types of care. Responses are kept confidential, with only a Final Report provided to the BCDHSC. Follow-up calls are also made to clarify incomplete or unclear responses. The final completion rate achieved was 62.47%. Out of a total of 834 licensed programs, 513 survey responses were received either via mail or contacted by phone, and then analyzed for this report.

Region Total Programs Programs Responding Response Rate (distributed/responded % of responses)
Central 162/105 64.8%
Eastern 171/ 107 62.6%
Northern 64/44 68.8%
Southern 325/186 57.2%
Southwestern 112/71 63.4%

The MRS was designed as a point-in-time survey that includes 39 questions for capturing program demographics (town, type, quality level, hours of operation/care,

enrollment, and child attendance) and costs/rates.

iv. Reflect geographic variations:

Reflect geographic variations: The NH Market Rate Survey is conducted on a statewide basis. Program location is collected by town, which enables the researcher to analyze data within each region of the state.

v. Analyze data in a manner that captures other relevant differences:

It includes information on hourly, daily, weekly, and monthly rates as charged for both full- and part-time care; capacity, desired capacity, current enrollment, and attendance; number of children receiving scholarships; profit or not-for-profit status; identification as a Head Start program; months, days, and hours of program operation; whether the program charges the assigned cost share to parents and if so, total amount collected last month; whether the program charges parents the difference between the maximum weekly standard rate and their actual charge (co-payment) and if so, total amount collected last month; quality designation of Licensed-Plus or nationally accredited as of the survey date; and an assessment of the program impact if providers did not charge cost share and/or copayment

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

- [ ] No
- [x] Yes.

If yes, why do you think the data represents the child care market?

Although data were collected during the pandemic, they included a representative sample of child care providers.

4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

a) Geographic area (e.g., statewide or local markets). Describe:

The NH Market Rate Survey is conducted on a statewide basis. Program location is collected by town, which enables the researcher to analyze data within each region of the state.

.

b) Type of provider. Describe:

All licensed child care providers,and licensed-exempt facilities,based on a current list provided by the DHHS Services CCLU and BCDHSC are sent a survey

c) Age of child. Describe:

The survey asks for rates for children from infant (6 weeks) through 6 years by age range: 6 weeks to 12 months, 13-24 months, 25-35 months, 36-59 months, 6072 months, and 72-155 months.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

none

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

- [x] No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- [ ] Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and

caregiver qualification requirements (98.45 (f)(ii)(A)).

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providersâ implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available - no later than 30 days

after the completion of the report. The contractor competed and submitted the MRS final report to the BCDHSC on July 12, 2021. A public presentation of the report will be held on or before August 12, 2021. BCDHSC widely disseminated the new rates based on the MRS results via email to providers and other constituents.

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The report will be announced via email and other standard communication mechanisms (in meetings, webinars, etc.) and posted on NH Connections-Latest CCDF Updates by Friday, July 30, 2021.

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

BCDHSC will review all comments and views expressed in the MRS, which the researcher included in the report itself, as well as comments shared during the public presentation to determine what, if any changes to CCDF policy or practice are called for and feasible.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate

how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:0

Full-time weekly base payment rate: $275.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated

cost of care is the base rate?

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:0

Full-time weekly base payment rate: $255

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:0

Full-time weekly base payment rate: $216.77

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 55

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:0

Full-time weekly base payment rate: $200

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 55

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant

(6 months) Family Child Care:

Base payment rate:0

Full-time weekly base payment rate: $194

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:0

Full-time weekly base payment rate: $192.50

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:0

Full-time weekly base payment rate: $189

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 55

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:0

Full-time weekly base payment rate: $176.25

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 55

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

the state publishes weekly rates

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full time service level is defined as 31 or more hours per week. Half time service level is 16 - 30 hours per week. Part time service level is defined as 1 - 15 hours per week.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 7-12-2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

According to the MRS, the Southern part of the state represents the highest number of programs that responded to the survey. This is the most populous area of the state.

f. Provide the citation, or link, if available, to the payment rates https://www.nh-connections.org/uploads/2021/07/Form-2533-Child-Care-Weekly-Rates1.pdf

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A - rates are set by the Lead Agency for the entire State

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

☐ a. Geographic area.

Describe:

☑ b. Type of provider.

Describe:

Center based care, family child care

LE facilties, licensed- home based care

☑ c. Age of child.

Describe:

Infant

(6 months)

Toddler

(18 months)

Preschooler

(4 years)

School-age child (6 years)

(Based on full-day, full-year rates that would be paid during the summer.)

☐ d. Quality level.

Describe:

☐ e. Other.

Describe:

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

- [ ] No.
- [x] Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.
- [ ] a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

- [ ] b. Differential rate for non-traditional hours.

Describe:

- [x] c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

Providers caring for children with significant special need(s) may be reimbursed an additional amount per week. Full time service level = $100.00 per week Half time service level = $75.00 per week Part time service level = $50.00 per week

- [ ] d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

- [ ] e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

- [x] f. Differential rate for higher quality, as defined by the state/territory.

Describe:

Quality Stipends are paid monthly to programs that are Licensed Plus or Accredited,

NH's current Quality Ratings. Programs receive these monthly payments for the months they have children whose families qualify for the NH Child Care Scholarship. These payment are based on the previous months' monthly scholarship billings. Licensed Plus programs receive 5% of the previous month's billing and Accredited programs receive 10% of the previous month's billing.

☐ g. Other differential rates or tiered rates.
Describe:

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.
NH set its most recent rates based on the 2021 Market Rate Survey conducted in February and March, which became effective on July 12, 2021. Providers are asked to provide data on their current fees, as this approach provides a more realistic and detailed picture of rates statewide. Rates were also based on the SFY 2020 increase in payments from the 50th to the 55th percentile for preschool and school age children and from the 50th to the 60th percentile for infants and toddlers, which resulted in a substantial

increase in payments to providers. NH applies a family cost share at every step level, which is a direct benefit to families because it divides the family cost share among all eligible children. If the family size increases due to additional children, the cost share would not increase.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Disaster (full enrollment) was provided from March to June 2020 and was then discontinued; full day billing for school age children was provided year round and continues through the summer of 2021 until the reopening of the school year. The absent due to covid program, paid for with CARES act funding began in August of 2020 and currently continues through August 28, 2021.

Eligible providers will continue to receive COVID-related funding through CRRSA and ARPA to assist with increased costs and losses due to the pandemic, with a goal of promoting stabilization in the child care industry while continuing to enhance quality.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

Child care programs that are enrolled in the NH Child Care Scholarship Program and are Licensed Plus or nationally Accredited (NH's current quality ratings) receive a percentage each month of their prior month's scholarship billing amount. Licensed Plus providers receive 5% of the previous month's billing while Accredited programs receive 10%. These Quality Stipends are computed automatically and are added to the first manifest of each month. For months during which there are no children whose families qualify for the NH Child Care Scholarship in attendance, these programs do not receive a Quality Stipend. NH plans to roll

out its revised Quality Recognition and Improvement System in Fall 2021, which will continue to include quality payments tied to children served who receive NH Child Care Scholarship Program (CCSP) support as well as payments to providers who do not currently care for children receiving CCSP support. BCDHSC is in the process of developing a new formula for quality payments, which will be based (in part) on available funding in a given year (e.g., base rate plus a percentage of available funding).

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

none

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted

payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

☐ i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

☑ ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Providers are required to bill DHHS weekly and payments are issued two times each week. For invoices submitted by Wednesday, payment is issued by that Friday, and for invoices submitted by Friday, payment is issued by the following Tuesday. Direct deposit is also available to providers. Direct deposit is not required, but suggested.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead

Agency is to choose at least one of the following):

☐ i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

☑ ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure. As of August 3, 2020, NH's absentee payment policy was changed in the BRIDGES system to comply with the "full payment if a child attends at least 85% of authorized time" requirement. NH Child Care Scholarship payment may be made when a child is absent. Each child will receive a DHHS determined monthly allotment of absentee hours based on the child's authorized service level. The absentee allotment renews the first Monday of each month and can be used when a child is absent until the monthly allotment is exhausted. Monthly absentee allotment hours are designated as follows: 21 hours per child for full-time service level; 13 hours per child for half-time service level; or 0 hours per child for part-time service level. No absentee hours are needed for the part-time service level because a child only has to attend 1 hour for the child care provider to be paid the part time rate for the week. The monthly absentee allotment hours are connected to each child and will be prorated up or down when the child's service level changes. Example 1: From January 1-15, a child with a full-time service level used 21 hours of the monthly absentee allotment hours. On January 16, the authorized service level decreased to half-time due to parent request.

Since more than 13 hours were already used, zero absentee hours are remaining for January. Example 2: A child with a part-time service level did not use any absentee hours. The authorized service level changed to half-time due to new employment. Since no absentee hours were used, the monthly absentee allotment will be reset to 13 hours. Example 3: A child with a half-time service level used 10 absentee hours. The service level changed to full-time due to school vacation. The annual absentee allotment will be reset to 11 hours (e.g. 21-10=11). If a child used all the monthly absentee hours and moved to a new child care provider, the new child care provider cannot be paid for any absentee hours. A child care provider is required to bill weekly via the DHHS web billing application. The billing invoice must include the child's attendance schedule, including absent and present hours. If the present hours billed

do not meet the minimum authorized service level hours (31 hours for full time and 16 hours for half time) and if: There are enough absentee hours available, the system will automatically use only enough absentee hours to bring the child up to their authorized service level and the child care provider will be paid at the child's authorized service level; or There are not enough absentee hours available, the system will not use any absentee hours and the child care provider will be paid at the service level determined by the number of present hours billed. The service level will drop. No payment will be made to the child care provider if there are no present hours billed for the week. When not enough absentee hours are available to meet the authorized service level or when the absentee allotment is exhausted, the parent is responsible to pay the child care provider the difference between the authorized service level and the actual service level for that week plus any co-pay if the child care provider chooses to charge one.

☐ iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

☐ iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

NH determines an authorized service level for each child based on the parent's participation in an approved activity and the child's need for care. Service levels are authorized at full time (31 hours or more per week), half time (greater than 15 but less

than or equal to 30 hours per week) and part time (1-15 hours per week).

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

NH has fully implemented this requirement and all CCDF providers are eligible to bill for one registration per child, per calendar year. Due to COVID-19, the paying of registration fees was postponed from April 3, 2020 to August 3, 2020. The postponement was necessary due to the heavy demands on DHHS' eligibility and payment systems staff and BCDHSC staff to implement all of the emergency policy changes for the pandemic, which included modifying the systems, training staff, and informing providers and families of the changes. Because providers will be able to bill for registration fees one time per calendar year per child, however, this delay did not impact their capacity to receive payment for children enrolled between April (when this change was originally due to launch) and December 2020.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

As part of the provider enrollment process, a Form 1860 "Provider Agreement" must be reviewed and signed by the provider. This agreement identifies federal and state laws and regulations, rules, policies, and procedures required for participation in the NH Child Care Scholarship Program. The agreement includes a statement that the provider will comply with all billing directives, including securing a non-transferable PIN for submitting invoices through the web billing system and a directive to bill weekly for services provided the previous week. In addition, NH rules are referenced in the Provider Agreement for easy identification and location of the dispute-resolution process, which is located in rule He-C 6918.07, Child Care Provider Billing and Payment Requirements under Appeals. Child care rules and policy, the Child Care Provider Web Billing Training Manual (Form 2531), the Provider Enrollment Handbook (Form 2648), the Provider Billing and Payment Handbook
(Form 2515), Maximum Weekly Standard Rates Employment-Related (Form 2533),

Maximum
Weekly Standard Rates - Preventive and Protective (Form 2534), and a Web Billing Training Request (Form 2682) are available on the DHHS website. BCDHSC also has a designated Child Care Provider Relations telephone line to answer any billing and/or payment inquiries.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:
The provider receives an alert notification on their web billing page the same day the change is entered into the system by the Bureau of Family Assistance Resource Worker.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:
Providers can use the web-billing application during claim entry to identify changes in cost share or parent activity immediately. The web-billing application prevents providers from billing for children who are no longer eligible. The web billing application provides reports that allow providers to monitor usage of limited services. Notices are automatically generated to the family and the child care provider whenever there is a change to the family's eligibility. A provider is notified whenever child care scholarship is approved, increased, decreased, terminated, when a child is released from the wait list (when one is in effect), or when DHHS establishes or ends the link between the child and provider that controls payments. For ongoing eligibility, a provider is notified when Job Search is initiated; at 72 days from the start of job search to provide information relative to the end of Job Search; at 30 days of no billing from the provider to provide information relative to the end of the child care link due to 60 days of no billing from the provider; at 84 weeks of training used to provide information relative to the close of the lifetime limit of 104 weeks for employment related training and education activities; and at initiation of Graduated Phase Out (GPO). A parent has 10 calendar days to report a change from the date that the change occurs. This can occur by telephone, email, online forms or through the *NH EASY* online application system. DHHS then has 10 days to act on the information received. Through *NH EASY*, clients are able to view when a document has been received and uploaded and the status of the document, processed or unprocessed,

within 3-5 days. Additionally, through *NH EASY* all notices are available online.

g. Other. Describe:

DHHS employs a full-time staff member who works with child care providers, District Office staff, and sometimes the family to resolve payment inaccuracies and disputes. Calls or emails are typically returned the same day, but not later than the next business day. Families may file an appeal in writing within 30 days of a notice of ineligibility to the DHHS Appeals Unit. Families may choose within 15 days of the notice to continue to receive their child care scholarship at the established payment rate. If the decision on the appeal upholds the DHHS proposed action, then the child care scholarship will be denied, decreased, or terminated effective the date indicated on the original notification of the denial, decrease, or termination. If the denial was due to failure to complete the redetermination process, the effective date will be the closure date identified on the notification of redetermination. If the family opted to continue to receive a child care scholarship, any overpayment will need to be repaid. If the decision on the appeal does not uphold the DHHS proposed action, eligibility will be established as provided for in the appeal decision.

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

☑ No, the practices do not vary across areas.

☐ Yes, the practices vary across areas.

Describe:

Data show that families receiving the NH Child Care Scholarship utilize four different provider types: licensed center, licensed family, license-exempt center, and licensed exempt family, friend, and neighbor.

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

Data show that families receiving the NH Child Care Scholarship utilize four different provider types: licensed center, licensed family, license-exempt center, and licensed exempt family,

friend, and neighbor.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

☐ a. Limit the maximum co-payment per family.

Describe: .

☑ b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

NH allows families to become eligible up to, but not over, 220% of the Federal Poverty Level at initial eligibility, Tier 1. Income is divided into six step levels based on the family size and income. The cost share is calculated based on a percentage of family income at each step level. The step levels and percentage of income used to determine the cost share are as follows in

Tier 1: Step 1 100% FPL = 4.75%

Step 2 101% 120% FPL = 7.5%

Step 3 121% 140% FPL = 10.0%

Step 4 141% to 160% FPL = 12.5%

Step 5 161% 190% FPL = 14.0%

Step 6 191% 220% FPL = 17.0%

Graduated Phase Out (GPO)

Tier 2 Step 7 221% 250% FPL = 20.0%

BCDHSC calculates one cost share for a family and divides the family cost share equally among all eligible children within the family instead of charging the same cost share for each individual eligible child. BCDHSC specifically chose to have a 7-step scale so that there would be a range in cost share with the lowest cost share for the families with the lowest income.

☐ c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

☐ d. Other.

Describe:

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

☑ No

☐ Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important

to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

☑ a. Center-based child care.

i. Identify the providers subject to licensing:

Center-based child care in the State of New Hampshire refers to centers possibly providing care to any/all of the configurations listed below:

"Infant/toddler program" means "day care nursery" as defined in RSA 170-E:2, IV(d), namely "a child day care agency in which child day care is provided for any part of a day, for 5 or more children under the age of 3 years."

"Group child care center" means "group child day care center" as defined in RSA

170E:2, IV(c), namely "a child day care agency in which child day care is provided for preschool children and up to 5 school-age children, whether or not the service is known as day nursery, nursery school, kindergarten, cooperative, child development center, day care center, center for the developmentally disabled, progressive school, Montessori school, or by any other name."

"Preschool program" means "preschool program" as defined in RSA 170-E:2, IV(f), namely "a child day care agency providing care and a structured program for children 3 years of age and older who are not attending a full day school program. The total number of hours a child may be enrolled in a preschool program shall not exceed 5 hours per day."

"School-age program" means "school-age program" as defined in RSA 170-E:2, IV(g), namely "a child day care agency providing child day care for up to 5 hours per school day, before or after, or before and after, regular school hours, and all day during school holidays and vacations, and which is not licensed under RSA 149, for 6 or more children who are 4 years and 8 months of age or older. The number of children shall include all children present during the period of the program, including those children related to the caregiver."

"Night care program" means "night care agency" as defined in RSA 170-E:2, IV(e), namely "a center or family home in which child day care is provided during the evening and night hours. A child day care agency may be licensed for day care, night care, or both."

ii. Describe the licensing requirements:

iii. Provide the citation:

Theabove programs are licensed under He-C 4002:
https://www.dhhs.nh.gov/oos/cclu/documents/he-c4002.pdf

☑ b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

"Family child care home" means "family day care home" as defined in RSA 170-E:2, IV(a), namely "an occupied residence in which child day care is provided for less than 24 hours per day, except in emergencies, for up to 6 children from one or more unrelated families. The 6 children shall include any foster children residing in the home and all children related to the caregiver except children who are 10 years of age or older. In addition to the 6 children, up to 3 children attending a full day school program may also be cared for up to 5 hours per day on school days and all day during school holidays.

"Family group child care home" means "family group day care home" as defined in RSA
170-E:2, IV(b), namely "an occupied residence in which child day care is provided forless than 24 hours per day, except in emergencies, for 7 to 12 children from one or more unrelated families. The 12 children shall include all children related to the caregiver and any foster children residing in the home, except children who are 10 years of age or older. In addition to the 12 children, up to 5 children attending a full day school program may also be cared for up to 5 hours per day on school days and all day during school holidays."https://www.dhhs.nh.gov/oos/cclu/documents/he-c4002.pdf

ii. Describe the licensing requirements:

iii. Provide the citation:

☐ c. In-home care (care in the childâs own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

- Kindergartens, nursery schools, or any other daytime programs operated by a public or private elementary or secondary school system or institution of higher learning; Municipal recreation programs, including after-school and summer recreation programs; Any recreational program as defined in RSA 170-E:2, XI-a, namely any before and/or after school, vacation, or summer youth program for children 6 years of age or older offered by a school or religious group, the Boys and Girls Clubs ofAmerica, Girls Incorporated, the YMCA, or the YWCA, provided that the program:
- Does not operate in a private home;
- Notifies parents or guardians that the program is not subject to licensure under RSA 170-E:4; II;
- Has policies and procedures to address the filing of grievances by parents and guardians;
- Is a member in good standing and in compliance with the national organization's minimum standards and procedures.

ii. Provide the citation to this policy:

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Persons administering programs, whether licensed or exempted from licensing pursuant to RSA 170-E:3, are subject to the provisions of RSA 170-E:4, II, namely "No

child care provider, whether licensed as a child day care agency, required to be licensed as a child day care agency under paragraph I, or exempted from licensing pursuant to RSA 170-E:3, I, shall care for a child in a manner which endangers the health, safety or welfare of the child. For purposes of this paragraph, endangerment shall mean the negligent violation of a duty of care or protection owed to such child or negligently inducing such child to engage in conduct which endangers his or her health or safety. Licensees in violation of this paragraph shall be subject to the provisions of RSA 170-E:12. Persons licensed or exempted from licensing who are in violation of this paragraph shall be enjoined by a court of competent jurisdiction in accordance with the provisions of RSA 170-E:22 from caring for such child and may be enjoined, as the court may determine, from caring for other children. Persons operating a child day care agency without a license in violation of paragraph I who engage in negligent conduct that endangers the health, safety, or welfare of the children in their care shall be subject to the criminal penalties in RSA 170-E:21 and may be enjoined from caring for children in accordance with the provisions of RSA 170-E:22. Beginning July 1, 2018, all license-exempt providers applying to enroll to accept NH Child Care Scholarship must receive an initial announced health and safety monitoring inspection in accordance with NH's Health and Safety Standards for License-Exempt Child Care Providers He-C 6916 (center based care) or He-C 6917(family and in-home care). Beginning September 30, 2018, all license-exempt child care providers enrolled to accept NH Child Care Scholarship must receive an announced annual monitoring inspection in accordance with the rules listed above.All licensed programs also receive an annual visit although it is unannounced.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

ii. Provide the citation to this policy:

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

Private homes in which any number of the provider's own children, whether related biologically or through adoption, and up to 3 additional children are cared for regularly for any part of the day, but less than 24 hours, unless the caregiver elects to comply with the provisions of this chapter and be licensed; Private homes in which the only children in care are the provider's own children, children related to the provider, and children residing with the provider.

ii. Provide the citation to this policy:

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Persons administering programs, whether licensed or exempted from licensing pursuant to RSA 170-E:3, are subject to the provisions of RSA 170-E:4, II, namely "No child care provider, whether licensed as a child day care agency, required to be licensed as a child day care agency under paragraph I, or exempted from licensing pursuant to RSA 170-E:3, I, shall care for a child in a manner which endangers the health, safety or welfare of the child. For purposes of this paragraph, endangerment shall mean the negligent violation of a duty of care or protection owed to such child or negligently inducing such child to engage in conduct which endangers his or her health or safety. Licensees in violation of this paragraph shall be subject to the provisions of RSA 170-E:12. Persons licensed or exempted from licensing who are in violation of this paragraph shall be enjoined by a court of competent jurisdiction in accordance with the provisions of RSA 170-E:22 from caring for such child and may

be enjoined, as the court may determine, from caring for other children. Persons operating a child day care agency without a license in violation of paragraph I who engage in negligent conduct that endangers the health, safety, or welfare of the children in their care shall be subject to the criminal penalties in RSA 170-E:21 and may be enjoined from caring for children in accordance with the provisions of RSA 170-E:22. Beginning July 1, 2018, all license-exempt providers applying to enroll to accept NH Child Care Scholarship must receive an initial announced health and safety monitoring inspection in accordance with NH's Health and Safety Standards for License-Exempt Child Care Providers He-C 6916 (center based care) or He-C 6917(family and in-home care). Beginning September 30, 2018, all license-exempt child care providers enrolled to accept NH Child Care Scholarship must receive an announced annual monitoring inspection in accordance with the rules listed above.All licensed programs also receive an annual visit although it is unannounced.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

Birth to 18 months [He-C 4002.01(ae)]

b. Toddler. Describe:

19 months through 35 months [He-C 4002.01(bl)]

c. Preschool. Describe:

3 years to 6 years (if not enrolled in a full day school program)

d. School-Age. Describe:

56 months and older enrolled in a full day school program

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

6 weeks to 12 months = 1:4; 13 months to 18 months = 1:5 [He-C 4002.34(b

B. Group size:

12 infants for 6 weeks to 12 months; 15 infants for 13 to 18 months [He-C 4002.34(b)]

ii. Toddler

A. Ratio:

19 - 24 months = 1:5; 25 - 35 months = 1:6 [He-C 4002.34(b)]

B. Group size:

15 toddlers for 19 months to 24 months; 18 toddlers for 25 - 35 months [He-C 4002.34(b)]

iii. Preschool

A. Ratio:

36 to 47 months = 1:8; 48 to 59 months = 1:12;

60 months and over = 1:15 [He-C 4002.33(b)]

B. Group size:

24

iv. School-age

A. Ratio:

1:15 [He-C 4002.36(f)]

B. Group size:

45 [He-C 4002.36(f)]

v. Mixed-Age Groups (if applicable)

A. Ratio:

When ages are mixed, ratio is based on the average age, in months, of children in the group provided programs shall not combine children younger than 24 months in a mixed age group which includes children older than 47 months, except for time limited, specific activities; or when there are 17 or fewer children present in the program, including a maximum of 12 children younger than school age, and 4 or fewer of the 17 children are younger than 3 years of age; or with a department approved plan for multi-age classrooms. When children between 6 weeks of age and 35 months are mixed, the ratio is based on the average age, in months, of children in the group, and the maximum group size is 16. [He-C 4002.33(d)(3); He-C 4002.34(d)(3)]

B. Group size:

When ages are mixed, ratio is based on the average age, in months, of children in the group provided programs shall not combine children younger than 24 months in a mixed age group which includes children older than 47 months, except for time limited, specific activities; or when there are 17 or fewer children present in the program, including a maximum of 12 children younger than school age, and 4 or fewer of the 17 children are younger than 3 years of age; or with a department approved plan for multi-age classrooms. When children between 6 weeks of age

and 35 months are mixed, the ratio is based on the average age, in months, of children in the group, and the maximum group size is 16. [He-C 4002.33(d)(3); He-C 4002.34(d)(3)]

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

- The staff to child ratio for school-age programs shall be one staff for 15 children with a maximum group size of 60.
- In addition to the staffing requirements in (a) above, programs shall have a second staff person in the building when 13 or more children are present.
- (c)Programs shall provide a minimum of 40 square feet of usable indoor space per child. Indoor active play space shall be available to children daily.
- In addition to (a) above, programs offering drop-in care shall monitor attendance records to ensure compliance with group size and ratios. If there is a pattern of exceeding ratio and group size then additional staff shall be added. Attendance records shall be kept on file for review by the department.
- The only exception to (a) above shall be when children combine for time-limited activities, such as meals, snacks, daily meetings, short stories, special guest presentations, or other special events, provided that all children have sufficient room for the activity.
- LE child care centers are not required to meet Qualifications for school age teachers [He-C 4002.32].

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

1. In a family child care home the maximum number of children that one familychild care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that:

1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and

2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age.

1. In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age.
2. Family group child care homes in which a family child care provider or familychild care worker is working alone shall comply with the limits for a family child care home with one provider as specified in (m) above.
3. In a family group child care home the maximum number of children that a familygroup child care provider and a family child care worker or assistant may care for shall be 12 preschool children plus 5 school-age children enrolled in a full day school program, provided that, of the 12 preschool children, no more than 4 children are younger than the age of 36 months.

B. Group size:

(l) In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that:

1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and
2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age.

1. In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age.
2. Family group child care homes in which a family child care provider or familychild care worker is working alone shall comply with the limits for a family child care home with one provider as specified in (m) above.
3. In a family group child care home the maximum number of children that a familygroup child care provider and a family child care worker or assistant may care for shall be 12 preschool children plus 5 school-age children enrolled in a full day school program, provided that, of the 12 preschool children, no more than 4 children are younger than the age of 36 months.

ii. Infant

A. Ratio:

1. In a family child care home the maximum number of children that one familychild care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that:

1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and
2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age.

1. In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age.
2. Family group child care homes in which a family child care provider or familychild care worker is working alone shall comply with the limits for a family child care home with one provider as specified in (m) above.
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B. Group size:

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1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and
2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age.

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than 4 children are younger than 36 months of age.

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iii. Toddler

A. Ratio:

(l) In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that:

1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and
2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age.

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B. Group size:

(l) In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day

school program, provided that:

1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and
2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age.

1. In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age.
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3. In a family group child care home the maximum number of children that a familygroup child care provider and a family child care worker or assistant may care for shall be 12 preschool children plus 5 school-age children enrolled in a full day school program, provided that, of the 12 preschool children, no more than 4 children are younger than the age of 36 months.

iv. Preschool

A. Ratio:

1. In a family child care home the maximum number of children that one familychild care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that:
2. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and
3. Of the 6 preschool children, no more than 2 children are younger than 24 months of age.
4. In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age.
5. Family group child care homes in which a family child care provider or familychild care worker is working alone shall comply with the limits for a family child care home with one provider as specified in (m) above.

In a family group child care home the maximum number of children that a familygroup child care provider and a family child care worker or assistant may care

for shall be 12 preschool children plus 5 school-age children enrolled in a full day school program, provided that, of the 12 preschool children, no more than 4 children are younger than the age of 36 months

B. Group size:

(l) In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that:

1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and
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v. School-age

A. Ratio:

1. In a family child care home the maximum number of children that one familychild care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that:
2. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and
3. Of the 6 preschool children, no more than 2 children are younger than 24 months of age.
4. In a family child care home the maximum number of children that a family

childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age.

5. Family group child care homes in which a family child care provider or familychild care worker is working alone shall comply with the limits for a family child care home with one provider as specified in (m) above.

In a family group child care home the maximum number of children that a familygroup child care provider and a family child care worker or assistant may care for shall be 12 preschool children plus 5 school-age children enrolled in a full day school program, provided that, of the 12 preschool children, no more than 4 children are younger than the age of 36 months

B. Group size:

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1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and
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1. In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age.
2. Family group child care homes in which a family child care provider or familychild care worker is working alone shall comply with the limits for a family child care home with one provider as specified in (m) above.
3. In a family group child care home the maximum number of children that a familygroup child care provider and a family child care worker or assistant may care for shall be 12 preschool children plus 5 school-age children enrolled in a full day school program, provided that, of the 12 preschool children, no more than 4 children are younger than the age of 36 months.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home

providers.

N/A

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

c. Licensed in-home care (care in the child's own home):

i. Mixed Groups (if applicable)

A. Ratio:

For in-home license-exempt providers who are operating in a private home, the ratios are governed by the group size and not age of the child, therefore the statute allows for three non-related children and/or the provider's own children whether related blood, marriageor through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no group size or ratio requirements.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

B. Group size:

For in-home license-exempt providers who are operating in a private home, the group size by statute allows for three non-related children and/or the provider's own children whether related blood, marriage or through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no group size requirements.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

ii. Infant (if applicable)

A. Ratio:

For in-home license-exempt providers who are operating in a private home, the ratios are governed by the group size and not age of the child, therefore the statute allows for three non-related children and/or the provider's own children whether related blood, marriageor through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no group size or ratio requirements.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

B. Group size:

For in-home license-exempt providers who are operating in a private home, the group size by statute allows for three non-related children and/or the provider's own children whether related blood, marriage or through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no group size requirements.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

For in-home license-exempt providers who are operating in a private home,statute allows for no more than three non-related children and/or the provider's own children whether related blood, marriage or through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider,

in a private home there is no defined limit on the number of children allowed in the home.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

For in-home license-exempt providers who are operating in a private home and caring for one or more unrelated children in addition to their own,they are not required to include the their own children (related biologically or adoption) in the ratio or group size. If the provider includes children that are still related, but not their own child (as defined in RSA 170-2(XIII)) they must count those children in the group size.

If the in-home license-exempt provider is caring for children all related to the provider, as defined in RSA 170-2(XIII), including his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there are not counted in the group size or ratio.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)
There are no limitations based on the age of the child, all group size and ratios are defined by statute as described above.

iii. Toddler (if applicable)

A. Ratio:

For in-home license-exempt providers who are operating in a private home, the ratios are governed by the group size and not age of the child, therefore the statute allows for three non-related children and/or the provider's own children whether related blood, marriageor through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no group size or ratio requirements.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

B. Group size:

For in-home license-exempt providers who are operating in a private home, the group size by statute allows for three non-related children and/or the provider's own children whether related blood, marriage or through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no group size requirements.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

For in-home license-exempt providers who are operating in a private home,statute allows for no more than three non-related children and/or the provider's own children whether related blood, marriage or through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no defined limit on the number of children allowed in the home.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

For in-home license-exempt providers who are operating in a private home and caring for one or more unrelated children in addition to their own,they are not required to include the their own children (related biologically or adoption) in the ratio or group size. If the provider includes children that are still related, but not their own child (as defined in RSA 170-2(XIII)) they must count those children in the group size.

If the in-home license-exempt provider is caring for children all related to the provider, as defined in RSA 170-2(XIII), including his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing

with the provider, in a private home there are not counted in the group size or ratio.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)
There are no limitations based on the age of the child, all group size and ratios are defined by statute as described above.

iv. Preschool (if applicable)

A. Ratio:

For in-home license-exempt providers who are operating in a private home, the ratios are governed by the group size and not age of the child, therefore the statute allows for three non-related children and/or the provider's own children whether related blood, marriageor through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no group size or ratio requirements.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

B. Group size:

For in-home license-exempt providers who are operating in a private home, the group size by statute allows for three non-related children and/or the provider's own children whether related blood, marriage or through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no group size requirements.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

For in-home license-exempt providers who are operating in a private home,statute

allows for no more than three non-related children and/or the provider's own children whether related blood, marriage or through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no defined limit on the number of children allowed in the home.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

For in-home license-exempt providers who are operating in a private home and caring for one or more unrelated children in addition to their own,they are not required to include the their own children (related biologically or adoption) in the ratio or group size. If the provider includes children that are still related, but not their own child (as defined in RSA 170-2(XIII)) they must count those children in the group size.

If the in-home license-exempt provider is caring for children all related to the provider, as defined in RSA 170-2(XIII), including his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there are not counted in the group size or ratio.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)
There are no limitations based on the age of the child, all group size and ratios are defined by statute as described above.

v. School-age (if applicable)

A. Ratio:

For in-home license-exempt providers who are operating in a private home, the ratios are governed by the group size and not age of the child, therefore the statute allows for three non-related children and/or the provider's own children whether related blood, marriageor through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no group size or ratio requirements.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

B. Group size:

For in-home license-exempt providers who are operating in a private home, the group size by statute allows for three non-related children and/or the provider's own children whether related blood, marriage or through adoption.

If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no group size requirements.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

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If the in-home license-exempt provider is caring for children related to the provider, as defined by statute to include his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there is no defined limit on the number of children allowed in the home.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)

For in-home license-exempt providers who are operating in a private home and caring for one or more unrelated children in addition to their own,they are not required to include the their own children (related biologically or adoption) in the ratio or group size. If the provider includes children that are still related, but not their

own child (as defined in RSA 170-2(XIII)) they must count those children in the group size.

If the in-home license-exempt provider is caring for children all related to the provider, as defined in RSA 170-2(XIII), including his/her own children, children related to the provider (by blood, marriage, or adoption) and/or children residing with the provider, in a private home there are not counted in the group size or ratio.

As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)
There are no limitations based on the age of the child, all group size and ratios are defined by statute as described above.

vi. Describe the ratio and group size requirements for license-exempt in-home care.
As defined in RSA 170-E:3(c)(h) and RSA 170-E:2(XIII)
There are no limitations based on the age of the child, all group size and ratios are defined by statute as described above.

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Qualifications for all infant/toddler/preschool teachers [He-C 4002.32]

Associate Teacher:
(n) An associate teacher in a center based program shall be at least 18 years of age, have a high school diploma or general equivalency diploma, and meet one of the following options:
(1) A minimum of 9 credits in child development, early childhood, or elementary education, or other field of study focused on children, including at least one 3 credit course in child growth and development, from a regionally accredited college; (2) A minimum of 1500 hours of supervised child care experience in a licensed child care

program or public or private elementary school, with written recommendation from the center director or school administrator, documentation of at least 3 credits in child development, early childhood or elementary education, or other field of study focused on children awarded by a regionally accredited college or university, and the following:

1. A written plan for completion of at least 6 additional credits in child development,early childhood or elementary education, or other field of study focused on children from a regionally accredited college or university; and
2. Within 12 months of the date the individual begins working as an associateteacher, documentation of qualification as specified in (1) above available for review by the department;

1. A minimum of 1000 hours of supervised child care experience in a licensedchild care program and documentation of successful completion of a 2 year vocational child care course;
2. Current certification as para II educator by the department of education; or (5) Written documentation from or on file with the department that she or he was qualified and employed as an associate teacher on or before the date of the adoption of these rules on 11/6/2017.

   Lead Teacher:

   (m) A lead teacher in a center based program shall have a high school diploma or general equivalency diploma, be at least 18 years of age, have a minimum of 1000 hours experience working with children in a licensed child care program, and meet one of the following pre-service training/education options:

   (1) A minimum of 18 credits in child development, early childhood or elementary education, or other field of study focused on children from a regionally accredited college or university, including at least 3 credits in child growth and development;

   (2) Documentation of a non-expired child development associates (CDA) in center based programs awarded by the council for professional recognition;

   (3) A credential from a teacher preparation program accredited by MACTE; or (4) Documentation from or on file with the department that she or he was qualified for and employed in the position of lead teacher on or before the effective date of these rules in 2017.

   Assistant Teachers:

   (o) Assistant teachers in a center based program, whether paid or volunteer, shall:

   1. Be at least 16 years of age; and
   2. Work with children only under the direct supervision and observation of a staffperson who meets at least the minimum qualifications of an associate teacher.

School age teachers [He-C 4002.32]

A group leader in a school-age program shall be at least 18 years of age, have a high school diploma or general equivalency diploma, and one of the following:

1. Experience working with school-age children, totaling 600 hours;
2. Documentation of at least 3 credits in child development, education, recreation,or other field of study focused on children, awarded by a regionally accredited college or university;
3. Documentation that she or he is a certified coach; or
4. Documentation from or on file with the department that she or he was qualifiedand employed as a group leader in a school-age program on or before the adoption of these rules in 2017.

An assistant group leader in a school-age program, whether paid or volunteer, shall:

1. Be at least 16 years of age; and
2. Work with children only when under the supervision and observation of a sitedirector, or group leader as described in this section.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

[He-C 4002.32]

(l) A center director in a center based program shall:

1. Be at least 21 years of age;
2. Have a high school diploma or general equivalency diploma;
3. Have documentation of successful completion of at least 3 credits in childdevelopment, and 3 credits in management or supervision, awarded by a regionally accredited college or university, or a minimum of 2 years' experience in a supervisory or management position in lieu of the 3 credits in management and supervision; (4) Have a minimum of 1500 hours experience working with children in a licensed child care program or public or private elementary school; and (5) Have one of the following:

1. A minimum of an associate's degree in child development, early childhood orelementary education, or other field of study focused on children, awarded by a regionally accredited college or university;
2. An additional 3000 hours of experience working with children in a licensed childcare program or in a public or private elementary school and documentation of a nonexpired child development associates (CDA) in center based programs awarded by the council for professional recognition;
3. Current certification in early childhood, elementary, or special education by thedepartment of education;
4. Certification in a teacher preparation program accredited by the Montessori Accreditation Council for Teacher Education (MACTE) in infant and toddler, early childhood or elementary I, which satisfies the 3 credits in child development

required in (l)(3) above if certified in infant and toddler or early childhood, together with 60 credits, awarded by a regionally accredited college or university; or

5. Documentation of 60 credits, awarded by a regionally accredited college oruniversity, of which at least 24 shall be in child development, early childhood, or elementary education or other field of study focused on children, including at least 3 credits in each of the following core knowledge areas:

1. Children with special needs;
2. Child growth and development; and
3. Curriculum for early childhood education; or (6) Be on file with the department as a center director working in that position on or before the effective date of these rules in 2017.

   (r) A site director in a school-age program shall be at least 20 years of age, have a high school diploma or general equivalency diploma, and have at least one of the following:

1. Written documentation from or on file with the department that she or he wasqualified and employed as a site director in a school-age program on or before the effective date of these rules in 2017;
2. A minimum of an associate's degree in child development, education, recreation,or other field of study focused on children, awarded by a regionally accredited college or university;
3. Certification of successful completion of training as a recreation director plus 1000 hours experience working with children in a licensed child care program, recreation program or a public or private elementary school;
4. A total of 12 credits in child development, education, recreation, or other field ofstudy focused on children, from a regionally accredited college plus 1000 hours of experience working with children;
5. Current certification as an educator by the department of education;
6. Experience working with children totaling 2000 hours and the following:
   1. Current certification as a para II educator by the department of education; or
   2. Both of the following:
   3. Documentation of enrollment in a course for at least 3 credits in child development,education, recreation, or other field of study focused on children, through a regionally accredited college or university and a written plan on file for completion of at least 3 additional credits as specified; and
   4. Within 12 months of the date the individual begins working as a site director,documentation of successful completion of a total of at least 6 credits as specified inb.1. shall be on file for review by the department

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

n/a

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

https://www.dhhs.nh.gov/oos/cclu/rules.htm

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

Family Child Care Provider qualifications: [He-C 4002.31]

(b) To qualify as a family child care provider, an individual shall be:

1. At least 21 years of age; or
2. At least 18 years of age and submit with his/her application documentation thathe or she has a high school diploma or general equivalency diploma and at least one of the following:

1. Successful completion of a 2 year child care curriculum approved by thedepartment of education; or
2. College courses, totaling 6 credits, in child development, early childhood, orelementary education, or other field of study focused on children, including at least one 3-credit course in child growth and development, from a regionally accredited college.

1. A family child care worker shall be 18 years of age or older.
2. A family child care assistant, whether paid or volunteer, shall:

1. Be 16 years of age or older; and

Work under the direct observation and supervision of the family child careprovider or a family child care worker at all times.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

1. "In-home provider" means a person who is providing child care in a private homeand is exempt from licensure pursuant to 170-E:3, is an enrolled child care provider pursuant to He-C 6914 , and is one of the following program types:
2. "Relative provider" where "the only children in care are the provider's own children,children related to the provider, and children residing with the provider" pursuant to 170-E:3 (h); or
3. "Friend or neighbor provider" where "any number of the provider's own children,whether related biologically or through adoption, and up to 3 additional children are cared for regularly for any part of the day, but less than 24 hours pursuant to 170-E:3 License-exempt family child care home provider must be at least 18 years of age.Individuals are not required to meet any further qualifications listed in 4002.31.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

https://www.dhhs.nh.gov/oos/cclu/documents/he-c4002.pdf

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

1. "In-home provider" means a person who is providing child care in a private homeand is exempt from licensure pursuant to 170-E:3, is an enrolled child care provider pursuant to He-C 6914 , and is one of the following program types:
2. "Relative provider" where "the only children in care are the provider's own children,children related to the provider, and children residing with the provider" pursuant to 170-E:3 (h); or
3. "Friend or neighbor provider" where "any number of the provider's own children,whether related biologically or through adoption, and up to 3 additional children are cared for regularly for any part of the day, but less than 24 hours pursuant to 170-E:3 License-exempt family child care home provider must be at least 18 years of age.Individuals are not required to meet any further qualifications listed in 4002.31.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

n/a

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety
standards
for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 -

5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Health and Safety standards are defined in the NH Child Care Licensing Rules: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child Care Providers Receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on the prevention and control of infectious disease (including immunization), including:

- Hand washing requirements for children and staff.
- Children's immunizations, health screening, observation of children daily for symptoms of illness, when children are required to go home due to illness, requirements to report communicable diseases to determine if children are required to be excluded from care, how to contain bodily fluids and to clean/sanitize surfaces, handwashing, and disposing of contaminated gloves and diapers.
- Water supply, septic systems, bathroom and diaper changing facilities-water testing requirements, flush toilets connected to a sewage disposal system, remediating a failing septic system, cleaning and sanitizing bathroom facilities and diaper changing areas, separation of bathroom/changing areas from food preparation or service areas.
- Food service and food safety, required to clean and sanitize food utensils and surfaces, use of separate utensils.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations between licensed providers of any types; however, there are variations in standards between licensed and license-exempt providers.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area.

All the standards listed above are included in the Prevention and Control of Infectious Disease except water supply, septic system and immunizations. Standards for water supply and septic system are included in Building and Physical Premises Safety. Standards for immunization are included in Medication Administration.

There are no variations in licensed programs.and license-exempt programs based on age.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.
Licensed providers: He-C 4002.14; He-C 4002.19; He-C 4002.22; He-C 4002.23;
License-exempt providers: He-C 6917.13

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.
Licensed providers: He-C 4002.30 (a)(2);
License-exempt providers: He- C 6914.04(d)(1)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt)

No variations between licensed providers of any types; however, there are variations in standards between licensed and license-exempt providers.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area. All the standards listed above are included in the Prevention and Control of Infectious Disease except water supply, septic system and immunizations. Standards for water

supply and septic system are included in Building and Physical Premises Safety.
Standards for immunization are included in Medication Administration.

Variations based on the age of the children in care

There are no variations in licensed programs.
There are no variations in license-exempt programs.

Relatives are not exempt from this requirement

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [x] Pre-Service
- [ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Licensing Unit ensures that staff have received therequired trainings in the topics listed above. This is accomplished by reviewing the training records during inspections. The BCDHSC provides child care providers access, through contractors, to free online and live training on the topics listed above. The BCDHSC requires the trainings are in line with the He-C4002.30 which details below the parameters for "acceptable" training.

He-C 4002.30 Professional Development.

(k) The department shall accept the following toward meeting in-service professional

development
requirements:
(1) Credit courses offered by a regionally accredited college or university with one credit
equal to 12 hours;
(2) Non-credit courses offered for continuing education units by a regionally accredited

college or university;
(3) Conference sessions or workshops which are presented by an individual who meets one of
the following criteria:

a. Is credentialed by the department's child development bureau, NH early childhood professional development system as a master professional, administrator or master teacher, or by the NH after school professional development system as a master professional;
b. Has at least a bachelor's degree in the subject area which she or he is providing professional development;
c. Meets the minimum qualifications for the position of center director;
d. Holds a professional license or certification through a professional organization relevant to the subject area which he or she is providing professional development; or
e. Is employed or was previously employed in a position such as a trainer, instructor, or
consultant by an organization specializing in one of the areas referenced in (j) above in
which she or he is providing professional development;
(4) Technical assistance provided by an individual who meets one of the criteria in (3) a.
through e. above, provided they have at least 5 years' experience as a center director if
qualifying under j.
(5) Training or technical assistance which is developed and presented by an employee of the
program or an individual hired by the program, shall be provided as follows:
a. The training is conducted when the trainees are not responsible for children;

b. With the exception of classroom observations, technical assistance is provided when
the subject(s) of the technical assistance are not responsible for children; and
c. Information regarding credentials of the individual, their methods, content and objective, dates and times of trainings or technical assistance, and a list of participants is
on file at the program and available for review by the department to assist the department in determining that:
1. The individual meets the requirements specified in (3)a. through e. or (4) above; and
2. The training or technical assistance is designed to increase the knowledge or skills of an individual in order to prepare him or her to more effectively work with children in a program; and
(6) Online training and correspondence courses, provided documentation of completion
includes:
a. The title of the training;
b. The completion date;
c. The hours awarded; and
d. A description which indicates the training is designed to increase the knowledge or skills of an individual in order to prepare him or her to more effectively work with children in a program.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Health and Safety standards are defined in the NH Child Care Licensing Rules: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child Care Providers Receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on the prevention of sudden infant

death syndrome and the use of safe-sleep practices, including:
Cribs must be manufactured after June 28, 2011, cribs and playpens must be in good repair, have properly sized mattresses and fitted sheets.

Infants up to 12 months required to be placed on their backs unless there are written medical orders, may only sleep in a play pen or crib, no coverings or any soft items or toys, bumper pads, etc. in cribs/play pens, comfortable temperature, no bibs or clothing with ties or hoods; staff do an in-person check every 10 minutes.

When infants up to 12 months fall asleep in any place that is not a safe sleep environment, including swings, bouncy seats or a car safety seat, a provider must move the infants and place them on their back in their crib or playpen.
Providers who smoke must wash hands and change into fresh clothing or remove smoke contaminated outerwear, prior to caring for the child to reduce the exposure to third hand smoke.

Providers must check to ensure the temperature in the room is comfortable for lightly clothed adult, check the infants to ensure that the infants is comfortably clothed and not overheated or sweaty, and that bibs and garments with ties or hoods are removed.

Children older than 3 months shall not be swaddled or placed in restrictive or weighted sleep suits or devices unless there are written medical orders from the child's primary health practitioner.

If a provider opts to use an electronic monitor, the provider must adhere to standards as listed in He-C 4002.19 (1)(d)(1) a-f or He-C4002.19(2) a-g.
Requirement to consult with the family of each child and observe children on an ongoing basis to determine each child's resting or napping needs.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt)

No variations between licensed providers of any types; however, there are variations in standards between licensed and license-exempt providers.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area. All the standards listed above are included in the Prevention of sudden infant death syndrome and the use of safe-sleep practices section.

Variations based on the age of the children in care

- There are no variations in licensed programs. The prevention of sudden infant death syndrome and the use of safe-sleep practices are not addressed in He-C 6916 because the population served is school age

Relatives are not exemp from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed provider: He-C 4002.30(a)(3)

License-exempt: He-C 6914.04(d)(2)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed provider: He-C 4002.30(a)(3)

License-exempt: He-C 6914.04(d)(2)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relatives are not exempt from this requirement. Requirement applies to both center and FCC

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [x] Pre-Service
- [ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Licensing Unit ensures that staff have received the required trainings in the topic listed above. This is accomplished by reviewing the training records during inspections. The BCDHSC provides child care providers access, through contractors, to free online and live training on the topic listed above. The BCDHSC requires the trainings are in line with He-C 4002.30, which details the parameters for training the department will accept towards meeting requirements.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Parental consent required for prescription, over the counter, and topical substances;
Staff training in medication administration prior to administering medications and retake every 3 years;
Prescription label or other written medical orders must be on file;
Parental instructions/medical orders for the administration of PRN;
Parental notification requirements for medication error; Documentation requirements

for medication administration; Storage of medication; disposal of medications.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt)

No variations between licensed providers of any types; however, there are variations in standards between licensed and license-exempt providers.

The license exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area.

Variations based on the age of the children in care

No variations in licensed care.

There are no variations in license-exempt care.

Relatives are not exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Health and Safety standards are defined in the NH Child Care Licensing Rules: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child Care Providers Receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on administration of medication, consistent with standards

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed: He-C 4002.30(a)(4)
License-exempt: He- C 6914.04(d)(3)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed programs are not required to have this training before supervising children
License-exempt programs are required to have this training before supervising children

Relatives are not exempt from requirement. Requirement applies to both center and FCC.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- ☐ Pre-Service
- ☑ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- ☐ Yes
- ☑ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Licensing Unit ensures that staff have received the required trainings in the topic listed above. This is accomplished by reviewing the training records during inspections. The BCDHSC provides child care providers access, through contractors, to free online and live training on the topic listed above. The BCDHSC requires the trainings are in line with He-C 4002.30, which details the parameters for training the department will accept towards meeting requirements.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Health and Safety standards are defined in the NH Child Care Licensing Rules: He-C 4002 and Health and Safety License Exempt Monitoring Rules for Child Care Providers Receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on prevention of and response to emergencies due to food and allergic reactions, including:

- Medications such as inhalers and epi-pens must be immediately accessible
- Written care plans required for food allergies or other allergy that results in a serious reaction; posting of care plans with written permission of the parent; notification of parents when there is an allergic reaction or contact with known allergen even if no reaction.
- A child's medication must be in the vehicle and with the individual responsible for the child during field trips.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations in licensed programs.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area.

There are no variations in He-C 6916 and He-C 6917.

Variations based on the age of the children in care

In licensed programs, school age children with parental and licensed health practitioner permission may have insulin, in halers and epi-pens in their possession.

There are no variations in license-exempt rules.

Relatives are not exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers: 4002.18; 4002.19; 4002.29;

License-exempt providers: He-C 6916.08; He-C 6917.08

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed: He-C 4002.30(a)(5)

License-exempt: He- C 6914.04(d)(4)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed programs do not need to meet this requirement before supervising children

Licesne-exempt providers do need to meet this requirement before supervising children

Relatives are not exempt from this requirement. Requirement applies to both center and FCC

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☐ Yes

☑ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Licensing Unit ensures that staff have received the required trainings in the topic listed above. This is accomplished by reviewing the training records during inspections. The BCDHSC provides child care providers access, through contractors, to free online and live training on the topic listed above. The BCDHSC requires the trainings are in line with He-C 4002.30, which details the parameters for training the department will accept towards meeting requirements.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Health and Safety standards are defined in the NH Child Care Licensing Rules: He-C and Health and Safety License-Exempt Monitoring Rules for Child Care Providers Receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on prevention of and response to emergencies due to food and allergic reactions, including;Â

Health and Safety in the Child Care Environment - includes:

- Life safety code requirements
- Fencing requirements if located near road, body of water, sharp inclines or embankments, other dangerous area
- Energy absorptive material under outdoor play equipment - Protection from:Â
- Electrical hazards
- Strangulation hazards
- Entrapment hazards
- Guns/weapons/ammunition in locked storage
- Knives/sharp objects

- Tripping/slipping hazards
- Protective barriers on windows
- Loose/flaking paint
- Lead hazards
- Asbestos hazards
- Radon hazards
- Poisonous plants
- Fumes from toxic chemicals or materials
- Pesticides
- Construction hazards
- Toxic and flammable materials
- Hazardous pets
- Heat sources
- Smoking
- Pools

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by type of care and licensing status

Smoking is not allowed in licensed center based programs; however, it is allowed in licensed family child care during non-operating hours.Â

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area.

Â

- Smoking is not allowed in license-exempt center based programs.
- Smoking requirements for license-exempt family child care providers are not included in this section; however, they are addressed in the prevention of sudden infant death syndrome and use of safe sleeping practices.
- Providers who smoke are required to change into fresh clothing, or remove smoke contaminated outerwear, prior to caring for the child to reduce the exposure to third hand smoke

Variations by age

No variations in licensed care.Â

There are no variations in license-exempt care.Â

Relatives are not exempt from these requiremnst.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers: He-C 4002.14;Â

License-exempt providers: He-C 6916.05; He-C 6917.05

Â

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed: He-C 4002.30(a)(6) License-exempt: He- C 6914.04(d)(5)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed programs do not need to meet this requirement before supervising children

Licesne-exempt providers do need to meet this requirement before supervising children

Relatives are not exempt from this requirement. Requirement applies to both center and FCC

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- ☐ Pre-Service
- ☐ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- ☐ Yes
- ☐ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the

standards above.

The Child Care Licensing Unit ensures that staff have received the required trainings in the topic listed above. This is accomplished by reviewing the training records during inspections. The BCDHSC provides child care providers access, through contractors, to free online and live training on the topic listed above. The BCDHSC requires the trainings are in line with He-C 4002.30, which details the parameters for training the department will accept towards meeting requirements.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Health and Safety standards are defined in the NH Child Care Licensing Rules: He-C

1. and Health and Safety License-Exempt Monitoring Rules for Child CareProviders Receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on prevention of shaken baby syndrome, abusive head trauma, and child maltreatment, including:
   - Prohibited from child abuse and neglect, and using corporal punishment, which is defined as physical actions against a child, including shaking, rough handling, and other forms of aggressive contact (among other actions);
   - Prohibited from controlling children's behavior by actions damaging to children, including yelling at children, belittling/shaming/ridiculing/name calling, making verbal threats, confining infants or toddlers in devices that restrict movement for discipline, confining children in equipment not appropriate for their age; withholding food, forcibly feeding; discipline for not eating; shame or discipline for toileting accidents; prohibiting children from using the toilet; using isolation for discipline; require children to sleep or rest or go to their sleeping area for discipline; or discipline for not sleeping.
   - Required to use positive guidance, redirection, establish appropriate rules or limits, and other developmentally appropriate practices with children.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No variations between licensed providers of any type.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area.

Topic areas listed above are included in section He-C6917.14. He-C 6916.13 does not include shaken baby syndrome because the children in care are school age.

Variations based on the age of the children in care

No variations in licensed programs.

License-exempt, He-C 6916.13 does not include shaken baby syndrome because the children in care are school age.

Relatives are not exempt from these requirements

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers: He-C 4002.01 (o), He-C 4002.25(e)(2), He-C 4002.25(e)(3), HeC4002.25(c),

License-exempt providers: He-C 6916.13, He-C 6917.14

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed: He-C 4002.30(a)(6) License-exempt: He- C 6914.04(d)(5)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

- Licensed: He-C 4002.30(a)(7);
- License-exempt: He- C 6914.04(d)(6)

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [x] Pre-Service
- [ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Licensing Unit ensures that staff have received the required trainings in the topic listed above. This is accomplished by reviewing the training records during inspections. The BCDHSC provides child care providers access, through contractors, to free online and live training on the topic listed above. The BCDHSC requires the trainings are in line with He-C 4002.30, which details the parameters for training the department will accept towards meeting requirements.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child Care providers receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on emergency preparedness and response planning for emergencies resulting from a natural disaster or a human caused event.

Licensed providers are required to include in their emergency operations plan response actions, for natural, human-caused, or technological incidences including, but not limited to:

- Evacuation, both within the building and off-site, relocation;
- Secure campus;
- Drop, cover and hold;
- Lockdown;
- Reverse evacuation;
- Shelter-in-place; and - Bomb threat, scan.
- License-exempt rules only require the lockdown, evacuation, relocation and shelter-in-place.
- Included in both licensed and license-exempt rules are requirements for continuity of operations and communication and reunification with families. Providers also must include in their plan procedures for infants and toddlers, children with chronic medical conditions, and children with special needs or with access and functional needs.
- Reporting of serious injuries and deaths standard is included in both licensed and license-exempt rules. All the rules include requirements for practice drills and training. All emergency plans must include both accommodations, procedures and practices for infants and toddlers, children with chronic medical conditions, and children with special needs or with access and functional needs as described in He-C19W.

  Specific instructions for how to make accommodations for said groups has been included in the Emergency Preparedness Guide available to each provider - licensed or exempt via the Consumer education website and through their licensing coordinator and professional development opportunities.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in

care.

Variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt)

No variations between licensed providers of any type.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area. Hand washing and proper cleaning of bodily fluids are addressed in the prevention and control of infectious disease section.

Variations based on the age of the children in care

No variations between licensed providers.

No variations between licensed-exempt providers.

-- Describe if relatives are exempt from this requirement Relatives are not exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers: He-C 4002.17; He-C 4002.26; He-C 4002.17(l); He-C 4002.26(a);

License-exempt providers: He-C 6916.06; He-C 6917.06; He-C 6916.10; He-C 6917.10

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed: He-C 4002.30(a)(8);

License-exempt: He- C 6914.04(d)(8)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed programs do not need to meet this requirement before supervising children

License-exempt providers do need to meet this requirement before supervising

children

Relatives are not exempt from this requirement. Requirement applies to both center and FCC

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Licensing Unit ensures that staff have received the required trainings in the topic listed above. This is accomplished by reviewing the training records during inspections. The BCDHSC provides child care providers access, through contractors, to free online and live training on the topic listed above. The BCDHSC requires the trainings are in line with He-C 4002.30, which details the parameters for training the department will accept towards meeting requirements.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C

4002 and Health and Safety License -Exempt Monitoring Rules for Child care providers receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on handling and storage of hazardous materials and the appropriate disposal of bio-contaminants, including:

- Standards on how to clean up bodily fluids;
- Proper hand washing; and
- Storage of hazardous materials.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt)

No variations between licensed providers of any type.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area. Hand washing and proper cleaning of bodily fluids are addressed in the prevention and control of infectious disease section.

Variations based on the age of the children in care No variations between licensed providers

No variations between licensed-exempt providers.

Relatives are not exempt from these requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers: He-C 4002.17; He-C 4002.26; He-C 4002.17(l); He-C 4002.26(a);

License-exempt providers: He-C 6916.06; He-C 6917.06; He-C 6916.10; He-C 6917.10

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed: He-C 4002.30(a)(9);

License-exempt: He- C 6914.04(d)(9)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed programs do need to meet this requirement before supervising children

License-exempt providers do need to meet this requirement before supervising children

Relatives are not exempt from this requirement. Requirement applies to both center and FCC

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [x] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Licensing Unit ensures that staff have received the required trainings in the topic listed above. This is accomplished by reviewing the training records during inspections. The BCDHSC provides child care providers access, through contractors, to free online and live training on the topic listed above. The BCDHSC requires the trainings are in line with He-C 4002.30, which details the parameters for training the department will accept towards meeting requirements.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child care providers receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards in transporting children, including:

Field trips;

Vehicle registration, insurance and inspection requirements;

Prohibiting the use of electronic devices while driving;

The use of child care safety seats for all children under the age of 5;

Appropriate child restraints or seat belts must be provided to children; and

The limitation to only transport the number of persons the vehicle is designed to carry

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt)

No variations between licensed providers of any types.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area and include standards listed above.

Variations based on the age of the children in care

No variations between licensed providers.

No variations between license-exempt providers.

Relatives are exempt from requiring permission slips for field trips.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers: He-C 4002.29;

License-exempt providers: He-C 6916.14; He-C6917.15

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed providers: He-C 4002.30(a)(10);

License-exempt providers: He- C 6914.04(d)(10)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed programs do not need to meet this requirement before supervising children

License-exempt providers do need to meet this requirement before supervising children

Relatives are not exempt from this requirement. Requirement applies to both center and FCC

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

The Child Care Licensing Unit ensures that staff have received the required trainings in the topic listed above. This is accomplished by reviewing the training records during inspections. The BCDHSC provides child care providers access, through contractors, to free online and live training on the topic listed above. The BCDHSC requires the trainings are in line with He-C 4002.30, which details the parameters for training the department will accept towards meeting requirements.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child care providers receiving NH Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on pediatric first aid and CPR certification, including:

- Having non-expired first aid supplies adequate to meet the needs of the children;
- Informing the parent if an injury occurs; and
- Foods not to serve which can cause a choking hazard to children under the age of 3Further all licensed and non-licensed providers are required to have a valid CPR/First
  Aid certificate provided by a nationally recognized certifying agency such as the Red Cross or American Heart Association. The certificates must be valid and renewed on the schedule as proscribed by the granting agency. Those recognized certificates expire in one to three years depending on the specialty, with an average renewal requirement of every two years.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by category of care (i.e., center, FCC, in-home) and licensing status

(i.e., licensed, license-exempt).

No variation between licensed providers of any types.

The license-exempt rules are designed to meet the special needs of the population being monitored.

The rules are organized by the required health and safety topic area and include standards listed above.

Variations based on the age of the children in care

No variations between licensed providers.

Foods that are a choking hazard to children under the age of 3 is not included in He-C 6916 because the children being cared for in LE child care facilities are school age.

Relatives are not exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed provider: He - 4002.19; He-C 4002.19(m);

License-exempt provider: He-C 6916.11; He-C 6917.11

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed: He-C 4002.18(m);

License-exempt: He-C 4002.30(a)(11); He-C6914.04(e)(1)(2)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed programs do need to meet this requirement before supervising children

License-exempt providers do need to meet this requirement before supervising children

Relatives are not exempt from this requirement. Requirement applies to both center

and FCC

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [x] Pre-Service
- [ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Licensing Unit ensures that staff have received the required trainings in the topic listed above. This is accomplished by reviewing the training records during inspections. The BCDHSC provides child care providers access, through contractors, to free online and live training on the topic listed above. The BCDHSC requires the trainings are in line with He-C 4002.30, which details the parameters for training the department will accept towards meeting requirements.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C

4002 and Health and Safety License-Exempt Monitoring Rules for Child care providers receiving NH Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on the recognition and reporting of child abuse and neglect, including:

All child care providers are mandated to report if they suspect a child is being abused or neglected in accordance with RSA 169-C:29 and must report the suspected abuse to the Division for Children, Youth, and Families;
Child care providers shall not abuse or neglect children;
Child care providers take prompt action to protect children from abuse, neglect, corporal punishment or other mistreatment by any individual; and
Actions that must be taken in informing the parent if the health, safety, or well-being of the child was jeopardized.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt)

No variations between licensed providers of any type.
The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area and include standards listed above.

Variations based on the age of the children in care

No variations between licensed providers.

Relatives are not exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers: He C 4002.04; He-C 4002.25; He-C 4002.30 (a); He-C 4002.04(c); He-C 4002.25(e)(1); He-C 4002.25(f); He-C 4002.30(a); License-exempt:

He-C 6916.13; He-C 6917.14

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed: He-C 4002.30 (a)(12);

License-exempt: He-C 6914 (d)(7)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed programs do not need to meet this requirement before supervising children

License-exempt providers do need to meet this requirement before supervising children

Relatives are not exempt from this requirement. Requirement applies to both center and FCC

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Licensing Unit ensures that staff have received the required trainings in the topic listed above. This is accomplished by reviewing the training records during inspections. The BCDHSC provides child care providers access, through contractors,

to free online and live training on the topic listed above. The BCDHSC requires the trainings are in line with He-C 4002.30, which details the parameters for training the department will accept towards meeting requirements.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Training on this topic is required initially for all employees, and optionally can be retaken as part of the required 3 hours of ongoing training. Unless licensing identifies an immediate need for re-training.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

n/a

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [x] Pre-Service
- [ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

The Child Care Licensing Unit ensures that staff have received the required trainings in the topic listed above. This is accomplished by reviewing the training records during inspections. The BCDHSC provides child care providers access, through contractors, to free online and live training on the topic listed above. The BCDHSC requires the trainings are in line with He-C 4002.30, which details the parameters for training the department will accept towards meeting requirements.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

Within 90 days of the first date of employment or within two weeks for programs operating three months of the year or less, all staff are required to take a minium of 6 hours of training in the designated federally required health and safety topics. In subsequent years of employment, the employee including caregivers, teachers and directors (along with high school and college students) must take a minimum of 3 hours of their annual 18 hour professional development training in any of the 11 topics of health

and safety as designated in the approved training list. CPR/First Aid training does not count towards the annual required professional development hours.. As referenced in HE-C 4002.30 .

b. License-exempt child care centers:

License-exempt facilities must meet all the above requirements this includes all staff, regardless of length of employment or age.

c. Licensed family child care homes:

Within 90 days of the first date of employment or within two weeks for programs operating three months of the year or less, all staff are required to take a minimum of 6 hours of training in the designated federally required health and safety topics. In subsequent years of employment, the employee including caregivers, teachers and directors (along with high school and college students) must take a minimum of 3 hours of their annual 18 hour professional development training in any of the 11 topics of health and safety as designated in the approved training list. CPR/First Aid training does not count towards the annual required professional development hours.. As referenced in HE-C 4002.30 .

d. License-exempt family child care homes:

Initially, all license-exempt providers are required to take a minimum 6 hours of training in the designated federally required health and safety topics as part of the provider enrollment requirements for the NH Child Care Scholarship program. Subsequent years of employment, the provider must take a minimum of 2 hours of their annual 4 hour professional development training in any of the 11 topics of health and safety as designated in the approved training list. CPR/First Aid training does not count towards the annual required professional development hours.. As referenced in HE-C 6914.04(1)

e.Regulated or registered In-home child care:

Initially, all license-exempt providers are required to take a minimum 6 hours of training in the designated federally required health and safety topics as part of the provider enrollment requirements for the NH Child Care Scholarship program. Subsequent years of employment, the provider must take a minimum of 2 hours of their annual 4 hour professional development training in any of the 11 topics of health and safety as designated in the approved training list. CPR/First Aid training does not count towards

the annual required professional development hours.. As referenced in HE-C 6914.04(1)

f. Non-regulated or registered in-home child care:

New Hampshire does not have any regulations for this type of program.

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

☐ a. Nutrition:

Describe:

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C 4002. Child care providers are monitored on specific standards on nutrition, including:

Allowing for individual feeding schedules

Complying with dietary restrictions as requested by the parent. Child care providers are able to require parents to provide practitioner authorization.

Providing a weekly menu to families if meals or snacks are served

Providers not allowing more than 3 hours to elapse between meals

Ensuring meals and snacks meet the daily patterns listed in USDA "Child Meal Pattern"

He-C 4002.27

Variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

License-exempt rules do not include nutrition standards.

Variations based on the age of the children in care.

- Child care program personnelmust follow individual feeding schedules provided by the parentof each child who has not reached a developmental level which enables them to eat on schedule.Child care program personnel shall comply with dietary restrictions as requested in writing by the parents of each child, due to food allergies, religious, or philosophical beliefs.

- Notwithstanding (g) above, the center director, site director, or family child care provider may require the parents of any child to obtain and provide to the program a written note from the child's licensed health care practitioner authorizing the dietary restrictions requested by a parent.
- Child care program personnel must cut food into small bite-sized pieces which are appropriate for each child's chewing and swallowing capability.
- Child care program personnel must not serve foods which can cause a choking hazard to children younger than 3 years of age or to children who have been identified as having chewing and swallowing difficulties, including, but not limited to:(1) Spoonsful of peanut butter; (2) Whole or rounds of hot dogs or sausage;(3) Whole grapes; (4) Hard candy and chewing gum; (5) Raw carrot rounds, peas or celery; (6) Chips or hard pretzels; (7) Marshmallows; (8) Nuts or seeds; (9) Popcorn; and (10) Other hard or cylinder shaped foods that may pose a choking hazard.
- Child care program personnel must serve low fat or non-fat milk to children younger than 2 years of age only when authorized to do so in writing by the child's parent and the child's licensed healthcare practitioner.
- Programs that provide formula or cereal for infants shall provide iron fortified formula or cereal unless restricted in writing by a child's parent and the child's licensed health care practitioner.
- Child care program personnel must not allow children to walk around with a bottle or sippy cup.
- Programs may only serve 100% fruit juice to children age one year and older, with no more than 4 ounces of 100% fruit juice served daily.

License-exempt rules do not include nutrition standards.

☐ b. Access to physical activity:

Describe:

Child care providers are monitored on specific standards on physical activity, including: Providing daily opportunity for outdoor physical activity or gross motor activity, along withlimiting the use of media, including televisions, video, or electronic devices.

He-C 4002.21; He-C 4002.24; He-C 4002.21(p)(3); He-C 4002.21(p)(4); He-C 4002.24(f); He-C 4002.24(q); He-C 6916.12

Variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

License-exempt rules are designed to meet the needs of population being monitored.

License- licensed-exempt child care rules are organized by the required health and safety topic area and include standards on physical activity.

Variations based on the age of the children in care.

License- exempt facility based program rules do not include standards for infants and toddlers, as they only serve children ages 72 months and older.

There is no requirement for license-exempt providers, including relatives for training on physical activity.

☐ c. Caring for children with special needs:

Describe:

Child care providers are monitored on specific standards regarding children with special needs, including:

The requirement to develop and implement a written policy to address the limitations of expelling children from a program for challenging behaviors.

Administering medication, treatment, or other remedy as required under the provision of the American with Disabilities Act.

Providing children with developmentally appropriate toys and opportunities and experiences that support appropriate child growth.

Licensed providers: He-C 4002.18; He-C 4002.24;

License-exempt providers: He-C 6916.12; He-C6917.12

Variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No variations between licensed providers.

Facility based licensed-exempt providers are exempt from the requirement of having an expulsion policy.

Variations based on the age of the children in care.

No variations between licensed providers.

Facility based licensed-exempt providers are exempt from the requirement of having

an expulsion policy.

Relatives are exempt from the requirement of having an expulsion policy.

☐ d. Any other areas determined necessary to promote child development or to protect childrenâs health and safety (98.44(b)(1)(iii)).

Describe:

N/A

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

Licensed child care centers: Within 90 days of the first date of employment or within two weeks for programs operating three months of the year or less, all staff are required to take a minium of 6 hoursof training in the designated federally required health and safety topics. In subsequent years of employment, the employee including caregivers, teachers and directors (along with high school and college students) must take a minimum of 3 hours of their annual 18 hour professional development training in any of the 11 topics of health and safety as designated in the approved training list. CPR/First Aid training does not count towards the annual required professional development hours.. As referenced in HE-C 4002.30 .

Licensed FCC homes:Within 90 days of the first date of employment or within two weeks for programs operating three months of the year or less, all staff are required to take a minimum of 6 hours of training in the designated federally required health and safety topics. In subsequent years of employment, the employee including caregivers, teachers and directors (along with high school and college students) must take a minimum of 3 hours of their annual 18 hour professional development training in any of the 11 topics of health and safety as designated in the approved training list. CPR/First Aid training does not count towards the annual required professional development hours.. As referenced in HE-C 4002.30 .

License-exempt home care: Initially, all license-exempt providers are required to take a minimum 6 hours of training in
the designated federally required health and safety topics as part of the provider enrollment requirements for the NH Child Care Scholarship program. Subsequent years of employment, the provider must take a minimum of 2 hours of their annual 4 hour professional development training in any of the 11 topics of health and safety as designated in the approved training list. CPR/First Aid training does not count towards the annual required professional development hours.. As referenced in HE-C 6914.04(1)(11), (e) (1) - (2).

Variations for exempt provider settings:
License-exempt facilities must meet all the above requirements this includes all staff, regardless of length of employment or age.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.
Licensedcenters and family child care HE-C 4002.30
License-exempt homes HE-C 6914.04(1) (11), (e) (1) - (2).
License-exempt facilities must meet all the above requirements this includes all staff, regardless of length of employment or age.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.
All licensed providers are required to complete a local health inspection and life safety inspection which is documented on a report that is submitted with an application for

licensure, per RSA 170-E:6. Applications for licensure are returned as they are considered incomplete if these reports are not included.

License-exempt providers are required to receive an announced pre-enrollment health and safety inspection from Child Care Licensing Unit (CCLU) making certain the facility or home meets basic fire code and health and safety requirements. An enrollment to accept NH Child Care Scholarship will not be approved until the provider is in compliance with specific health and safety standards determined by DHHS.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

Once a complete application is received, which includes approvals from the local health, fire and zoning officials, an appointment is made for a licensing inspection. When programs are in compliance with all critical 5.3.2 rules in He-4002, a 6-month permit is issued. Within those 6 months, an announced inspection takes place. A full

3-year license is issued when programs demonstrate compliance with He- 4002.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

At least one unannounced inspection is required annually, per Licensing Inspection Policy dated February 8, 2018

Update as of 8/2/2020 annual inspections suspension was extended to 9/30/2020 due to Emergency Order still being in place. This excluded any visit necessary due to a complaint or violation finding. Update as of 10/1/2020 while the annual inspections have been restarted, inspections are limited to programs without current partial or full closures due to COVID-19 and/or those with known exposures. Visits are being rescheduled based on the criteria of availability and both staff and child safety. All required inspections/visits will be scheduled.

- Update as of March 2021 - The initial waiver due to COVID was granted from March 27, 2020 to March 27 2021. During this time access to programs was inadvisable due to COVID precautions and program shutdowns. When a complaint was submitted, a site visit was conducted and have continued to be done throughout the last year. As of September 2020, inspections restarted on a limited basis based on site availability and COVID vulnerabilities. Due to the temporary suspension early in 2020 that created a backlog of program visits and the ongoing challenges of the pandemic, an additional waiver was requested and approved allowing for temporary waiver of this requirement from March 27, 2021 through September 30, 2021. The status of the visits will be revisited regularly and the backlog addressed in the order of visit date. Programs receiving complaints will remain top priority and continue without interruption.

iii. Identify the frequency of unannounced inspections:

☐ A. Once a year

☑ B. More than once a year

Describe:

At least one unannounced inspection occurs annually. More may occur if complaints are received, if corrective action plans required a compliance monitoring, or if inspectors have the ability to complete additional inspections within the year.

.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Fire inspectors are responsible for all the programs in their assigned territory. Inspectors receive a report that indicates whether or not a program has received an inspection in the calendar year. When recording inspections in our database, the inspector indicates if the inspection included a review of all fire, health and safety requirements. Providers then complete a corrective action plan, which is reviewed an approved by the inspector. If the providers fail to comply, the rules and law allow for enforcement actions, such as fines, conditional license suspensions, revocations, or denial of license.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

RSA170E:8.9, and 10; He-C 4002.02, .04, .05, .06., .09, and .10

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

All licensed family child care homes must go through the same pre-licensure inspection. Reference 5.3.2(a)(1) for requirements.Once a complete application is received, which includes approvals from the local health, fire and zoning officials, an appointment is made for a licensing inspection. When programs are in compliance with all critical rules in He-4002, a 6-month permit is issued. Within those 6 months, announced inspection takes place. A full 3-year license is issued when programs demonstrate compliance with He- 4002.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

At least one unannounced inspection is required annually, per Licensing Inspection Policy dated February 8, 2018.

iii. Identify the frequency of unannounced inspections:

- ☐ A. Once a year
- ☑ B. More than once a year

Describe:

At least one unannounced inspection occurs annually. More may occur if complaints are received, if corrective action plans require compliance monitoring, or if inspectors have the ability to complete additional inspections within the year.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Fire inspectors are responsible for all the programs in their assigned territory. Inspectors receive a report that indicates whether or not a program has received an inspection in the calendar year. When recording inspections in our database, the

inspector indicates if the inspection included a review of all fire, health and safety requirements. Providers then complete a corrective action plan, which is reviewed and approved by the inspector. If the providers fail to comply, the rules and law allow for enforcement actions, such as fines, conditional licensed suspensions, revocations, or denial of license.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

RSA170E:8.9, and 10; He-C 4002.02, .04, .05, .06., .09, and .10

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the childâs own home)?

- [x] No (Skip to 5.4.3 (a)).
- [ ] Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own

home) providers.

C. Identify the frequency of unannounced inspections:

☐ 1. Once a year

☐ 2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

The BCDHSC has authority to monitor license-exempt center-based CCDF providers in accordance with He-C 6914. License-exempt center-based child care providers are required to receive an announced pre-enrollment monitoring visit and an annual on-going monitoring visit to be enrolled to accept CCDF funds. The monitoring visit is captured on a checklist that focuses on health and safety issues including, but not limited to fire prevention/hazards, access to dangerous or noxious chemicals, etc. checklist that He-C 6916, Health and Safety Rules for Facility Based License-exempt Child Care Providers Receiving Child Care Scholarship, sets forth the health and safety standards centerbased CCDF providers.

i. Provide the citation(s) for this policy or procedure

He-C 6914.04 (a)(7), He-C 6914.05 (a)(9), He-C 6916

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

BCDHSC and the Child Care Licensing Unit (CCLU) have a Policy Directive in place that sets forth the agreement that the CCLU will conduct the initial and ongoing announced monitoring and inspections for all license-exempt child care providers applying or enrolled to accept NH Child Care Scholarship. Roles and responsibilities of the BCDHSC and the CCLU regarding the enrollment, monitoring and suspension are clearly identified in the policy. The annual monitoring tool includes a checklist focused on health and safety issues including fire requirements. Depending on the results an announced follow-up visits to ensure compliance/correction can be undertaken.

i. Provide the citation(s) for this policy or procedure

He-C 6914.04 (a)(7), He-C 6914.05 (a)(9), He-C 6916

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

BCDHSC and the Child Care Licensing Unit (CCLU) have a Policy Directive in place that sets forth the agreement that the CCLU will conduct the initial and ongoing announced monitoring and inspections forall license-exempt child care providers, including in-home providers, applying or enrolled to accept the NH Child Care Scholarship funds. Further, roles and responsibilities of the BCDHSC and the CCLU regarding the enrollment, monitoring and suspension are clearly identified in the policy.

The CCLU regulates licensed and licensed-exempt child care providers there are some exemptions to the Rule and parent must be present during the monitoring visit. There is the same requirement for annual monitoring visit by CCLU as in licensed programs, however the checklist and reporting documentation is modified to suit the environment and audience.

CCLU inspectors are responsible for all the programs in their assigned territory, including license-exempt CCDF providers. Inspectors receive a report that indicates whether or not a program has received an inspection in the calendar year. When recording inspections in the database, the inspector indicates if the inspection included a review for compliance of all health and safety requirements. If the provider is not in compliance, they then complete a Program Improvement Plan, which is reviewed and approved by the inspector. CCLU will follow up with the provider to ensure the provider complied with the Program Improvement Plan. If the providers fail to comply, the rules and law allow for enforcement action in accordance with He-C 6916.

b. Provide the citation(s) for this policy or procedure.
-He-C 6914.04 (a)(7), He-C 6914.05 (a)(9), He-C 6916

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:
The New Hampshire Child Care Licensing Unit (CCLU)

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the stateâs licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

The qualifications for a NH Child Care Licensing Coordinator are found in the Department's Human Resource Supplemental Job description for this positon as described below:

Education: Bachelor's degree in early childhood education, child development, education, social services, or a discipline focused on children or social programs. Each additional year of approved formal education may be substituted for one year of required work experience.

Experience: Four years' experience in early childhood education, child development, education, or social services delivery. Each additional year of approved work experience may be substituted for one year of required formal education.

Preferred Qualifications: Responsibility for program implementation, direct service delivery, program management, planning and evaluation.

Special requirements: Must be able to satisfactorily complete or meet additional training criteria relevant to the assigned program area; such as but not limited to: Basic Child Care Licensing Health and Safety Course.

Child Care Licensing coordinators must complete a structured job interview which includes questions on appropriate child care settings, including questions that measure understanding of child development and how to interact with providers. Child Care Licensing Coordinators have an approximate 3-month mentorship with and experienced licensing coordinator before completing inspections independently. The National Association for Regulatory Administration Licensing Curriculum is also used in training new licensing coordinators. DHHS makes available translation services for instances when a licensing coordinator needs to communicate with a provider in the provider's language, which includes having a translator during inspections.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Child Care Licensing coordinators must complete a structured job interview which includes questions on appropriate child care settings, including questions that measure understanding of child development and how to interact with providers. Child Care Licensing Coordinators have an approximate 3-month mentorship with and experienced licensing coordinator before completing inspections independently. The National Association for Regulatory Administration Licensing Curriculum is also used in training new licensing coordinators. DHHS makes available translation services for instances when a licensing coordinator needs to communicate with a provider in the provider's language, which includes having a translator during inspections.

c. Provide the citation(s) for this policy or procedure.

A Supplemental Job Description can be provided by the State of NH Human Resources Department.

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

As of June 2021, there areXXX licensed child care programs and XX inspectors. Depending on the size of the territory covered, the ratio is 60-70 programs per inspector. Currently, all programs will receive at least one unannounced inspection, in addition to completing complaint inspections, pre-licensure inspections, revision of licenses, and onsite consultations. Reports indicating program annual inspection dates, regularly reviewed by supervisors, assist with ensuring that all inspections are completed annually.

Monitoring of currently enrolled licensed-exempt child care providers began on

September 30, 2018 and after a short suspension during COVID, except in the cases of complaints, has now retured to the normal annual schedule..

b. Provide the policy citation and state/territory ratio of licensing inspectors.

The Policy Directive has been completed and has been put in place, assignment of the citation documentation number has not yet been received. The ratio of licensing inspectors to programs is 60 to 70 programs per inspector.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E: 7

☑ All other providers eligible to deliver CCDF Services

Citation:

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E: 7

ii. Sex offender registry or repository check in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E: 7

If individuals are on the RSA 170-E:7, He-C 4002.02(d)(5) and He-C 4002.04(l) e registries, they are disqualified from employment.

☑ All other providers eligible to deliver CCDF Services

Citation:

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E: 7

iii. Child abuse and neglect registry and database check in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

RSA 170-E:7, He-C 4002.02(d)(5), He-C 4002.04(l) and He-C6920.04(g)

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E: 7

☑ All other providers eligible to deliver CCDF Services

Citation:

RSA 170-E:7, He-C 4002.02(d)(5), He-C 4002.04(l) and He-C6920.04(g)

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E: 7

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for
all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services
(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

☑ Licensed, regulated, or registered child care providers

Citation:

RSA 170-E:7, He-C 4002.02(e) and He-C 4002.04(m).

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E:7

☐ All other providers eligible to deliver CCDF Services

Citation:

RSA 170-E:7, He-C 4002.02(e) and He-C 4002.04(m).

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E:7

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

☑ Licensed, regulated, or registered child care providers

Citation:

The NH Department of

Safety, Criminal Records Unit, began checking every individual submitted to them under in the NCIC database as of January 2, 2018. RSA 170-E:7, II(b)

☐ All other providers eligible to deliver CCDF Services

Citation:

All licensed and license-exempt providers receiving CCDF have the same background check requirements as licensed providers under RSA 170-E:7.

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for
all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services
(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may

exist between the two sources (unless the responding state participates in the National Fingerprint File program).

☐ Licensed, regulated, or registered child care providers

Citation:

In 2019 Legislative session, RSA 170-E:7, II(a) added the requirement for the interstate criminal background check. DHHS then began to proceed with rulemaking to add the requirement, and due to delays in the process and then additional delays due to the pandemic, the rules are just now being revised.
To date we have identified those states that are NFF compliant, meaning no additional interstate, criminal check is required in addition to the FBI check. We are reviewing the other states' policies and procedures to determine the process for requesting and receiving this information and will create a database of those state application sites and processes.

☐ All other providers eligible to deliver CCDF Services

Citation:

All licensed and license-exempt providers receiving CCDF have the same background check requirements as licensed providers under RSA 170-E:7.

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

☑ Licensed, regulated, or registered child care providers

Citation:

RSA 170-E:7, II(a)

☑ All other providers eligible to deliver CCDF Services

Citation:

All licensed and license-exempt providers receiving CCDF have the same background check requirements as licensed providers under RSA 170-E:7.

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

☑ Licensed, regulated, or registered child care providers

Citation:

All the same requirements apply to all child care staff RSA 170-E:7, He-C 4002.02(d)(5) and He-C 4002.04(l.

☑ All other providers eligible to deliver CCDF Services

Citation:

All the same requirements apply to all child care staff RSA 170-E:7, He-C 4002.02(d)(5) and He-C 4002.04(l.)

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

As stated on the CCLU website https://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm:

Background Record Checks (BRC) for Child Care

In accordance with state and federal law, the Child Care Licensing Unit requires rigorous

and thorough Background Record Checks be completed for child care personnel and household members in licensed child care and residential programs, to ensure the safety of children in those programs. Background Record Checks must be completed prior to the date an individual is responsible for the care of, or has regular contact with children, upon adding new household members, or other individuals who will have regular contact with children, and upon staff or household members turning 18 years of age.
Follow the instructions provided on page 2 of the Criminal History Record Information Authorization form (CCLU 1-A), as the process for scheduling a fingerprint appointment, as well as what is required to be submitted to CCLU for a complete BRC submission, has changed. If you have any questions about the background check process, please call CCLU at (603) 271-9025.
Forms
- Child Care
  - Criminal History Record Information Authorization - CCLU 1-A
  - Household and Personnel Form - CCLU 1-B
  - Employment Eligibility Card Application - CCLU 1-C

Out-of-State Abuse and Neglect Checks
For all individuals requiring a background check who have lived in other states during any part of the last five years there must be an abuse and neglect registry check completed in each of those states.
Coming Soon: Out-of-State Criminal Record Checks
NH will soon be checking criminal records for specific states for anyone who has resided in those states for during any part of the last five years. Watch this space for more information.
Information
Child Care
RSA 170-E:7 Law requiring criminal history record checks, including fingerprints, for child care personnel and household members.
Frequently Asked Questions (FAQ) on Fingerprints for Child Care Personnel in a Family Based & Center Based Programs Adobe Acrobat Reader Symbol
Live Scan Locations and Challenging Criminal Records
Approved LiveScan Locations Adobe Acrobat Reader Symbol
Challenging an FBI Criminal Record Finding
Challenging a State of NH Criminal Record Finding - Review Saf-C 5703.12
Procedure for Correcting a CHRI

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor.

What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

NH DOS charges a fee of $25.00 when conducting a state criminal background check. NH DOS and DHHS have an agreement to reduce the fee to $15.00 for child care providers. NH DOS only charges what the FBI sets for their cost, currently $13.25, for a total fee of $28.25 for individuals to complete their criminal background check. If the individual working in a licensed program requires a check of another state's child abuse and neglect registry, he or she is responsible for those costs. The amount for the license-exempt providers is different. The state pays $10.00 and the providers pay $13.25 for the FBI fee. The charge for another state's child abuse and neglect registry is paid for by the individual.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agencyâs policy:

Currently staff may work once the background record request is submitted. The rule revision underway will allow staff to work under supervision once satisfactory results have been received on either the FBI or state criminal registry fingerprint check.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

Out-of-State Abuse and Neglect Checks (website https://www.dhhs.nh.gov/oos/cclu/out-of-state-checks.htm)

For all individuals requiring a background check who have lived in other states during any part of the last five years there must be an abuse and neglect registry check completed in each of those states. Please review the instructions on the chart and print and complete the form required by each state and return it to the Child Care Licensing Unit (unless otherwise indicated). Please call our office with any questions in order to ensure this process is completed as quickly as possible as it could impact your ability to

work in a child care program.
Submit the completed state request, payment (if applicable), and New Hampshire Household and Personnel Form to:
Child Care Licensing
129 Pleasant Street
Concord, NH 03301
ALL forms should be submitted to CCLU. Results sent to CCLU from the individual will NOT be accepted. Please call with questions to ensure forms are completed properly and results are more timely.
ALL forms have been updated as of 09/2018 and are now fillable forms. Please have individuals type in their information and print the form to ensure timely and accurate results.
NOTE: If an individual has current fingerprint results and your program is submitting an H&P ONLY please ask CCLU or the individual if they have already had out of state checks completed for previous residences. IF they have there is no need to resubmit the out of state forms.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.
At each inspection, licensing coordinators review a report from CCLU database that includes all staff submitted by the program for background checks, and compares that against the current staff working or residing in a program. He-C 4002.04(l)(4) and 4002.04(m) require all individuals to submit for background checks 3 months prior to the 5 year anniversary of their previous check.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.
He-C 4002.04(n) lists the exceptions for new staff who are not required to complete a background check. One exemption is those individuals who completed a background

check and who were determined eligible by the department within the previous 5 years AND who have been employed by a NH child care program within the previous 6 months. If they were not employed, they need to submit for a background record check again. This is a required piece of information that must be submitted for all staff on the Household and Personnel form (https://www.dhhs.nh.gov/oos/cclu/documents/hp.pdf)

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)). https://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

-- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components

-- How the Lead Agency is informed of the results of each background check component

-- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Requests for NH Criminal History go to the NH Department of Safety, Criminal Records Unit. From the agency's website: The mission of the Criminal Records Unit is to obtain, store, and disseminate Criminal History Record Information (CHRI) on all criminal arrests and dispositions of individuals charged with a criminal offense in New Hampshire. In support of that mission the Criminal Records Unit maintains the Automated Fingerprint Identification System (AFIS), which receives and processes criminal and applicant fingerprint information for the Central Repository and the FBI criminal record database. CHRI is stored in the Unit's Central Repository and is the only source for an individual's complete criminal history for all of New Hampshire.

CHRI is received at the Criminal Records Unit by way of fingerprint impressions taken of arrestees and/or criminal complaints and dispositions from the circuit and superior courts. All criminal fingerprint impressions are sent to the FBI for inclusion to their CHRI database. New Hampshire CHRI has no expiration date and only is removed by way of a Petition to Annul granted by the court of jurisdiction, and all related fees are satisfied. CHRI in the Central Repository is disseminated for either criminal justice or non-criminal justice purposes. Criminal justice is typically for law enforcement and judicial functions, and both conviction and non-conviction data is provided. For non-criminal justice purposes, such as employment, housing, licensing, etc., only conviction CHRI is provided.

Public criminal conviction history maintained in the central repository can be disseminated upon request to anyone for a fee. Confidential Criminal History Information, including non-conviction data, can be disseminated only to Law enforcement personnel, or a person requesting his or her own record. There are a few circumstances where either a New Hampshire, or both a New Hampshire and FBI CHRI are statutorily required. Examples would be for employment, professional licensing, and healthcare. RSA 106-B:14, I-a (d) Criminal conviction records received from the division shall be the official source of certified criminal conviction history records for employment and licensing purposes.

New Hampshire Criminal History Record Information Requests

To obtain criminal history record information you may do any of the following:

- Apply in person: walk-in service is provided at the public counter at 33 Hazen Drive,

Concord, Room 106A
- Mail in an application (Notarization is **not** required)
- A release to a third party (Notarization is **not** required.
- Request your OWN "Confidential" (Full) record.
    - When mailing in this request - Notary Public or Justice of the Peace Signature, Date and Seal are required.
    - When requesting at the public counter - Valid photo ID is required

Download the Criminal Record Release Authorization Form

Criminal history record information results:

Effective immediately, results provided for a Criminal History Record request will be provided in the form of a "revised" New Hampshire State Police Criminal History Record Dissemination Document. The revision allows for consistency when disseminating records to applicants, and replaces our old process of stamping the release forms with "NO RECORD" or "RECORD ATTACHED". The release forms will no longer be returned with the results of your requests.

If your request included fingerprints, FBI results will continue to be in the form of a red stamp indicating "FBI NO RECORD" or a letter indicating an FBI record. The red stamp will be located at the end of the NH result form.

This document is the first of multiple steps to automating our dissemination process. We are currently finalizing the details necessary to implement our online Portal. This Portal will allow applicants the ability to schedule appointments, request records, and make payments.

Payment

Cash, check, money order, MasterCard, Visa or Discover, in the ***exact*** amount of $25.00, payable to the State of NH - Criminal Records must accompany each NH request.

**Credit cards are only accepted at the public counter, not with mailed in requests.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

n/a

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

Requests for NH Criminal History go to the NH Department of Safety, Criminal Records Unit. From the agency's website: The mission of the Criminal Records Unit is to obtain,

store, and disseminate Criminal History Record Information (CHRI) on all criminal arrests and dispositions of individuals charged with a criminal offense in New Hampshire. In support of that mission the Criminal Records Unit maintains the Automated Fingerprint Identification System (AFIS), which receives and processes criminal and applicant fingerprint information for the Central Repository and the FBI criminal record database. CHRI is stored in the Unit's Central Repository and is the only source for an individual's complete criminal history for all of New Hampshire.

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d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

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e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

Requests for NH Criminal History go to the NH Department of Safety, Criminal Records Unit. From the agency's website: The mission of the Criminal Records Unit is to obtain, store, and disseminate Criminal History Record Information (CHRI) on all criminal arrests and dispositions of individuals charged with a criminal offense in New Hampshire. In support of that mission the Criminal Records Unit maintains the Automated Fingerprint Identification System (AFIS), which receives and processes criminal and applicant fingerprint information for the Central Repository and the FBI criminal record database. CHRI is stored in the Unit's Central Repository and is the only source for an individual's complete criminal history for all of New Hampshire.

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including non-conviction data, can be disseminated only to Law enforcement personnel, or a person requesting his or her own record. There are a few circumstances where either a New Hampshire, or both a New Hampshire and FBI CHRI are statutorily required. Examples would be for employment, professional licensing, and healthcare. RSA 106-B:14, I-a (d) Criminal conviction records received from the division shall be the official source of certified criminal conviction history records for employment and licensing purposes.

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5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: https://www.fbi.gov/services/cjis/compact-council. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory a Compact State?

- [ ] No
- [x] Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory an NFF State?

- [x] No
- [ ] Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history

check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).
Requests for NH Criminal History go to the NH Department of Safety, Criminal Records Unit. From the agency's website: The mission of the Criminal Records Unit is to obtain, store, and disseminate Criminal History Record Information (CHRI) on all criminal arrests and dispositions of individuals charged with a criminal offense in New Hampshire. In support of that mission the Criminal Records Unit maintains the Automated Fingerprint Identification System (AFIS), which receives and processes criminal and applicant fingerprint information for the Central Repository and the FBI criminal record database. CHRI is stored in the Unit's Central Repository and is the only source for an individual's complete criminal history for all of New Hampshire.
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Public criminal conviction history maintained in the central repository can be disseminated upon request to anyone for a fee. Confidential Criminal History Information, including non-conviction data, can be disseminated only to Law enforcement personnel, or a person requesting his or her own record. There are a few circumstances where either a New Hampshire, or both a New Hampshire and FBI CHRI are statutorily required. Examples would be for employment, professional licensing, and healthcare. RSA 106-B:14, I-a (d) Criminal conviction records received from the division shall be the official source of certified criminal conviction history records for employment and licensing purposes.

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- Request your OWN "Confidential" (Full) record.
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**Credit cards are only accepted at the public counter, not with mailed in requests.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Sex Offender Registry can be found here: https://business.nh.gov/nsor/

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

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    - When mailing in this request - Notary Public or Justice of the Peace Signature, Date and Seal are required.
    - When requesting at the public counter - Valid photo ID is required

Download the Criminal Record Release Authorization Form

Criminal history record information results:

Effective immediately, results provided for a Criminal History Record request will be provided in the form of a "revised" New Hampshire State Police Criminal History Record Dissemination Document. The revision allows for consistency when disseminating records to applicants, and replaces our old process of stamping the release forms with "NO RECORD" or "RECORD ATTACHED". The release forms will no longer be returned with the results of your requests.

If your request included fingerprints, FBI results will continue to be in the form of a red stamp indicating "FBI NO RECORD" or a letter indicating an FBI record. The red stamp will be located at the end of the NH result form.

This document is the first of multiple steps to automating our dissemination process. We are currently finalizing the details necessary to implement our online Portal. This Portal will allow applicants the ability to schedule appointments, request records, and make payments.

Payment

Cash, check, money order, MasterCard, Visa or Discover, in the ***exact*** amount of $25.00, payable to the State of NH - Criminal Records must accompany each NH request.

**Credit cards are only accepted at the public counter, not with mailed in requests.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- [x] i. Agency Name
- [x] ii. Address
- [x] iii. Phone Number
- [x] iv. Email

- ☑ v. FAX
- ☑ vi. Website
- ☑ vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ☑ viii. Forms
- ☑ ix. Fees
- ☑ x. Is the state a National Fingerprint File (NFF) state?
- ☑ xi. Is the state a National Crime Prevention and Privacy Compact State?
- ☑ xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

A link to the NH DHHS background check page is on the NH Connections consumer education website at https://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm . The Child Care Licensing unit is in the final development phase to launch a background check system directly available through the NH Connection Information System, requiring Professional Registry sign up.

b. Interstate Sex Offender Registry (SOR) Check:

- ☑ i. Agency Name
- ☑ ii. Address
- ☑ iii. Phone Number
- ☑ iv. Email
- ☑ v. FAX
- ☑ vi. Website
- ☑ vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

- ☑ viii Forms
- ☑ ix. Fees
- ☑ Direct URL/website link to where this information is posted.

Enter direct URL/website link:

A link to the NH DHHS background check page is on the NH Connections consumer education website at https://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm . The Child Care Licensing unit is in the final development phase to launch a background check system directly available through the NH Connection Information System, requiring Professional Registry sign up.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- ☑ i. Agency Name
- ☑ ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- ☑ iii. Address
- ☑ iv. Phone Number
- ☑ v. Email
- ☑ vi. FAX
- ☑ vii. Website
- ☑ viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ☑ ix. Forms
- ☑ x. Fees
- ☑ xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- ☑ xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

A link to the NH DHHS background check page is on the NH Connections consumer education website at https://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm . The Child Care Licensing unit is in the final development phase to launch a background check system directly available through the NH Connection Information System, requiring Professional Registry sign up.

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

- [ ] No
- [x] Yes.

If yes, describe other disqualifying crimes and provide the citation:

Other disqualifying crimes include: a) A crime which shows that the person might be reasonably expected to pose a threat to a child, such as a violent crime or a sexuallyrelated crime against an adult; and b) A felony offense deemed directly or indirectly harmful to children in child day care or crimes against minors or adults, not otherwise indicated. Such crimes require a review by DHHS staff for determination of eligibility. RSA 170-E:

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

The results of background checks are only shared with the individual in a letter addressed tohim or her, which includes any convictions. Child care providers seeking to hire the individual are only provided with notification that the individual is ineligible for hire. There is no review process for a verified felony drug conviction (within 5 years of the background check application date) since this is a automatic disqualifying factor in the State of New Hampshire.

The DOS reviews the completeness and accuracy of the criminal background check report as described next. The "person" in this description refers to the individual child care provider or prospective provider.

Saf-C 5703.12 Procedure for Correcting a CHRI

1. Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository.
2. A copy shall be provided to a person if after review he/she indicates he/she needs said copy to pursue the challenge.
3. Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct.
4. The director shall take the following actions within 30 days of receipt of challenge:

- Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid;
- If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate criminal justice agencies shall be notified; and
- If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541.When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. The person shall be entitled to review the information that records the facts, dates, and results of each formal state of the criminal justice process through which he passes, to ensure that all such steps are completely and

accurately recorded.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4).

The results of background checks are only shared with the individual in a letter addressed tohim or her, which includes any convictions. Child care providers seeking to hire the individual are only provided with notification that the individual is ineligible for hire. There is no review process for a verified felony drug conviction (within 5 years of the background check application date) since this is a automatic disqualifying factor in the State of New Hampshire.

The DOS reviews the completeness and accuracy of the criminal background check report as described next. The "person" in this description refers to the individual child care provider or prospective provider.

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- Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid;
- If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate criminal justice agencies shall be notified; and
- If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541.When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. The person shall be entitled to review the information

that records the facts, dates, and results of each formal state of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are

different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.

The results of background checks are only shared with the individual in a letter addressed tohim or her, which includes any convictions. Child care providers seeking to hire the individual are only provided with notification that the individual is ineligible for hire. There is no review process for a verified felony drug conviction (within 5 years of the background check application date) since this is a automatic disqualifying factor in the State of New Hampshire.

The DOS reviews the completeness and accuracy of the criminal background check report as described next. The "person" in this description refers to the individual child care provider or prospective provider.

Saf-C 5703.12 Procedure for Correcting a CHRI

1. Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository.
2. A copy shall be provided to a person if after review he/she indicates he/she needs said copy to pursue the challenge.
3. Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct.
4. The director shall take the following actions within 30 days of receipt of challenge:

- Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid;
- If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate criminal justice agencies shall be notified; and
- If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541.When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. The person shall be entitled to review the information

that records the facts, dates, and results of each formal state of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

No, ita uniform appeals process.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

No, ita uniform appeals process.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

☐ a. Relative providers are exempt from all licensing requirements.

☐ b. Relative providers are exempt from a portion of licensing requirements.

Describe:

☑ c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- [ ] a. Relative providers are exempt from all health and safety standard requirements
- [ ] b. Relative providers are exempt from a portion of health and safety standard requirements.

  Describe:

- [x] c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- [ ] a. Relative providers are exempt from all health and safety training requirements.
- [ ] b. Relative providers are exempt from a portion of all health and safety training requirements.

  Describe:

- [x] c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- [ ] a. Relative providers are exempt from all monitoring and enforcement requirements.
- [ ] b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

  Describe:

- [x] c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- ☐ a. Relative providers are exempt from all background check requirements.
- ☐ b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - ☐ i. Criminal registry or repository using fingerprints in the current state of residency
  - ☐ ii. Sex offender registry or repository in the current state of residency
  - ☐ iii. Child abuse and neglect registry and database check in the current state of residency
  - ☐ iv. FBI fingerprint check
  - ☐ v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
  - ☐ vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
  - ☐ vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
  - ☐ viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- ☑ c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of

progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

The New Hampshire Professional Development System for Early Childhood and Afterschool is a voluntary system providing a framework for ongoing professional development along a progression from entry level to master professional level. The Early Childhood Professional Development System requires credential applicants to submit a

professional development plan based on the self-assessment of competencies. Credential applications may be submitted by paper to the Bureau of Child Development and Head Start Collaboration (BCDHSC) or online through the NH Professional Registry.

Three competency tools were developed by a cross-sector work group and are inclusive of the following: Competencies from "A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and Their Families, Core Knowledge, Competencies and Dispositions," produced by the Office of Child Care and the Office of Head Start; Other states' competencies, particularly Illinois and Maine; and the National Association for the Education of Young Children (NAEYC) Standards for Early Childhood Professional Preparation. The tools are also aligned with NH's Early Childhood and Family Mental Health Competencies produced by the New Hampshire Association for Infant Mental Health. Links to the competency tools can be accessed at: http://www.dhhs.nh.gov/dcyf/cdb/profdev.htm. A fourth tool was developed in 2016 by the Spark NH Early Childhood Advisory Council Workforce and Professional Development Committee entitled, Shared Professional Early Childhood Core Competencies" (SPECCC). This tool includes cross-sector competencies synthesized from 14 source documents that represented standards and competencies from the early learning, family support and health sectors. The SPECCC is intended to be used as a resource for all professionals who work with and on behalf of expectant families and children from birth through grade 3 and their families, with a particular focus on the fields of family support, health and early learning. Professionals can use the SPECCC to assess their level of knowledge and skill; directors and program administrators can use them to assess staff, facilitate individual professional development planning, and inform job descriptions; trainers can use the SPECC to promote specific skill development; and higher education professionals can apply the SPECCC in designing course content and creating articulation agreements. Lastly, BCDHSC is working in partnership with the Preschool Devlopment Grant, Department of Education and stakeholders to establish a set of core competencies for coaches.

ii. Career pathways. Describe:

The progression of professional development in the New Hampshire Professional Development System is demonstrated through a series of lattices: Family Child Care;

Teacher; Master Teacher; Administrator; and Master Professional. Each lattice contains professional development requirements for education and specialized coursework, work experience, ongoing professional development, and professional development plans based on self-assessment of competencies.

The New Hampshire Afterschool Professional Development System lattices move in progression from Direct Service to Administrator to Master Professional. The New Hampshire Afterschool Professional Development System uses professional activity units in the afterschool credential rather than professional development plans. The Afterschool credentials are under revision and may incorporate the professional development plan based on the self-assessment of National Afterschool Association (NAA) Competencies on some lattices within the system. Adding a Leadership Endorsement on all levels of the Afterschool lattices is also under consideration.

Some NH institutions of higher education include early childhood and youth development certificate programs as a pathway toward earning a degree and helping providers meet staff educational qualifications for licensing. This coursework also helps professionals meet the requirements for higher levels on the credential lattices.

iii. Advisory structure. Describe:

In January of 2020 the NH Governor signed an Executive Order creating a new early childhood governance structure for NH through the Council for Thriving Children, the state's advisory council on early childhood care and education. The council is co-led by DHHS and DOE and includes family member advocates, early childhood experts, health care leaders, state legislators, business leaders and Commissioners from other state agencies. The council has 4 strategic goals and objectives. The first, Positive Learning Experiences, includes the objective to create a stable and qualified early childhood learning and education workforce. The establishment of a qualified workforce is an important part of the NH framework for supporting professional development.

iv. Articulation. Describe:

All two- and four-year institutions of higher education with early childhood education or degree programs participated in the Center for the Study of Child Care Employment, University of California at Berkeley's inventory in 2013, which produced *The State of Early Childhood Higher Education in New Hampshire: The New Hampshire Early*

Childhood Higher Education Inventory
http://education.nh.gov/instruction/curriculum/documents/higher-ed.pdf

The Institutions of Higher Education Roundtable facilitated by the BCDHSC continues to meet three times/year and has been addressing some of the inventory recommendations since 2014, including expanding articulation agreements and embedding pre-service health and safety training as required by the CCDBG Act of 2014 into early childhood education coursework. The NH Community College System consists of seven colleges, most of which have articulation agreements with four-year colleges in the state.

The University System of NH and the NH Community College System created and maintain an articulation website that enables students to determine how their credits will transfer across the two systems. For more information about articulation within the University System of NH and the NH Community College System, see: https://www.nhtransfer.org/transfer-agreements.

v. Workforce information. Describe:

The BCDHSC, along with Child Care Aware of NH and ACROSS NH, worked collaboratively in 2019- 2021 to create an enhanced early childhood and afterschool workforce registry, the New Hampshire Professional Registry (or the Registry), which can be viewed after logging in here:
https://nhpublichealth.force.com/nhccis/s/login/?ec=302&startURL=%2Fnhccis%2Fs%2F

The Registry is one of many professional applications that sits on the New Hampshire Connections Information System (NHCIS) dashboard. NHCIS capturse workforce data, including demographics, employment, education, and professional development. Enrollment in the Registry is voluntary for licensed child care providers, but is mandatory for license-exempt child care providers who participate in the NH Child Care Scholarship Program. There is no fee for enrolling in the Registry.

In addition, the 2021 Market Rate Survey includes questions regarding staff turnover that provides information on the status of our child care workforce, along with the Early Childhood Workforce Study (report pending).

vi. Financing. Describe:

The BCDHSC has several contracts that provide funding for professional development: The Child Care Aware of NH contract provides many professional development opportunities ranging from Child Care Basics training to Leadership training at little to no cost to providers. Technical assistance is also provided through this contract at no cost. In 2020 and 2021, Child Care Aware of NH expanded its no cost online training options both offered by Child Care Aware of NH staff as well as offered through the New Hampshire ProSolutions online learning platform.

The ACROSS NH contract provides training and technical assistance to school age professionals at little or no cost to individuals.
The Early Childhood Tuition Assistance contract pays for tuition at either 100% or 50% for early childhood course work for professionals working with children from birth through age 5 who meet specific work hour requirements.

The PTAN contract provides free trainings for early childhood professionals on topics related to social emotional development.

ProSolutions holds the contract for online health and safety trainings required by the CCDF Reauthorization. These trainings are available 24/7 at no charge to providers. In 2020 and 2021, in response to the need for increased online trainings prompted by COVID restrictions, BCDHSC partnered with the NH Department of Education, the national Pyramid Model Consortium, PTAN and ProSolutions to offer additional, no cost online trainings that address social emotional development, staff wellness, and trauma-informed care.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

☐ i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

☑ ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Through collaboration between the BCDHSC and the NH Early Childhood Higher Education Round Table, the mandatory Health and Safety trainings have been incorporated into many institutions of higher education's course work in order to ensure the students have completed the required trainings as a component of their degree. Child Care Aware of NH offers many of the required health and safety training topics through evening trainings and its annual statewide health and safety conferences. Special days of training have also taken place on specific health and safety training topics such as Emergency Preparedness and Trauma Informed Care. Many of the higher education institutions also incorporated the NH Early Learning Standards in their early childhood course work. Child Care Aware of NH offers several trainings on the NH Early Learning Standards, both in face-to-face formats and by webinar.

☐ iii. Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

Professional development requirements for the New Hampshire Early Childhood and Afterschool Professional Development System were developed by two state cross-agency bodies, the New Hampshire Early Childhood Credential Task Force and the New Hampshire Afterschool Network (NHAN). Representatives on these bodies included the BCDHSC, Child Care Licensing, Child Care Aware of NH, ACROSS NH, Department of Education, PTAN, 2 and 4-year higher education institutions and child care providers. The Child Care Licensing Rule requiring 18 hours of on-going professional development was originally developed by the Child Care Licensing Rules Revision Task Force, prior to the existence of Spark NH, the state’s former advisory council on early childhood care and education. In January of 2020 the governor-established The Council for Thriving Children as NH’s new Early Childhood Care

and Education Advisory Council. The council sits at the University of New Hampshire, providing a direct opportunity for higher ed to advise on NH's professional development framework. The council has 4 Strategic Goals and Objectives. The first, Positive Learning Experiences, includes the objective to create a stable and qualified early childhood learning and education workforce. This objective allows the Council for Thriving Children to be a significant contributor to NH's professional development framework and ongoing professional development opportunities for the early childhood workforce.

Effective Date: 7/21/21

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The evolving Professional Development framework in New Hampshire is designed to improve the quality, diversity, stability and retention of the child care staff community by seeking to provide:

- Numerous entry points into the industry, including but not limited to internships, apprenticeships, volunteer opportunities, technical and college training programs, workforce re-entry programs, licensed and license exempt care opportunities, web-based statewide child care job search capabilities, recruiting events and materials, among others.
- Multiple avenues to increase learning and quality practices including telephonic/web based and live technical assistance, live and online training opportunities, pilot program participation, state-based conferences, etc.
- Professional recognition through the revised QRIS, state-wide credential system, NAEYC and other national organizations; Head Start, BCDHSC Annual Celebration, local and statewide awards and recognition, statewide public relations program that honors child care workers along the importance of early childhood education and development, among others.
- Professional affiliations and policy/practice input through membership on local, statewide and national committees impacting key issues, membership in the Professional Registry; participation in Governor and Legislator stakeholder events; participation on annual surveys, focus and listening groups; public hearings and online feedback to the State and its partners on reports, the Plan, and other activities impacting the industry.

- Development of a criteria and inclusion requirements for "quality training" that ensure, whenever possible, without compromising the integrity of the training material or research that includes, but is not limited to, goal oriented approach; use of life knowledge and experience; research-based knowledge based with factual data; adaptability and applicability in the ece/as setting; cohorts, collaboration between student and trainer; elimination of barriers to ensure training ins accessible to persons with special needs; address training to a diverse child population; peer to peer interaction; use of adult learning theory; language and educational level adaptable; user friendly and respectful of the diverse perspectives, capabilities, education, language, age, gender and gender-preference, sexual orientation, culture, religion, ethnicity, geographic and socio-economic conditions that influence and inform the New Hampshire provider and family community.
- Development and implementing a system of trainer expertise from all ranks of the workforce, supported by training design and delivery, criteria and peer review; trainer registration; train-the-trainer events; new trainer mentoring; resources and materials; training feedback and evaluation, technical assistance and delivery model coaching. - Funding and respite time for professional development and personal growth such as TEACH, training grants, conference subsides, etc.
- A network of career planning services to inspire, motivate and guide providers along their professional growth path including a state-wide credential program based on a professional development plan, career planning events, training aligned with licensing requirements for career advancement, one-one career mentoring, and other outreach activities.
- Establishing a system of easily accessible training and technical assistance that provides multiple resources for training and expertise building that will directly impact quality of care, including a centralized training calendar, onsite/local, county and statewide delivery models, multi-level educational programs designed for working professionals, inclusion of training and technical assistance opportunities outside of child care i.e.. medical, social, educational, like lead paint poisoning prevention or library literacy building, to name a few.
- Launch of a revised QRIS that fosters quality, accomplishment, recognition while valuing diversity and professional growth across time and experience.In the fall of 2021 the revised QRIS System will sit on the New Hampshire Connections Information System, where it will fully integrate programs' licensing status, providers' training record and credentials as well as the application itself. Ensuring a user friendly application/documentation experience allows providers to focus on professional quality accomplishments.
- Fostering involvement, awareness and outcomes in activities that support recruitment, compensation and long term retention and workforce stability such as the NH IMPACT project; outreach to business and corporate owners and managers for industry support and valuation; collecting and disseminating of workforce data, etc.

These professional development framework goals are designed to create a strong foundation for long term growth in all aspects of the industry in New Hampshire and

while lengthy and aspirational, they are also attainable and measurable.

Within the framework for professional development, Early Childhood Tuition Assistance is offered as one type of support for the early childhood workforce. The BCDHSC contracts with Granite State College, which subcontracts with the New Hampshire Community College System to offer tuition assistance for early childhood education credit-bearing courses for eligible staff working in licensed child care programs. The tuition assistance covers 100% of the cost of an individual's first early childhood course, as well as Infant/Toddler Development, Young Children with Special Needs, and Challenging Behaviors and Positive Behavior Guidance. All other early childhood eligible courses are reimbursed at 50% of tuition. To be eligible for the tuition assistance reimbursement, courses must be taught by faculty holding a valid NH Master Professional Faculty Credential. Students may use the tuition assistance towards the attainment of an Associate's degree in Early Childhood Education or Bachelor's degree in Early Childhood Education/Early Childhood Special Education or a Bachelor’s in Applied Studies Option in Human Services and Early Childhood Development. Many students have benefited from this program, which has been in existence for several years.
The program is often the entry point to formal post-secondary education for students.

The framework in NH also includes contracts with Child Care Aware of NH and ACROSS NH to provide trainings at low or no cost. This support helps professionals meet many of their professional development requirements, and serves to increase their knowledge in early childhood and afterschool topic areas. Trainings progress from Child Care Basics through Child Care Aware of NH and Afterschool Basics through ACROSS NH to more advanced topics. Technical assistance is also a component of these contracts. Individuals and programs receive technical assistance in specific content areas in order to further their competence in identified areas of need. In 2020 and 2021 Child Care Aware of NH and ACROSS NH shifted to

Another component of the framework is the contract with ProSolutions, which provides the required health and safety trainings free of charge for all professionals in early childhood and afterschool settings. As a no cost (to providers), web-based platform available 24/7. The ProSolutions training offerings were increased by approximately 30 hours 2020-2021. ProSolutions continues to be a strong support for NH’s early childhood workforce.

A contract with the Preschool Technical Assistance Network (PTAN) provides support in the form of training and technical assistance to early childhood programs on children’s challenging behaviors and issues of suspension and expulsion. This type of support has helped providers who may not have been equipped to cope with these challenges retain children in their programs who may otherwise have been suspended or expelled.

Providing these supports has helped many child care professionals increase their knowledge and competence, with the goal of improving the quality of care for diverse groups of children.

Effective Date: 7/21/21

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

- In the NH CCLU rules, there is a requirement that staff working 25 or more hours per week complete 18 hours of ongoing professional development per year. Of those 18 hours, 6 must be in the 11 required health and safety topics and child development. Staff working fewer than 25 hours/week must complete 12 hours annually, of which 3 must be in the required Health and Safety topics. The additional hours must be in specific content areas including, but not limited to, caring for children with exceptionalities, behavior

guidance and child abuse and neglect.

- The preservice Health and Safety trainings listed in Section 5 are required under the CCLU rules for licensed providers and under the BCDHSC enrollment rules for license exempt providers. License-exempt providers who are enrolled to receive NH Child CareScholarship funds must complete 4 hours of professional development annually of which 2 must be in the required health and safety topics. The 2 additional hours must be in specific content areas including, but not limited to, caring for children with exceptionalities, behavior guidance and child abuse and neglect.
- Child Care Aware of NH offers Child Care Basics trainings that incorporate the Early Learning Standards in trainings that address child development. Additionally, Child Care Aware of NH offers Standards of Practice trainings that provide trainings to child care professionals on how to embed the Early Learning Standards into program practice. Child Care Aware of NH staff also offer technical assistance around implementation of the Early Learning Standards in early childhood settings through the *Progressive Training & TA Program: NH Early Learning Standards*.
- An introductory training on the Early Learning Standards is offered by webinar through the NH DHHS/DCYF/BCDHSC on an ongoing basis. All community colleges and one four-year Institution of Higher Education have embedded the NH Early Learning Standards in their early childhood-related course work. Additionally, the Early Learning Standards are a required topic of training as part of the Licensed-Plus application process.
- BCDHSC contracts with ProSolutions to provide all of the required Health and Safety trainings, except for CPR and First Aid, at no fee. The Health and Safety trainings have also been included in many institutions of higher education's courses as referenced in Section 6.1.1. Child Care Aware of NH offers health and safety conferences statewide on an annual basis.
- Social Emotional Development of Young Children (of the EC Basics trainings), includes some introductory information about this topic. The Early Learning Standards developmental domain, Social and Emotional Development, is highlighted during this training. More advanced training on this topic is offered through the Preschool Technical Assistance Network (PTAN) CCDF-funded contract, including *Pro-Social Skills: Averting Challenging Behaviors; Child Engagement: Promoting Success and Preventing Challenging Behaviors*; and *TIECS*. PTAN also coordinates with the NH institutions of higher education to implement an action plan to infuse evidence-based practices that promote social emotional development into higher education classes and practicum experiences to prepare students to work in inclusive child care programs.
- NH was the 28th Pyramid Model state with the Pyramid Model Consortium to further incorporate social-emotional training using positive behavior intervention and supports. Key stakeholders in the state worked together to develop a sustainable infrastructure that offers a more systemic approach that teaches those who work with young children to enhance families' skills and knowledge regarding social-emotional development and positive behavior supports and foster young children's social-emotional development.
- The Afterschool Basics includes a component on social-emotional development.

ACROSS NH, the Afterschool contractor, also offers more advanced trainings on social emotional development including, "Mental Health First Aid, “Behavior Management 101,"Behavior Management Summer Edition," "Social Emotional Learning (SEL) for Afterschool," "Challenging Behaviors," "Positive Interactions with Children” and other topics including mindfulness and conflict resolution. All of these trainings meet the requirements of Child Care Licensing and the New Hampshire Professional Development System.

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6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

N/A Nh does not have an active Indian tribes or tribal organizations

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

Child Care Aware of NH and ACROSS NH have translation services available. As needed, translation services can be accessed by Child Care Aware of NH and ACROSS NH staff to translate referrals to families whose first language is not English. Additionally, translation services can provide translation of Child Care Aware of NH materials that include information about the services provided by Child Care Aware of NH, such as helping individuals to become child care providers. Additionally, some of the Child Care Basic trainings have been translated into Spanish.

NH's consumer education website, New Hampshire Connections, which is maintained by

Child Care Aware of NH, is accessible in expanded languages through the Google translation service since its' re-launch in 2020.

In addition, DHHS contracts with the Language Bank, along with having in-house translation services, to further augment the service offerings for individuals with limited English proficiency.

b) who have disabilities

NH's consumer education website, New Hampshire Connections, maintained by Child Care Aware of NH, is accessible to individuals with disabilities through one-on-one assistance services available upon request. Accommodations include describing website options by phone for people with visual impairments, including accessing document for braille translation. For people with hearing impairments, the one-on-one services include phone support via TDD or text options, volume regulators and written instructions on all forms, webpages, etc. Accommodations are currently made on an individual basis. The consumer education website includes 508 compliance, improving access for people with disabilities.

Host sites for trainings are typically wheel chair accessible. For providers with a hearing impairment, Child Care Aware of NH has supported the cost of translation services at trainings. People with other disabilities would be supported as appropriate upon request.

NH continues to contract with ProSolutions to provide the required Health and Safety trainings. The trainings are 508 compliant to ensure accessibility to individuals with disabilities. Additionally, Adult e-Learning Theory principles are incorporated to address different learning styles, such as embedded video, narration, downloads, and interactive quizzes and tests to reinforce content, so that all types of learners can benefit from the courses. These trainings are also available in Spanish.

ACROSS NH has made accommodations for persons with physical disabilities by ensuring training venues are handicapped accessible. Persons with other disabilities would be supported as appropriate upon request.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

- In NH, the CCLU rules are not specific to providers receiving CCDF funds. This ensures that all programs are meeting CCDF requirements, which benefits all families and children enrolled in NH licensed child care programs. License-exempt rules in NH are specific to programs enrolled to receive NH Child Care Scholarship Program payments. Contractors who are supported through CCDF funds serve all child care providers, which helps them to meet the CCLU and license-exempt rules regarding professional development.
- The BCDHSC, Child Care Aware of NH, PTAN and the ACROSS NH offer in-person and webinar-based training across the state. These trainings are offered at a variety of times, for example in the evenings or on Saturdays, to accommodate varied schedules. Specialized trainings for directors are offered at director group meetings. Live webinars are also an option that meets the needs of many providers.
- Professional development opportunities are offered to address the specific needs of infants, toddlers, preschoolers, elementary school-aged children, early middle school aged children, and for children with developmental delays and disabilities.
- Professional development opportunities at different skill/knowledge levels are available to providers, ranging from Child Care Basics and Afterschool Basics to college-level courses. These courses and trainings can be applied toward the attainment of one's credential or Infant/Toddler endorsement, or to meet on-going training requirements.
- Within the NH Early Childhood Professional Development System, an Infant and Toddler endorsement is available to professionals who work with those age groups. An Infant/Toddler Teacher Early Head Start option exists in the Early Childhood Professional Development System to ensure that the Early Head Start teacher requirements are included in the system. Additionally, NH has developed the Afterschool Professional Development System, which includes credentials at 3 career lattices for professionals in that field.
- Within the New Hampshire Connections Information System the Professional Registry connects to the training calendar that includes professional development opportunities offered by the BCDHSC, Child Care Aware of NH, ACROSS NH, and PTAN. In addition, a link to NH ProSolutions training site is available. Trainings completed on the NH ProSolutions website are automatically posted to a professional's training record, within

the Professional Registry. These opportunities are accessible to all professionals enrolled in the New Hampshire Connections Information System. In addition, license-exempt providers enrolled to receive the NH Child Care Scholarship (also accessible on NHCIS) are required to enroll in the NHCIS. Most of the trainings available on the training calendar are free of charge. Each training description includes the Core Knowledge Areas addressed.

- Several trainings are offered to support providers working with children with developmental delays and disabilities. Child Care Aware of NH offers the following trainings: "Child Care Basics: Providing Inclusive Care, “Working with Kids with Special Health Care Needs,” “Watch Me Grow, Ages and Stages, and Learn the Signs: Act Early.”
- ACROSS NH offers "Normal Isn’t Real: Succeeding with Learning Disabilities and ADHD”, “Social Emotional Learning in After School Programs” and “Suspension and Expulsion Prevention and Traiing”.
- PTAN offers trainings in Trauma Informed Early Childhood Services (TIECS); Prosocial Skills: Averting Challenging Behaviors; and Child Engagement: Promoting Success and Preventing Challenging Behaviors.
- On the NH ProSolutions website Pyramid Model e-modules were added in 2020 and 2021 to support professionals caring for and educating children with social emotional needs.
- The NH Early Learning Standards has a section on Dual Language Learners; along with a list of resources for professionals caring for children whose first language is not English. During the *Introduction to the NH Early Learning Standards* training provided by the BCDHSC, attention is directed to sections of the document that address Dual Language Learners. Embedded in some of the Indicators of Progress in the NH Early Learning Standards are examples of children who are dual language learners.

Effective Date: 7/21/21

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

- There continues to be a requirement in the Child Care Aware of NH contract regarding training and technical assistance to help providers identify and serve children and

families experiencing homelessness. Sessions of the trainings titled, "Working with Homeless Youth," "Understanding Homelessness and its Impact on Children andFamilies," and "Strengthening Families Experiencing Homelessness" are offered. During Leadership Collaboratives presented by Child Care Aware of NH, the topic of homelessness has been discussed and resources have been provided to child care program directors.
https://www.nh-connections.org/providers/experiencing-homelessness/
At several of these sessions, a homeless outreach specialist or a school district homelessness liaison talked about their work and the services for families experiencing homelessness that are offered through their agencies or communities. Additional examples of training and TA efforts in the area of homelessness include the following:

- Child Care Aware of NH has created a TA initiative titled *Homelessness Identification and Assistance*, through which staff provides intensive TA on homelessness to child care providers.
- The ACROSS NH contract also includes a requirement to provide training on homelessness. The contractor has provided trainings entitled "Afterschool -Summer Concerns: Homelessness and Hunger" and "Afterschool - Working with Children and Families Experiencing Homelessness."
- BCDHSC continue to have a presence at NH's Annual Statewide Homeless Education Liaison Meeting and a role on the Homelessness Task Force. Efforts continue to be made to provide training for child care providers within their region regarding families experiencing homelessness. The Homelessness Task Force formal meetings were paused during the pandemic response, but are expected to resume in the fall of 2021.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

Child Care Aware of NH provides a resource page on the consumer education website (NH Connections) offering trainings, articles, videos and other resources to support both providers and the Lead Agency's staff ability to serve children and families experiencing homelessness. Additionally, when the Child Care Aware of NH staff members provide child care referrals to families with children from birth through age 12, they are better able to identify families as homeless and provide resources to families, such as family resource centers, homeless shelters, soup kitchens, state and federal financial assistance, etc.

- NH DHHS Bureau of Family Assistance District Office (DO) staff members who work with families to determine eligibility for the NH Child Care Scholarship have received training on identifying and serving children experiencing homelessness and their families. Child Care Scholarship training is included in the New Hire curriculum, which newly hired staff view independently during Structured Field Time (SFT) on Moodle (Division of Client Service's learning management system) prior to classroom training. The training unit also provides one full day of Child Care Scholarship training during

classroom time, which is offered every month in the new hire training curriculum. This training is not limited to new hires, as we sometimes get field requests for a seasoned worker to attend training on a specific topic offered in the curriculum. A Child Care Scholarship refresher training has been developed and posted in Moodle for all staff to view.

- The training unit provides many NH Child Care Scholarship handouts for this training, including, but not limited to Income Eligibility Levels for Child Care, McKinney Vento definition of Homelessness, Maximum Weekly Standard Rates and Child Care Aware of NH (CCR&R) information.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providersâ business practices.

Child Care Licensing requires licensed center-based program administrators to complete a 3 credit college course in business administration as one of the options to become a center director. Tuition assistance is available for this course through the BCDHSC Early Childhood Tuition Assistance contract.

Both Child Care Aware of NH and ACROSS NH provide training and TA to programs on improving their business practices. A recent Community of Practice offered by Child Care Aware of NH was titled, "Business Practices for Child Care Programs. This series, developed by the National Center on Quality Assurance, includes five trainings on Budgets, Projections, Planning, Financial Reports and more. In addition, Child Care Aware of NH partnered with ProSolutions to offer several Business Practices online trainings including "Budgeting and Financial Planning for Your Family Child Care Program."

'Standards of Practice' considers staff learning styles, the use of Professional Development Plans to reflect and identify professional development goals, adapting to change, and implementing standards and policies into the program, such as child care licensing rules, early learning standards, and suspension/expulsion policy.

Child Care Aware of NH and ACROSS NH offer NH Department of Labor training periodically to ensure providers are aware of NH's Labor Law requirements. Child Care Aware of NH provides a TA initiative on strengthening business practices. This initiative helps providers learn more about hiring and retaining qualified staff, staff scheduling, marketing to increase enrollment, transition help/support for new directors, director requirements regarding staff training, licensing applications, review of staff and family handbooks, and program expansion.

Child Care Aware of NH provides the Progressive Training and TA Program in a cohort model. This program is offered annually, and interested programs can apply to participate in 1 of 5 training and TA options designed to assist programs in enhancing their program practices. Child Care Aware of NH's training and TA specialists provide training and TA to the program onsite or via phone or email. These specialists ensure the staff and program meet quality TA benchmarks by being active New Hampshire Connections Information System Registry users, being credentialed in the NH Early Childhood Professional Development System, have a complete professional development plan established for the year, and having staff assess their competencies as a teacher. The second option is specific to Emergency Preparedness and consists of developing an emergency plan, practicing drills and working with staff on emergency response. Risk management topics are included in Emergency Operations planning. Child Care Aware of NH also makes use of the Leadership Collaboratives (cohort model) to further explore business practices and Shared Services.

The NH Community Loan Fund offers training and technical assistance through the Business of Child Care initiative. The initiative is designed to strengthen business management practices in early childhood programs by providing technical assistance, peer learning and hands-on training to providers. Since its inception in 2014, the initiative has served over 4,300 child care centers. Child Care Aware of NH promotes this initiative through its Leadership Collaboratives and through its electronic newsletters.
ACROSS NH offers Leadership Institutes in cohort formats over a period of 7 weeks for seasoned afterschool leaders and emerging leaders. One of the Institutes, *Budgeting 101,* works with program administrators to understand the components of a budget, eventually leading to preparing an effective budget for their afterschool programs.

Followup TA is offered to ensure the administrator's individual program needs are identified and addressed throughout the budgeting process.

A business practice that supports programs involves having strong policies on suspension and expulsion. Keeping children in care also supports the children and families. PTAN has piloted a project to demonstrate the impact of intensive onsite training and support for child care program staff and parents to address the unmet mental health needs of preschool children and their parents, particularly those who have experienced trauma. The project focuses on four key areas:

1. Revising or developing program policy and procedures that are family-friendly,promote parents' access to the mental health services they or their children need and seek to reduce and eventually eliminate expulsion and suspension of children with challenging behaviors, particularly those who have experienced trauma.
2. Increasing staff members' knowledge and skills through targeted trainings to support the inclusion of all children, particularly those who have experienced trauma.
3. Supporting parents with the knowledge and skills needed to address their children'ssocial-emotional development needs and helping them access mental health resources needed for them or their children.
4. Providing intensive, targeted TA and practice-based coaching to support teachers'application of evidence-based practices in the classroom setting.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providersâ business practices. Check all that apply.

- [x] i. Fiscal management
- [x] ii. Budgeting
- [x] iii. Recordkeeping
- [x] iv. Hiring, developing, and retaining qualified staff
- [x] v. Risk management
- [x] vi. Community relationships
- [x] vii. Marketing and public relations
- [x] viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- [x] ix. Other

Describe:

- Leveraging grants, loans and partnerships for business development

- Coordinating with businesses and employers

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

The Lead Agency invests quality funds in training, professional development and post-secondary education opportunities for all members of the child care workforce in child development (including social emotional, physical and cognitive development) through its' contracted partners. Child Care Aware of NH includes trainings such as, "Introduction to the Early Learning Standards" amongst others that explore the science behind child development and its implications for care and education. In addition, Child Care Aware of NH offers trainings that target nutrition and physical activity such as, "How Does Your Garden Grow-In Preschool?" ACROSS NH targets training and technical assistance to school age providers. ACROSS NH developed two social emotional learning guides: "A Guide to Social and Emotional Learning for the Afterschool Professional," and "A Suspension and Expulsion Prevention Guide for New Hampshire Afterschool Programs;" and offers

program specific training and technical assistance in understanding and implementing these guides. NH has made additional quality investments in training for all providers by expanding science and research-based online training opportunities through ProSolutions. Trainings that address all areas of child development as well the importance of physical activity and nutrition are offered at no cost, online and are self-paced. Most recently, Pyramid Model e-modules from the national Pyramid Model Consortium have been added, allowing providers to take more in depth training in how to support children's social emotional development. Funding sources for these trainings is a blend of federal CCDF and COVID-related funds, state resources, and the Preschool Development B-8 Grant.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

The Lead Agency invests quality funds in training, professional development and post-secondary education opportunities for all members of the child care workforce that address implementing positive behavior support strategies, positive social emotional development, well mental health in children and the prevention of expulsion. Child Care Aware of NH offers trainings such as, "Adverse Childhood Experiences" as well as Early Childhood Cohorts, Progressive Training Series and Communities of Practice that offer providers learning opportunities regarding challenging behavior and social emotional wellness. ACROSS NH developed two social emotional learning guides: "A Guide to Social and Emotional Learning for the Afterschool Professional," and "A Suspension and Expulsion Prevention Guide for

New Hampshire Afterschool Programs" .and offers program specific training and technical assistance in understanding and implementing these guides. PTAN is contracted by the Lead Agency to provide training and technical assistance specifically to build provider's social emotional competency and provide consultancy services that reduce/prevent expulsion. As noted previously, NH has made additional quality investments in training for all providers by expanding online training opportunities through ProSolutions.Trainings that address supporting behavior management, promoting social emotional development and positive child mental health are offered at no cost to all providers. Most recently, Pyramid Model e-modules have been added, allowing providers to take more in depth training in how to support children's social emotional development. Funding sources for these trainings is a blend of federal (CCDF, COVID-related funds, Preschool Development Grant) and state resources.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

The Lead Agency invests quality funds in training, professional development and post-secondary education opportunities for all members of the child care workforce that address engaging parents and families in culturally and linguistically appropriate ways to partner with them in children's positive development. Child Care Aware of NH offers trainings that address these topics including trainings such as, "Partnerships with Families" and Pyramid Model Progressives and Trainings that offer best practices for partnering with families in culturally and linguistically sensitive ways, Pyramid Model e-modules on this same topic, such as "Reducing Implicit Bias" are also offered at no cost to all providers on the NH

ProSolutions website. Funding sources for these trainings is a blend of federal (CCDF, COVID-related, Preschool Development Grant) and state resources.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

The Lead Agency invests quality funds in training, professional development and post-secondary education opportunities for all members of the child care workforce that address implementing instruction that is developmentally, culturally and linguistically appropriate. On the NH ProSolutions training website all providers have no cost access to a bundle of trainings aimed at supporting this type of instruction, such as "Diversity and Differences: An Anti Bias Approach to Teaching Diversity" and "Leveling the Field: Equity in Early Childhood Education." In addition, instruction that addresses designing learning environments that align with the NH Early Learning Standards is offered by the Lead Agency as well as Child Care Aware of NH in the "NH Early Learning Standards" training. Additional training on learning environments is offered in a bundle of trainings on the NH ProSolutions website including, "Designing an Outdoor Classroom" and "Learning Centers That Inspir." Funding for these trainings is a blend of federal (CCDF, COVID-related, Preschool Development Grant) and state resources.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

Within the New Hampshire Early Learning Standards two sections support provider learning on this topic.In "Differences in Development" as well as "Partnering with Families When You Have a Concern About a Child's Development," providers are provided information and resources about accessing services for children, as well as information on partnering with families to promote access to services. The NH Early Learning Standards are thoroughly reviewed at trainings offer by the Lead Agency as well as Child Care Aware NH. Funding for these trainings is a blend of federal and state resources, as noted in iv.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)).

Describe the content and funding:

NH's recently revised Quality Recognition and Improvement System (QRIS) provides information and resources regarding program evaluation and how evaluation can support continuous quality improvement. Child Care Aware of NH provides individual trainings, a QRIS quality preparation Progressive, as well as trainings that support the understanding and use of the QRIS' evaluating tools, the

Environmental Rating Scale, Teaching Pyramid Observation Tool and Teaching Pyramid Infant Toddler Observation Scale.Funding for these trainings is a blend of federal and state resources, as noted in iv.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

Child Care Aware of NH offers several trainings for all providers that address caring for children in geographic areas with significant concentrations of poverty and unemployment. Recently, Child Care Aware offered the training "Understanding Homelessness and its' Impact on Children and Families." Child Care Aware of NH also offers regional Collaborative groups centered on the challenges, including poverty and unemployment, in each region. Funding for these trainings is a blend of federal and state resources, as noted in iv.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

1. NH invests quality funds to support trainings, professional development and

post secondary education to all providers who make up the child care workforce. All contracted partners who provide training for providers offer training on this topic. Child Care Aware recently offered "Mindfulness Techniques for Trauma-Sensitive/High Sensitivity Adults and Children." A bundle of trainings are offered for all providers at no cost on the NH ProSolutions website including trainings such as "Inclusive Practices in Early Childhood Settings" and Simple Strategies for Working with Children on the Autism Spectrum." Funding for these trainings is a blend of federal and state resources, as noted in iv.

2.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii).

Describe the content and funding:

ACROSS NH offers trainings on behalf of the Lead Agency in supporting the positive development of school-age children. ACROSS NH offers group trainings as well as program-specific trainings and professional development focused on the understanding and implementation of ACROSS' two social emotional learning guides: "A Guide to Social and Emotional Learning for the Afterschool Professional," and "A Suspension and Expulsion Prevention Guide for New Hampshire Afterschool Programs, both if which train providers in supporting the positive development of school-age children. On the NH ProSolutions website free and low cost trainings are offered to support his topic including "Helping Hands: social Emotional Support for School Age Children" and "Managing School Age Student Behavior." Funding for these trainings is a blend of federal and state resources, as noted in iv.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

x. Other

Describe:

n/a

Which type of providers are included in these training and professional development activities?

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- [x] i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
  - [x] Licensed center-based

- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the childâs own home)

- [x] ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
  - [x] Licensed center-based
  - [x] License exempt center-based
  - [x] Licensed family child care home
  - [x] License- exempt family child care home
  - [x] In-home care (care in the childâs own home)
- [x] iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
  - [x] Licensed center-based
  - [x] License exempt center-based
  - [x] Licensed family child care home
  - [x] License- exempt family child care home
  - [x] In-home care (care in the childâs own home)
- [ ] iv. Other.
  - [ ] Licensed center-based
  - [ ] License exempt center-based
  - [ ] Licensed family child care home
  - [ ] License- exempt family child care home
  - [ ] In-home care (care in the childâs own home)

  Describe:

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Through 2020 NH used its prior Quality Rating and Improvement System (QRIS) to track the

progress of quality indicators in improving overall child care program quality. Programs were rated using their license-status, license-plus status or NAEYC Accreditation and numbers of programs meeting the criteria for each of the three levels was used as a measurable indicator of quality progress. In 2021 NH rolled out its revised QRIS which expanded to four quality levels and two measurable standards: Teacher Qualifications (measured by credentialing, informed by teacher training) and Learning Environments (assessed by the use of the Environmental Rating Scale, Teaching Pyramid Observation Scale or Teaching Pyramid Infant Toddler Observation Scale. In late 2021 the revised QRIS will be added to the suite of applications available to providers on the New Hampshire Connections Information System. There, data entered to QRIS applications will be integrated with other program data, including training and technical assistance received. These data will be available for tracking and reporting, allowing NH to more closely track indicators of program quality over time, as well as services assessed.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

Several key resources were considered in creating the NH Early Learning Standards: New Hampshire Early Learning Guidelines, 2005; NH Kindergarten Readiness Indicators, 2012; Common Core State Standards; NH College and Career Ready Standards; Maryland Healthy Beginnings, 2010; Early Childhood Indicators of Progress: Minnesota's Early Learning Standards, 2005; Washington State Early Learning and Development Guidelines Birth through 3rd Grade, 2012; Head Start Child Development and Early Learning Framework; California Infant/Toddler Learning and Development Foundations, 2009 and California Preschool Foundations, 2010: Nebraska Early Learning Guidelines, 2005; and Louisiana Early Learning Guidelines, 2011.

ii. Developmentally appropriate.

The NH Early Learning Standards were comprehensively reviewed in three stages (NH Division for Children, Youth, and Families, Standards Analysis Study, 2013 - 2014) by national experts Dr. Sharon Lynn Kagan, Dr. Catherine Scott-Little, and Dr. Jeanne L. Reid. The comprehensive reviews included an in-depth review of the content and alignment, developmental and linguistic appropriateness of the indicators of progress, and a review of the indicators for their cultural relevance.

iii. Culturally and linguistically appropriate.

See ii above. A section in the introductory material includes guidance regarding Dual Language Learners. Permission was granted by NAEYC to use excerpts from the publication *, Basics of Supporting Dual Language Learners.*

iv. Aligned with kindergarten entry.

The NH Early Learning Standards are aligned with the NH Kindergarten Readiness Indicators. The NH Kindergarten Readiness Indicators are embedded in the NH Early Learning Standards to provide a seamless transition of developmental skills and knowledge for children as they move between before school entry learning experiences and their public kindergarten education.

v. Appropriate for all children from birth to kindergarten entry.

The NH Early Learning Standards provide a resource on children's development from birth through age five. They promote a whole-child approach that affirms that learning

and development are interrelated and build on previous learning. The Standards acknowledge, honor, and embrace the tremendous diversity and variation that exist among children and families. They recognize and celebrate what children learn to help plan for the next stages of growth and development. As noted previously, The Early Learning Standards align with the NH Kindergarten Readiness Indicators (four and five year olds), which are aligned with the NH College and Career Ready Standards, the Head Start Child Development and Early Learning Framework, and the NH Department of Education Kindergarten Common Core. Within each developmental domain, the NH Early Learning Standards are organized by seven age groups, from birth through age five. These age categories are intended to help families and early childhood professionals find information about the children they care for and teach. For each age group, within each developmental domain, there are specific indicators of progress that can be observed during children's play and interactions within the environment. These indicators are not intended to be used as a checklist, but are presented as a guide.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

- Disseminating copies of the Early Learning Standards to state DOE staff, public school districts and state councilmember organizations; and
- Conducting presentations on the Early Learning Standards as requested by the NH DOE and other state partners, such as the NH Children's Librarians.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

The Language Development and Emergent Literacy sections of the Early Learning Standards are the blue section, from pages 17 through 24. Cognitive Development - Early Numeracy is the olive green section found on pages 25 through 29. Each of these sections include indicators of progress for the seven age groups from Birth through age five.

ii. Social development.

The Social and Emotional Development section of the Early Learning Standards can be found on pages 12 through 16 of the document. They are color-coded in orange

and include indicators of progress for each of the seven age groups from Birth through age five.

iii. Emotional development.

The Social and Emotional Development section of the Early Learning Standards can be found on pages 12 through 16 of the document. They are color-coded in orange and include indicators of progress for each of the seven age groups from Birth through age five.

iv. Physical development.

The section on Physical Development and Health is on pages 40 through 44 and includes indicators of progress for each of the seven age groups from Birth through age five.

v. Approaches toward learning.

This section of the document called Cognitive Development - Approaches to Learning is found on pages 33 through 39 and is color-coded as dark green. It contains indicators of progress for each of the seven age groups from Birth through age five

vi. Describe how other optional domains are included, if any:

The NH Early Learning Standards also include Cognitive Development - Science and Social Studies found on pages 30 through 32 (bright green) and Creative Expression and Aesthetic Appreciation from pages 45 through 47 (purple section). These sections also include indicators of progress for each of the seven age groups from Birth through age five.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The NH Early Learning Standards were released electronically in the fall of 2015. Printed copies have been widely available and distributed since November 2016. At this time, NH has no set schedule for updating the NH Early Learning Standards.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

NH does not have out-of-school time standards. During the past year, NH's

afterschool contractor, ACROSS NH, developed *A Guide to Social and Emotional Learning for the Afterschool Professional*. This guide and related trainings and technical assistance, help support out-of-school time professionals regarding the five social and emotional learning competencies (self-awareness, self-regulation, social awareness, relationship skills and thoughtful decision making). Additionally, the NAA Competencies, which include information on Child and Youth Growth and Development, Interactions with Children and Youth, Cultural Competency and Responsiveness, and Safety and Wellness, are embedded in the NH Afterschool Professional Development System.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

a. The NH Early Learning Standards may be found at https://files.constantcontact.com/49b439d5301/4df18d07-0627-49fd-b733-c9e634b1a8df.pdf?ver=1480436287000

The ACROSS NH Guide to Social and Emotional Learning for the Afterschool Professional is located at https://faba53f4-e3a9-47f4-90dd-c92a855262ab.filesusr.com/ugd/86ede4_212f37cccec54bf893f059d67deaf029.pdf

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The NH Early Learning Standards may be accessed electronically by a wide variety of audiences, including families, child care providers, other early childhood professionals, stakeholders and partners. Printed copies have been distributed and continue to be distributed to a wide variety of audiences, including child care providers, NH Department of Education preschool program staff, NH Children's Librarians, other early childhood professionals, stakeholders and partners. Child care providers serving children infants through kindergarten are using the NH Early Learning Standards to assist with curriculum development to ensure all the developmental domains are addressed. They are sharing the Early Learning Standards with families by creating bulletin boards around the development domains, creating messages in newsletters, and referencing the Early Learning Standards during parent/teacher conferences. Some providers are using the Early Learning Standards as a guide to developing children's portfolios.

PTAN consultants use the NH Early Learning Standards chapter, "Cultural Influences on Development and Learning," when appropriate to their consultation to support teachers and directors in their understanding of how cultural differences impact how children demonstrate skills and knowledge. PTAN is also using the NH ELS section, "Partnering with Families When you Have a Concern about a Child's Development," to develop a training curriculum called "Where and When to Get Help." This is based on needs often expressed during consultation for more information about what support services are available for young children with special needs and their families and how to help connect families to those services. The goals of the training curriculum are that participants will increase their understanding of: Using NH Early Learning Standards in the care and education of young children, factors that may impact development, developmental screening resources, and what to do if you have a concern about a child's development. Copies of the NH Early Learning Standards are given to all faculty teaching early childhood-related courses and to students enrolled in early childhood-related courses. The NH Early Learning Standards have been incorporated by faculty into their early childhood coursework. Examples of those courses include *Child Growth and Development*, *Positive Behavior Guidance*, *Program Administration*, *Observation and Assessment*, *Teaching and Learning in Early Childhood Settings*, *Organizational Leadership*, *Inclusive Curriculum for Young Children with Special Needs*, various early learning environments courses, STEM courses, several early childhood curriculum courses, and in practicum courses.

Other professionals who have received printed copies of the NH Early Learning Standards

include, but are not limited to, Head Start/Early Head Start and Early Head Start/Child Care Partnerships; Early Supports and Services (early intervention) program staff; DCYF contracted Family Resource Center staff, and trainers and TA providers who work with early childhood program staff. The BCDHSC webinar entitled, *Introduction to the Early Learning Standards* has been attended by a broad range of child care and other early childhood professionals. The webinar provides an overview of the Early Learning Standards and clarifies how they are and *are not* intended to be used (e.g., not to be used as a developmental checklist or assessment tool).

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

Distribution of the printed document: To date, approximately 13,500 printed copies of the Early Learning Standards have been distributed to a wide variety of audiences, including (but not limited to) child care and other early childhood programs serving infants, toddlers and/or preschoolers (e.g., Head Start, preschool); BCDHSC consultants and contractors; Institutions of Higher Education; Early Supports and Services (early intervention) program staff; NH public school developmental preschool program staff in several school districts; family resource center staff; DCYF Child Welfare staff and management team members; DHHS Public Health staff; NHDepartment of Education staff; and trainers and TA providers who work with early childhood program staff. Another 2050 have been distributed electronically through direct email and many others downloaded and shared electronically by our partners.

Additionally, printed copies were made available at annual Celebration of Early Childhood Professionals events prior to 2020 and 2021 (when events were cancelled due to COVID).

Licensed Plus: The Southern New Hampshire Services (SNHS) Quality Investment Initiative, funded by the NH Charitable Foundation, has worked with over 50 child care programs to achieve Licensed Plus status, which is one of NH’s Quality Rating designations. Training and

technical assistance on the Early Learning Standards was provided to help satisfy the requirement for Licensed Plus regarding the Early Learning Standards.

Webinar Training: More than 1200 early childhood professionals have attended the BCDHSC's webinar, an *Introduction to the Early Learning Standards*. This training highlights how the document was created, what the purposes of the document are, how the document is and is not intended to be used, as well as provides an overview of the development domains. The training also focuses on the introductory material and the resource sections, at the end of the document.

In Person Training: Approximately 1,945 professionals have attended 145 training sessions provided by Child Care Aware of NH. These trainings have included the Standards of Practice series that includes 6 sessions. The training provides an introduction to the Early Learning Standards and how they can be implemented in classroom practice. Child Care Aware of NH provides technical assistance on the use and implementation of the NH Early Learning Standards, including information about how the standards should and should not be used. During 2020 and 2021 all trainings were done virtually.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities

supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)

- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)

- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services

- Improving the supply and quality of child care programs and services for infants and toddlers

- Establishing or expanding a statewide system of child care resource and referral services

- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children

- Supporting providers in the voluntary pursuit of accreditation

- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

Bureau of Child Development and Head Start Collaboration (BCDHSC) assessment activities are built on data collected from its own evaluations and those of related State agencies, contractors, collaborators, partners and research-focused organizations. These assessments are built on industry accepted evaluation and data collection tools standards and formats, random and targeted sampling, and objective analysis and reporting of these data to assess, identify and make recommendations related to stakeholder needs for quality improvement activities throughout NH.

NH's activities to assess state needs and the results/outcomes of quality activities include, but are not limited to, the following:

Statewide Assessment of NH's Needs

Under the “Improving Head Start for School Readiness Act of 2007, the governor-appointed Advisory Council on Early Childhood Education and Care is tasked with conducting a periodic periodic statewide needs assessment concerning the quality and availability of early childhood education and development programs and services for children from birth to school entry, including an assessment of the availability of high-quality pre-kindergarten services children living in low income households in the State. NH’s council, The Council for Thriving Children, is composed of key public and private stakeholders, collaborating to ensure quality care and education for the children of New Hampshire. In 2019 Through NH’s Preschool Development Grant-Planning Grant, a comprehensive, statewide needs assessment was conducted that included the areas of health, early learning and family support. The resultant report, Understanding the NH B-5 System-Needs Assessment (2020, July) informed the BCDHSC’s continuous quality improvement (CQI) plan, including the QRIS redesign.

Assessment of Quality Activities

Post-training evaluations are conducted after each training and/or conference workshop to determine satisfaction, applicability and relevance of topic and presenter quality by contractors, stakeholder groups and the BCDHSC, and Child Care Licensing Unit (CCLU), among others. Results of these activities are utilized for CQI. BCDHSC contractors are held accountable for performance measures as described in each contract, which include professional development, materials, consumer education/media, and others—all of which are monitored by the BCDHSC program specialist assigned to oversee the contract.

In addition to the post-training evaluations, Child Care Aware of NH completes an annual Program Survey that coincides with Program Update. They also send families a follow up survey with each referral they receive, and evaluate technical assistance for programs participating in the *Progressive Training and TA Program* each year. All of these surveys/evaluation measures are designed to garner feedback on program services from families and/or providers that have utilized the programs/services. Results of these activities are utilized for program improvement.

Child Care Aware of NH annually requests feedback from child care programs regarding the Child Care Aware of NH services. Programs responded directly to Child Care Aware of NH with their feedback. Part of the feedback process also includes asking child care programs to directly report to the BCDHSC Child Care Program Improvement Specialist on how the

Child Care Aware of NH services have impacted programs in NH, including thoughts on how Child Care Aware of NH staff and services have supported the programs and their work with children and families. The BCDHSC receives a high percentage of very positive responses to this survey.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

As a result of the feedback received and COVID responsiveness, Child Care Aware of NH now offers more online trainings to meet the needs of the workforce. Trainings offered by Child Care Aware of NH, ACROSS NH and several other training providers are now centrally posted on the New Hampshire Connections Information System Training Application. Centralizing training offerings and ensuring ease of registration have been executed in response to survey feedback. This feedback is also used to help plan future services and to maintain program consistency and integrity. Child Care Aware of NH routinely engages in CQI activities. ACROSS NH also uses the feedback to inform the trainings to be offered in the next training cycle.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

- [x] a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.
  - [x] i CCDF funds
  - [x] ii. State general funds

Other funds. Describe:

NH's philanthropic community has provided considerable funds to support the child

care workforce, including training on observation tools in preparation for the launch of the revised QRIS. In addition, the Lead Agency used significant COVID-19 relief funds to support targeted quality activities related to training and professional development, including expanding online training options to include Pyramid Model modules at no cost to providers. .

☐ b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

☐ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

☑ c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

☑ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

In addition the Lead Agency used significant COVID relief funds to support development and implementation of an enhanced tiered quality rating and improvement system.

☑ d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

☑ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

In addition the Lead Agency used significant COVID relief funds to increase the supply of child care services for infants and toddlers.

☐ e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

☐ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

☑ f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

- ☑ i CCDF funds
- ☑ ii. State general funds

Other funds. Describe:

In addition, the Lead Agency used significant COVID relief funds to support targeted quality activities related to training and professional development, particularly as related to health and safety.

☑ g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

- ☑ i CCDF funds
- ☑ ii. State general funds

Other funds. Describe:

quality activities related to training and professional development, which included building the NHCIS professional registry. In the next year, BCDHS will leverage ARP and regular CCDF quality funds to build the QRIS and provide program and staff incentives to participate.

☐ h. Accreditation Support (Related Section: 7.8). Check all that apply.

- ☐ i CCDF funds
- ☐ ii. State general funds

Other funds. Describe:

☑ i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

- ☑ i CCDF funds
- ☑ ii. State general funds

Other funds. Describe:

NH's philanthropic community. In addition, the Lead Agency used significant COVID relief funds to support targeted quality activities related to training and professional development.

☐ j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

☑ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

In addition, the Lead Agency used significant COVID relief funds to support the development of the NH Connections Information System, which will enable BCDHSC to review program profiles and staff qualifications, including credentials and professional development activities and background checks.

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards

2. Supports to programs to improve quality

3. Financial incentives and supports

4. Quality assurance and monitoring

5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- [ ] a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- [ ] b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- [x] c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

NH's revised Quality Recognition and Improvement System (QRIS) is a statewide, voluntary system to be housed on a virtual platform, New Hampshire Connections Information System (NHCIS).

Information about NH' QRIS can be accessed at: https://www.dhhs.nh.gov/dcyf/cdb/quality.htm.

The QRIS is open to licensed child care centers, licensed family child care homes, Head Start/Early Head Start, NAEYC accredited programs, other programs serving infants and toddlers, programs serving the school-age population, and faith-based settings. The system includes an online application and approval process through the BCDHSC. Accepting children receiving NH Child Care Scholarship Program assistance is a pre-requisite to participate in the QRIS, but is not a requirement for quality incentive payments. Currently, all quality incentive payments are administered through the NH Bridges system and are tied to individual children receiving CCDF services. With the roll-out of the revised system, a new process will be implemented to enable programs not currently serving children in CCDF to receive some quality payments for completing QRIS standards. A QRIS Task Force and separate Leadership Team provided content and input over the last 5 years, which has culminated in a robust, revised system that now includes observation- and document-based components and coaching, as well as a timeline for implementation. Child Care Aware of NH and ACROSS NH both assisted in transitioning programs from the previous QRIS into the revised one in 2021.

☐ d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

☐ e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

☑ Participation is voluntary

☐ Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

☐ Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

☑ i. Licensed child care centers

☑ ii. Licensed family child care homes

☐ iii. License-exempt providers

☑ iv. Early Head Start programs

☑ v. Head Start programs

☐ vi. State Prekindergarten or preschool programs

☐ vii. Local district-supported Prekindergarten programs

- [x] viii. Programs serving infants and toddlers
- [x] ix. Programs serving school-age children
- [x] x. Faith-based settings
- [ ] xi. Tribally operated programs
- [ ] xii. Other

Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- [ ] No
- [x] Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - [ ] a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .

- [x] b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
- [x] c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- [ ] d. Programs that meet all or part of state/territory school-age quality standards.
- [x] e. Other.

Describe:

Early Head Start/Head Start and accredited programs' standards have been cross-walked into the QRIS and a pathway has been established that allows for a streamlined application process and automatic leveling within the QRIS (Level 3). A separate incentive payment structure has also been set up for these programs.

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- [ ] No
- [x] Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - [x] a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - [ ] b. Embeds licensing into the QRIS
  - [ ] c. State/territory license is a "rated" license
  - [ ] d.Other.

Describe:

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality

improvement.

- [ ] No
- [x] Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

iii. Higher subsidy payments

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

v. Coaching/mentoring

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

vii. Materials and supplies

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

viii. Priority access for other grants or programs

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

ix. Tax credits for providers

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

x. Tax credits for parents

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home
- ☐ In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home
- ☐ In-home (care in the child's own home)

b. Other:

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

In fall 2021, BCDHSC will begin to utilize NHCIS for tracking, monitoring, and evaluating NH's QRIS. All child care and afterschool programs have created a profile in this system and will be able to apply through the QRIS app residing on their home page within the site. All participating programs will renew their status every three years using this web-based application system. The number of programs that increase or decrease their quality rating is tracked through the NH Bridges System. Programs that hold a level within the QRIS receive a monthly quality incentive based upon the amount of scholarship paid to the program during the previous month or based upon a tiered payment system. The BCDHSC includes program assessment measures within the new QRIS, as well as reports on how quality incentive payments were used within the programs.

Effective Date: 07/19/2021

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

☐ a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

☐ Licensed center-based

☐ License exempt center-based

☐ Licensed family child care home

☐ License- exempt family child care home

- [ ] In-home care (care in the child's own home)

- [ ] b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

- [x] c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

The DHHS contract with Southern NH Services/Child Care Aware of NH includes a designated Infant and Toddler Specialist. The role of the Specialist is to provide technical assistance to child care programs on infant and toddler care. Child Care Aware of NH provides a Child Care Basics training titled, "Caring for Infants and Toddlers." Trainings are also offered relative to infants and toddlers including, but not limited to, infant and toddler development, developmental screening, and infant mental health. Child Care Aware of NH offers an Infant/Toddler Institute focusing on infant and toddler brain development, temperament and sensory processing. Several sessions of The Period of Purple Crying, an evidence based infant abuse prevention program that educates parents about a developmental phase of increased infant crying, have also been offered through Child Care Aware of NH. Through a contract with Granite State College, free coursework in Infant/Toddler Development is offered as part of the Early Childhood Tuition Assistance (ECTA) grant.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

☑ d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

As part of their Progressive Training and TA program, Child Care Aware of NH offers an Infant/Toddler option. This option focuses on content relative to the infant and toddler workforce including using the NH Infant and Toddler Workforce Specialized
Competencies, and the NH Early Learning Standards as they pertain to Infant/Toddler curriculum.

☑ Licensed center-based
☑ License exempt center-based
☑ Licensed family child care home
☑ License- exempt family child care home
☑ In-home care (care in the child's own home)

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Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- [x] e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

DHHS has an established partnership with the DHHS Bureau for Family Centered Services, which includes Part C (Early Supports and Services), to collaborate with Watch Me Grow, NH's developmental screening and referral system. In addition to state-level collaboration, local Part C programs receive referrals from the Watch Me Grow system for infants and toddlers whose developmental screening results warrant an evaluation. Watch Me Grow offers opportunities for collaborative professional development.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

- [x] f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

As part of the enhanced and revised QRIS, NH requires the use of Infant and Toddler Environment Rating Scale (ITERS) observation for Infant/Toddler classrooms. Additionally, programs serving infants and toddlers will be required to have training in the ITERS. Coaching specific to Infant/Toddler quality goals is available to participating programs as well.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

☑ g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

(https://www.dhhs.nh.gov/oos/cclu/documents/he c4002.pdf) include health, safety and well-being of infants and toddlers. The rules address the indoor and outdoor environment of the program, safe sleep practices, feeding practices, and other specific program requirements.

- ☑ Licensed center-based
- ☑ License exempt center-based
- ☑ Licensed family child care home
- ☑ License- exempt family child care home
- ☑ In-home care (care in the child's own home)

☑ h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

(https://www.dhhs.nh.gov/oos/cclu/documents/he c4002.pdf) include health, safety and well-being of infants and toddlers. The rules address the indoor and outdoor environment of the program, safe sleep practices, feeding practices, and other specific program requirements.

- ☑ Licensed center-based
- ☑ License exempt center-based
- ☑ Licensed family child care home
- ☑ License- exempt family child care home
- ☑ In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

☑ i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

Child Care Aware of NH provides information to families for children of all ages, including infants and toddlers. This information focuses on accessing and selecting programs, and quality programming (e.g., ratios, group size, the importance of primary caregiving, and routines as curriculum). The consumer education website also includes information about developmental milestones and developmental screening (including language, social emotional development, and cognitive development) through the Watch Me Grow system; the NH Early Learning Standards; and Vroom (brain building activities for parents/caregivers and providers to engage with children from birth to 5 years of age.

In fall 2020 the New Hampshire Connections Information System launched its first application, an enhanced Child Care Search Portal for families (available at: https://nhpublichealth.force.com/nhccis/NH_ChildCareSearch . The Child Care Search Portal can be accessed on NH's consumer education website. Within the portal, families can search for child care by age group as well as by quality rating. Links, videos and informational resources are posted within the portal that define quality Infant/Toddler programs.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

[x] j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

State Pyramid Model initiative

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

[x] k. Coordinating with child care health consultants.

Describe:

Health care professionals from DHHS Public Health consulted with the BCDHSC in the development of both the Early Learning Standards and the health and safety modules, including safe sleep, abuse-related head trauma and immunizations. In addition, professionals from DHHS Public Health collaborated with the Lead Agency to create guidance, FAQs and webinars targeted at giving COVID-related information to providers.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

[x] l. Coordinating with mental health consultants.

Describe:

Early childhood mental health consultants consulted with the BCDHSC in the development of the Early Learning Standards, as well as are under contract to provide

technical assistance, coaching and support to child care providers regarding social emotional and behavioral challenges in child care programs.

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[x] m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

Child Care Aware of NH - resorce and referral contractor with data in the DHHS NH Connections Information System

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[ ] n. Other.

Describe:

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

In the State of New Hampshire, the BCDHSC has identified multiple ways to measure qualitative progress in improving the quality of care for infants and toddlers (I/T). These

measures include, but are not limited to:

- Dollar expenditures in the areas of I/T quality including materials, training, technical assistance, incentives, staff time, etc.;
- Increased payments for I/T care and quality made to CCDF providers;
- Achievement of QRIS designations in programs serving I/T;
- Achievement of NAEYC and other national accreditations in programs serving I/T;
- Participation and attendance records from professional development opportunities addressing I/T quality and care issues;
- Early Head Start CLASS rating and other monitoring reports;
- Early Head Start participation and outreach numbers;
- Increased I/T early intervention program participation;
- Number of families and providers with infants and toddlers participating in the NH Child Care Scholarship Program;
- Successful recruiting and retention of child care providers serving I/T for the NH Child Care Scholarship Program;
- Reports by the CCLU on quality related program findings in programs with I/T resulting from annual and follow-up monitoring visits;
- Renewed and/or initial participation in the revised QRIS program and all of its components
- Attendance and feedback from the NH Early Learning Standards;
- Achievement of NH Credential in Early Learning program, especially among those providers focusing on I/T care;
- Number of "hits" i.e... usage reports on the Consumer Education Website by parents and providers;
- Completion statistics for the online health and safety trainings;
- Statistical data from national and local surveys/reports on the progress towards improvement in children's health and well being in New Hampshire, especially between birth and age 3;
- Market rate survey indicators of I/T care opportunities and rate stability;
- Participation by parents in referral based programs such as Watch Me Grow as linked to provider input;
- Increased enrollment by practicing professionals into college level training programs;
- Reduction in the number of suspensions and expulsions of I/T;
- Contractor performance measures that must be met as part of their contract. Each contractor provides a periodic (monthly, quarterly, by semester) report that describes their progress towards each indicator. If a performance measure is not met, the contractor must provide an explanation as to why the indicator was not met and a plan on how they will meet the indicator;
- Utilization of the Child Care Desert Maps created through collaboration between the BCDHSC, Child Care Aware of NH and Child Care Aware of America identifies areas in which quality programs are needed;
- Reports from the business community on employer child care availability and satisfaction those with I/T ;

- Assessment of the impact of grant funds/programs within and outside of DHHS impacting child care directly or indirectly;
- Satisfaction and improvement surveys conducted with parents and providers.
- Attraction of new employees to the field and the rate of retention, particularly in the area of I/T care;
- Cumulative feedback from collaboration and partnership members such as Council for Thriving Children, SERES/PTAN and ACROSS NH, philanthropic partners (e.g., NH Charitable Foundation, Endowment for Health, United Way, etc.), among others.DHHS collects statewide data for programs engaged in NH's current QRIS system to determine how they are utilizing their quality incentive payments. Child Care Aware of NH, PTAN (Preschool Technical Assistance Network) and the ECTA (Early Childhood Tuition Assistance) contractors all report on a regular basis on activities related to infants and toddlers. Child Care Aware of NH and PTAN report on a quarterly basis the amount of their funding that is spent on infant and toddlers. They also provide quarterly reports on the infant/toddler-related professional development opportunities (training, TA, coaching, etc.) made available to providers. ECTA grant reports each semester on the amount of funding applied to infant and toddler coursework. Lastly, DHHS tracks the number of child care programs in each quality rating category, with a goal of increasing programs' quality ratings over time.

Effective Date: 7/19/21

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

Child Care Aware of NH, the statewide Child Care Resource & Referral (CCR&R)

program:

- Promotes and markets high quality, culturally competent, child care resource and referral services statewide to families, providers, businesses and community members;
- Maintains a comprehensive website that is easily accessible, up-to-date and userfriendly;
- Disseminates marketing materials and information, to promote public awareness, through various means such as hospitals, churches, realtors, libraries, etc.;
- Provides statewide child care resource and referral services to families who may or may not be receiving assistance or services from the NHEP or the Department;
- Follows up with clients two to three weeks after an initial referral is taken using a developed evaluation and follow up process using various methods such as phone calls, a paper survey, etc.;
- Collaborates with DHHS contractors and other stakeholders to maximize the costbenefit of providing statewide services to families and child care programs;
- Provides web-based services for families and child care providers through the use of the NACCRRAware Suite of Data Services (NDS);
- Maintains the database for the state, ensuring that the database is updated with current information on a regular basis and any duplicate or unnecessary data are deleted;
- Ensures that data collection and reports are accurate and consistent statewide;
- Provides statewide child care resource, referral, recruitment, and educational training and targeted technical assistance services to licensed center and family based as well as license exempt child care providers;
- Provides targeted technical assistance to providers to fill unmet child care needs throughout the state, including but not limited to, infant care, special needs care and child care during non-traditional hours;
- Provides Child Care Basics Trainings and other workshops, including health and safety trainings, on a statewide level;
- Markets and facilitates training opportunities to ensure child care program professionals statewide have the opportunity to meet Child Care Licensing and Federal Office of Child Care training requirements;
- Provides technical assistance (TA) services to child care providers and programs with a strength-based approach throughout the state of NH and places an emphasis on targeted TA; and
- Provides culturally responsive services to families and child care providers with diverse language and cultural backgrounds.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Child Care Aware of NH contract includes 26 performance measures in the following areas, which are reported on a quarterly basis: referrals provided to families; collaborative Child Care Aware of NH/stakeholder initiatives; updates to the NACCRA Data Suite; and trainings and TA provided. Based on the performance indicators, Child Care Aware of NH makes changes to their programming. Child Care Aware of NH completes an annual report based on the updates that they receive from providers.

Effective Date: 7/19/21

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

DHHS funds Child Care Aware of NH and ACROSS NH to provide training and technical assistance to assist child care providers in meeting the number of training hours required for licensing each year. The contracts for Child Care Aware of NH and ACROSS NH also require that training and TA are provided by credentialed trainers and TA specialists, respectively. In addition to the health and safety trainings provided by Child Care Aware of NH, there is a requirement that they promote and disseminate information for other available health and safety trainings. DHHS contracts with ProSolutions to provide free training on the

health and safety topics required by CCDF, as well as on other topics, including the Pyramid Model.
The CCLU inspects and monitors licensed and license-exempt child care programs. BCDHSC provides funds to CCLU for the equivalent of two Licensing Coordinator positions. The additional positions enable CCLU to conduct annual unannounced monitoring inspections of licensed providers and the newly-required annual inspection and monitoring of license-exempt child care providers receiving CCDF funds.

Effective Date: 7/19/21

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- [ ] No
- [x] Yes. If yes, which types of providers can access this financial assistance?
  - [x] Licensed CCDF providers
  - [x] Licensed non-CCDF providers
  - [x] License-exempt CCDF providers
  - [ ] Other

    Describe:

    All Child Care Providers have access to trainings needed to meet minimum health and safety requirements available at the New Hampshire Pro Solutions Training Website. https://www.prosolutionstraining.com/nh/index.cfm

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the

state or territory has met these measures.

In an effort to improve the quality of child care programs and services, CCLU conducts annual monitoring visits. The Child Care Aware of NH consumer education website provides a link to the results of the annual monitoring visits posted on the CCLU webpage.

Technical assistance provided by Child Care Aware of NH is tracked in the reporting feature of the New Hampshire Connections Information System (NHCIS); the data collected are used to evaluate the quality improvement progress of child care programs.

ProSolutions provides reports on the number of individuals completing the required health and safety trainings. To date, 11,044 individuals have completed the entire series of trainings through ProSolutions. Additionally, CCLU monitors programs regarding health and safety standards and completion of the health and safety training requirements. Noncompliance is included on their Statement of Findings, which allows programs to respond with their plan to come into compliance. Data reports will document if program compliance with health and safety standards increases over time.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

- [ ] No
- [x] Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

NH measures the quality and effectiveness of child care and afterschool programs using our QRIS. Child Care Licensing Rules provide the basic health and safety

requirements to lay the foundation for these programs and NH's QRIS builds on that foundation to include self-assessment and formal observations using the Environment Rating Scales (ERS) or the Teaching Pyramid Observation Tool/Teaching Pyramid Infant Toddler Observation Scale (TPOT/TPITOS) and staff credentials using the NH Early Childhood and Afterschool Professional Development System: https://www.dhhs.nh.gov/dcyf/cdb/profdev.htm. NH focuses on teacher-child interactions and classroom activities as a way to promote positive relationships with children and developmentally appropriate and engaging materials within a space. Once an assessment is completed, Practice-Based Coaching is provided with a focus on these two topics as a way to increase positive outcomes for NH's children.

Effective Date: 07/19/2021

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

In the State of New Hampshire, the BCDHSC has identified multiple ways to measure qualitative progress. They include, but are not limited to:

- NHCIS
- Dollar expenditures in the areas of quality including materials, training, technical assistance, incentives, staff time, etc.;
- Increased payments for quality made to CCDF providers;
- Achievement of QRIS levels
- Achievement of NAEYC and other national accreditations;
- Participation and attendance records from professional development opportunities;
- Head Start CLASS federal monitoring reports;
- Head Start participation and outreach numbers;
- Participation rates in child wellness related activities from medical care to socialization activities;
- Increased levels of school readiness and early intervention program participation;
- Number of families and providers participating in the NH Child Care Scholarship program;
- Successful recruiting and retention of child care providers for the NH Child Care

Scholarship program;
- Reports by the CCLU on quality related program findings resulting from annual and follow-up monitoring visits;
- Attendance and feedback from the NH Early Learning Standards sessions;
- Achievement of NH Credential in Early Learning program
- Consumer Education Website utilization reports by parents and providers;
- Completion statistics for the online health and safety trainings;
- Completion statistics for Pyramid Model trainings on ProSolutions
- Statistical data from national and local surveys/reports on the progress towards improvement in children's health and well-being in New Hampshire
- Market rate survey indicators of improved income and stability;
- Participation by parents in referral based programs such as Watch Me Grow as linked to provider input;
- Increased enrollment by practicing professionals into college level training programs;
- Reduction in the number of suspensions and expulsions;
- Contractor performance measures that must be met as part of their contract. Each contractor provides a periodic (monthly, quarterly, by semester) report that describes their progress towards each indicator. If a performance measure is not met, the contractor must provide an explanation as to why the indicator was not met and a plan on how they will meet the indicator;
- Utilization of the Child Care Desert Maps created through collaboration between the BCDHSC, Child Care Aware of NH and Child Care Aware of America identifies areas in which quality programs are needed;
- Reports from the business community on employer child care availability and satisfaction;
- Assessment of the impact of grant funds/programs within and outside of DHHS impacting child care directly or indirectly;
- Satisfaction and improvement surveys conducted with parents and providers.
- Attraction of new employees to the field and the rate of retention;
- Cumulative feedback from collaboration and partnership members such as Council for Thriving Children, Early Learning NH, SERESC/PTAN and ACROSS NH, philanthropic partners (e.g., NH Charitable Foundation, Endowment for Health, United Way, etc.), among others.While this is an ambitious list, many of the measures are already in place, while others are under development. Conceptually, the State will continue to identify what activities are most valuable in improving the quality of child care and the related services for the children of New Hampshire while maximizing the efficient and effective use of CCDF dollars. A summary of these qualitative activities and their impact is documented in the *An Overview of Early Childhood Quality Improvements in the State of New Hampshire Report,* and the Quality Performance Report for the Office of Child Care.

Current data related to these measures can be found at https://www.dhhs.nh.gov/dcyf/cdb/index.htm

Effective Date: 07/19/2021

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

☐ a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

☐ b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

☐ c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

☐ d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

☐ i. Focused on child care centers

Describe:

- [ ] ii. Focused on family child care homes

  Describe:

- [ ] e. No, but the state/territory is in the in the development phase of supporting accreditation.
  - [ ] i. Focused on child care centers

    Describe:

  - [ ] ii. Focused on family child care homes

    Describe:

- [x] f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

NH's CCLU Rules for Licensed Child Care Providers and LE Rules for License-exempt providers incorporate high quality program standards for health, mental health, nutrition, physical activity, physical development and other topics. To support providers to meet these standards, the BCDHSC contracts with ProSolutions for web based health and safety trainings. Child Care Aware of NH offers training and technical assistance on health topics throughout the year, as well as annual "Caring for our Children: Health,

Safety, Nutrition and Wellness" conferences. PTAN offers training and consultation to programs on early childhood mental health using the Pyramid Model's strategies, supports, and tools, including the TPOT (Teaching Pyramid Observation Tool). PTAN works with individual programs to increase the program's capacity for supporting the social-emotional needs of children. Child Care Aware of NH also offers trainings in mental health topics throughout the year.
ACROSS NH provides training and technical assistance to support the mental health of school-aged children. Lastly, participation in the Watch Me Grow developmental screening and referral systems supports local efforts to adopt high quality program standards.

b. Preschoolers

NH's CCLU Rules for Licensed Child Care Providers and LE Rules for License-exempt providers incorporate high quality program standards for health, mental health, nutrition, physical activity, physical development and other topics. To support providers to meet these standards, the BCDHSC contracts with ProSolutions for web based health and safety trainings. Child Care Aware of NH offers training and technical assistance on health topics throughout the year, as well as annual "Caring for our Children: Health, Safety, Nutrition and Wellness" conferences. PTAN offers training and consultation to programs on early childhood mental health using the Pyramid Model's strategies, supports, and tools, including the TPOT (Teaching Pyramid Observation Tool). PTAN works with individual programs to increase the program's capacity for supporting the social-emotional needs of children. Child Care Aware of NH also offers trainings in mental health topics throughout the year.
ACROSS NH provides training and technical assistance to support the mental health of school-aged children. Lastly, participation in the Watch Me Grow developmental screening and referral systems supports local efforts to adopt high quality program standards.

c. and/or School-age children.

NH's CCLU Rules for Licensed Child Care Providers and LE Rules for License-exempt

providers incorporate high quality program standards for health, mental health, nutrition, physical activity, physical development and other topics. To support providers to meet these standards, the BCDHSC contracts with ProSolutions for web based health and safety trainings. Child Care Aware of NH offers training and technical assistance on health topics throughout the year, as well as annual "Caring for our Children: Health, Safety, Nutrition and Wellness" conferences. PTAN offers training and consultation to programs on early childhood mental health using the Pyramid Model's strategies, supports, and tools, including the TPOT (Teaching Pyramid Observation Tool). PTAN works with individual programs to increase the program's capacity for supporting the social-emotional needs of children. Child Care Aware of NH also offers trainings in mental health topics throughout the year.

ACROSS NH provides training and technical assistance to support the mental health of school-aged children. Lastly, participation in the Watch Me Grow developmental screening and referral systems supports local efforts to adopt high quality program standards.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The revised QRIS roll out activities that began in June of 2021 include multiple measureable indicators of progress to evaluate progress in improving child care quality. Included are Environmental Ratings Scales for infants/toddlers, early childhood, school-age care and family child care (I/TERS, ECERS, SACERS and FCC ERS, respectively), staff qualifications, Head Start Performance Standards and the Pyramid Model assessment tools: The Teaching Pyramid Observation Tool (TPOT) and The Teaching Pyramid Infant-Toddler Observation Scale (TPITOS). Additionally, quality will be measured by the extent to which programs have successfully completed “endorsements” in areas such as accreditation, developmental screening, and Strengthening Families. Data will include Environmental Ratings Scales scores (baseline and every three years) and ongoing data relative to each endorsement, such as number of children who participated in developmental screening with

the Watch Me Grow system and the number of Strengthening Families components completed. NH is in the process of refining the system and confirming measurable indicators and data on progress. Additionally, programs will submit an annual report to the BCDHSC via the New Hampshire Connections Information System QRIS Application (rolling out September 2021), which will include data on progress indicators.

Effective Date: 7/19/21

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

The NH Professional Development System

The NH Professional Development System is a voluntary system comprised of lattices to provide pathways for professionals to receive their early childhood or afterschool credential. Components of the system include education, experience, and professional development training or activities. Measures relevant to this activity include the number of credentials awarded, the levels at which they are awarded, and whether professionals increase their credential level. Effective 7/1/21 professionals can use the training record stored within the Professional Registry to apply for a credential in the Credentialing Application, one of many applications on the New Hampshire Connections Information System. The BCDHSC reviews applications and also awards the credentials to child care professionals. Child Care Aware of NH offers the NH Professional Development System as one of its Progressive Training and TA options. Within these options, data is collected regarding the

number of participants who complete the requirements of the Progressive Program and quality improvements made as a result of the training and TA. These data are anecdotal and completed by the Lead Training and TA Specialist. The results of goal completion are documented in TTAM (data base) in individual and program records.

Watch Me Grow

Watch Me Grow (NH's developmental screening, referral and information system for families of children ages birth to six years) database tracks the numbers of children screened by age and location, the number of screenings completed (i.e., multiple screenings for each child), the results of those screenings (okay, refer, recheck), and results of referrals, among other information. Over 90 partner organizations (including child care programs) currently participate in Watch Me Grow.

Emergency Preparedness

A comprehensive emergency preparedness template has been developed for providers and programs to develop their emergency operations plans in the event of a disaster and/or emergency. The template and resources are available at:
https://www.nh-connections.org/providers/emergency-planning/
Child Care Licensing rules require that programs have an emergency operations plan. Evidence of programs using the template and resources to inform and improve their plans indicates quality improvement. Child Care Aware of NH offers Emergency Preparedness as one of their Progressive Training and TA options.

Strengthening Families

Strengthening Families is a national prevention framework developed by the Center for the Study of Social Policy that includes everyday actions for programs and providers. The framework includes protective factors aimed at strengthening families, reducing child abuse and neglect and optimizing knowledge of parenting and child development (child safety, child well-being and provider preparedness). Strengthening Families is also an option included in Child Care Aware of NH's Progressive Training and TA.

Pyramid Model

The Lead Agency has continued its work to establish a state and local infrastructure for the installation, implementation, expansion/scale up and sustainability of the Pyramid Model in early childhood programs throughout the state. A cross-sector, public and private state

leadership team was established, which created a five-year strategic plan and became a "hub" for early childhood social emotional development efforts and initiatives in the state. The BCDHSC continues to co-lead NH's Pyramid Model initiative, as well as support this work by allocating CCDF quality funds to ensure that child care and other early childhood professionals have the opportunity to (a) increase their competency in supporting the social emotional development needs of young children in their care, and (b) offer parents/caregivers information on positive behavioral supports for their children through the Pyramid Model's Positive Solutions for Families series.

New Hampshire Council for Thriving Children

In January of 2020 NH Governor Sununu signed an Executive Order creating a new early childhood governance structure, The Council for Thriving Children. The council serves as the state's advisory council for early childhood care and education. Co-led by DHHS (the Lead Agency is represented by its Bureau Chief on this council) and DOE, the Council for Thriving Children released its NH Strategic Plan for Early Childhood in June of 2020. Over the last year, the Lead Agency supported the goals and initiatives set forth is the strategic plan; including but not limited to building the capacity of all families to be part of this system through positive learning experiences, healthy children and families, strong families and statewide coordination.

Measurable indicators of progress have and will include:

- Dollar expenditures in the areas of quality including materials, training, technical assistance, incentives, staff time, etc.;
- Increased payments for quality made to CCDF providers;
- Achievement of QRIS designations;
- Achievement of NAEYC and other national accreditations;
- Participation and attendance records from professional development opportunities;
- Head Start CLASS rating and other monitoring reports;
- Head Start participation and outreach numbers;
- Participation rates in child wellness related activities from medical care to socialization activities;
- Continued statewide compliance with the federal Health and Safety Training requirement;
- Increased levels of school readiness and early intervention program participation;
- Number of child care/early childhood programs implementing the Pyramid Model to fidelity;
- Increased number of families and providers participating in the NH Child Care Scholarship program;

- Successful recruiting and retention of child care providers for the NH Child Care Scholarship program;
- Reports by the CCLU on quality related program findings resulting from annual and follow-up monitoring visits;
- Interest and participation in the QRIS and all of its components;
- Attendance and feedback from the NH Early Learning Standards sessions;
- Achievement of NH Credential in Early Learning program;
- Reduction/elimination in the number of serious child injuries and deaths in child care
- Number of "hits" (i.e., usage reports) on the Consumer Education Website by parents and providers;
- Completion statistics for the online health and safety trainings;
- Statistical data from national and local surveys/reports on the progress towards improvement in children's health and well being in New Hampshire
- Market rate survey indicators of improved income and stability;
- Number of children receiving developmental screening through Watch Me Grow, results of screening, referrals to services and parent/family participation in referral based services and programs;
- Increased enrollment by practicing professionals into college level training programs;
- Reduction in the number of suspensions and expulsions;
- Participation in the emergency readiness plan training and development process by providers;
- Assessment of the impact of grant funds/programs within and outside of DHHS impacting child care directly or indirectly;
- Satisfaction and improvement surveys conducted with parents and providers.Specific data for these measures can be accessed at https://www.dhhs.nh.gov/dcyf/cdb/index.htm

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

☑ a. Verifying and processing billing records to ensure timely payments to providers

Describe:

DHHS uses an electronic financial management system to document, track, approve, pay and monitor the entire provider billing system. This is done in tandem with the provider eligibility and licensing systems to monitor all payment activities for accuracy and timeliness. The NH Child Care Scholarship Program payments are made on behalf of an eligible child directly to a DHHS-enrolled child care provider within 21 calendar days from receipt of the provider's correctly completed invoice based on the child's attendance up to the authorized service level. Invoices processed on Monday, Tuesday, and Wednesday result in a payment made on Friday. Invoices processed Thursday or Friday result in a payment made the following Tuesday. Typically,

payments are made within 10 days. As of August 2017, child care provider web billing became mandatory as a mechanism to (a) expedite the billing and payment process for providers, and (b) reduce billing errors by requiring providers to complete certain fields such as arrival and departure time, absent or present, A.M or P.M. and the actual provider charge, prior to submitting the claim for payment. Prior to web billing, the paper claim error rate was over 30% (incomplete forms, illegible writing, etc.). Following web billing implementation, the billing error rate was reduced to less than 1%. Additionally, BCDHSC staff conducts audits for billing accuracy when an issue arises from a conversation with a provider, parent or district office.

☑ b. Fiscal oversight of grants and contracts

Describe:

The BCDHSC assigns a designated staff person to oversee each of its grants and contracts. This individual works with the contractor to monitor all grants and contracts by (a) reviewing invoices prior to submitting for payment, (b) reviewing data, deliverables and reports submitted to the BCDHSC according to each contract's requirements (e.g., monthly, quarterly, etc.), and (c) collaborating with the DHHS Fiscal Unit to ensure that expenditures are occurring as expected over time (i.e., reviewing monthly appropriations statements and ongoing reports specific to grants and contracts). In addition, the BCDHSC Bureau Chief and Budget Team regularly review the Fiscal monthly/quarterly and annual budget and expense reports along with the contractual obligations, deliverables, and reporting to further ensure both compliance and accuracy. Funds are subject to a three-level approval process before payment: 1) BCDHSC contract contact accepts, reviews and processes the invoice with verifying signature; 2) the invoice is then forwarded to the Finance Unit where it is reviewed, input into the system and processed; and 3) before any payments are released, the payments are reviewed and verified by a supervisor-level staff person in Finance. The payment is also scrutinized for appropriate budget allocation and allowable expenses under Federal guidelines, especially those specific to the CCDF funding guidelines.

☑ c. Tracking systems to ensure reasonable and allowable costs

Describe:

DHHS uses standard accepted accounting practices to manage all financial

procedures, which includes review of contract and internal expenses to ensure they are both reasonable (cost effective, best practice) and allowable under state and federal guidelines for expenditures, specifically those pertaining to CCDF (i.e., discretionary/nondiscretionary status; permitted funding utilization; timelines for encumbering and expending funds, etc.). The tracking systems include both budgeting and expenditure activities. During the budget planning and implementation processes, the BCDHSC consults federal and state partners as necessary to resolve questions regarding allowable costs. Prior to payments, a fund code is applied and checked against the approved budget expense. In the event of a discrepancy or question, Finance reaches out to the BCDHSC Chief to review the expense and coding. A monthly financial statement including a budget and expense report is generated for review by the Finance representative and the BCDHSC Chief to ensure both financial integrity and adherence to the CCDF cost guidelines. As part of the contracting process, applicants are required to demonstrate that costs are reasonable and allowable within Federal rules. Once the grant/contract is awarded, the BCDHSC staff member responsible for monitoring a grant or contract carefully reviews each invoice and compares expenditures to the approved budget prior to submitting for payment. If a question arises as to whether or not a charge is reasonable or allowable, the contract manager will contact the contractor/grantee to resolve the issue and the cost will either be approved or denied. In addition, all payments are scrutinized for appropriate budget allocation and allowable expenses under Federal guidelines, especially those specific to the CCDF funding guidelines.

☑ d. Other

Describe:

If BCDHSC determines that a contract is underperforming based on the status of benchmarks and/or deliverables, staff works with the contractor to ensure that the contract will be completed successfully by either altering (reducing) the deliverables in instances when unforeseen environmental factors interfered with the contractor's capacity to meet the benchmarks or by reducing the dollar amount of the original contract.

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

☑ a. Conduct a risk assessment of policies and procedures

Describe:

Beginning in January of 2019, the BCDHSC has conducted a quarterly Risk and Reward assessment of each component of the CCDF Plan and aligned the results with the mitigating effort/activity or policy/procedure that applies. This activity helps to ensure that future required modifications to policies and procedures will be identified, vetted and communicated before a critical juncture is reached. Where appropriate, finance, legal, licensing, policy and other internal and external experts and stakeholders are consulted to fully expand the risk and reward picture.

☑ b. Establish checks and balances to ensure program integrity

Describe:

DHHS, and specifically the BCDHSC, have a multi-tiered system of checks and balances to identify and mitigate potential risk to CCDF program integrity. Risk is categorized into three major areas - financial, programmatic and operational. Multiple checks and balances in each of these areas are utilized regularly and, by design, are interlinked to inform and prompt another set of checks and balances. For example, if a BCDHSC staff liaison reviews and approves an invoice from a CCDF contractor that was improperly coded or included an expense that falls outside of the CCDF funding guidelines for allowable expenses, DHHS accounting will "red flag" the invoice and return it to the BCDHSC contract liaison for clarification. The BCDHSC Chief will be made aware of the issue through the monthly reporting system, along with a direct notification from the accounting staff. The BCDHSC Chief will also apprise DHHS upper management as necessary on these issues. The BCDHSC staff contract liaison will communicate with the contractor to ensure their understanding of the allowable expense policies, obtain a corrected/adjusted invoice, and resubmit to finance with an advice email stating what actions were taken to ensure accuracy and compliance. The contractor may then need to modify the expense category or identify a different funding source for a portion of their work to comply with the contract and CCDF guidelines. Operationally, DHHS engages in the following activities/processes for

checks and balances: adherence to standard accounting and business practices; the use of both hardcopy and electronic recordkeeping systems; internal activity report; IT supported computer databases and word processing systems that have multiple backups; a concrete hierarchy for completion and oversight of activities and authority for spending approvals; and a detailed state-wide and Bureau emergency plan for ensuring the availability of ongoing child care and payments to providers in the NH Child Care Scholarship program. Lastly, internal audits are conducted on an ongoing basis on program eligibility, expenses, and adherence to CCDF guidelines; and multiple reports are run to ensure program integrity, as described in section 8.1.1 and section 8.1.4, respectively.

☑ c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Eligibility determination of providers is determined by the BCDHSC enrollment specialist. This staff person's performance and activities are reviewed in three significant ways. Firstly, the provider relations specialist, under the guidance of their BCDHSC supervisor, randomly selects and audits approximately 20 provider files monthly with a detailed checklist to ensure the provider's documentation is accurate, up-to date and complies with the state and federal requirements for CCDF providers. Secondly, the record of this audit, following any corrective actions, is placed in the provider's file. Lastly, a spreadsheet is maintained indicating the results of the audits, which the Assistant Bureau Chief reviews monthly to validate the activity and results. At the District Office level, supervisors conduct daily case reviews among staff doing eligibility determination for child care funds (among other subsidy services), especially for new staff, to identify and address errors. When an error is consistently repeated by several staff and identified as a misunderstood policy or procedure, a variety of modes of communication are used to inform staff of the correct policy and correct practice. These may include an email notification via a Director's Memo, targeted training to a District

☑ d. Other

Describe:

Each CCDF program component is outlined with potential risks and ways of mitigating them (e.g., legislative hurdles, public concerns, unforeseen expense, failure to adopt,

shortage of resources, etc.) projected outcomes, goals, timeline, activities, expenses, staffing/contractors, and evaluation. This is accomplished by either a designated work group including a BCDHSC Lead or an individual BCDHSC staff. This "project plan" is developed with internal and external stakeholder input and approved by the BCDHSC Bureau Chief and, as deemed necessary, the Division Deputy Director and Director, Associate Commissioner, etc. Throughout the project activities, the BCDHSC Project Lead reports to and seeks input from the BCDHSC CCDF co-administrators (Bureau Chief and Assistant Bureau Chief) and often fellow Bureau team members, on any and all activities, issues, expenses, outcomes, risk factors, and evaluation, both on a scheduled basis and as requested. In addition, the Bureau Chief will regularly report up to the Division-wide management team and the Division Chief the progress of the CCDF funded activities and discuss any needed refinements to ensure mitigation of risk, adherence to fund guidelines, status of or needed collaboration internally or externally, among other factors to ensure program integrity.

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

☑ i. Issue policy change notices.

Describe:

Policy change notices are disseminated to providers receiving CCDF funds in multiple ways, including: 1) the web billing system feature for communication with enrolled providers; 2) BCDHSC email listserv that includes providers, advocates, contractors and other constituents, with requests to share the information with others as appropriate (e.g., post on their website); 3) posting on NH Connections (consumer information website); and 4) announcements during regularly scheduled meetings with the NH Child Care Advisory Council and Early Learning Alliance.

☑ ii. Issue policy manual.

Describe:

The policy manual is posted online, and BCDHSC shares a link with providers: https://www.dhhs.nh.gov/fam_htm/html/900_child_care_services_fam.htm

☑ iii. Provide orientations.

Describe:

Currently, BCDHSC provides virtual orientations for new providers on CCDF policy and web billing, which includes a review of the Provider Agreement.

☑ iv. Provide training.

Describe:

BCDHSC is in the process of developing online training modules to augment orientations. Additionally, BCDHSC holds virtual office hours for providers. If providers repeatedly have difficulty with any aspect of CCDF process or policy, BCDHSC requires them to participate in an orientation session once again or work with the Provider Relations Specialist one-on-one to review the challenging issue and demonstrate understanding of the process or policy.

☑ v. Monitor and assess policy implementation on an ongoing basis.

Describe:

BCDHSC monitors and assesses policy implementation on an ongoing basis via regular internal meetings/discussions, meetings with the new Bureau of Family Assistance convened DEHS Policy Team, as well as in ongoing meetings with auditors and other DHHS Divisions, as applicable (e.g., Child Care Licensing, DCYF re: protective and preventive child care not funded by CCDF, but a part of BCDHSC's responsibilities). BCDHSC also convenes a DHHS team as necessary when a policy issue arises and works jointly to research the issue and make a recommendation to the Division Director regarding policy. For example, BCDHSC recently made a policy change to discount children's SSI in determining household income for CCDF eligibility in response to a request from the NH Disabilities Rights Center. discusses policy issues with all staff during the weekly team meeting. Staff and payment systems changes needed; fiscal impact; rules changes; etc.).

☑ vi. Meet regularly regarding the implementation of policies.

Describe:

BCDHSC discusses policy issues with all staff during the weekly team meeting. Staff members responsible for policy also meet regularly with each other and the Bureau Chief and/or Assistant Bureau Chief to review current policy, draft new policy and address any policy-related issues that arise. During the past year, the Bureau of Family Assistance convened a DEHS Policy Team that meets monthly to review policy issues and revise or create new policy, as applicable, ensuring that all aspects of policy change are considered (impacts on families/ providers/ children receiving various DHHS benefits/services; eligibility and payment systems changes needed; fiscal impact; rules changes; etc.).

☐ vii. Other.

Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

☑ i. Issue policy change notices.

Describe:

Within the BCDHSC, staff shares approved and updated policy notices in two ways: 1) via email; and 2) at weekly Bureau meetings. A copy of any new or updated notices is placed in the BCDHSC policy manual. A Supervisory Release (SR) is written to release new policy to DHHS staff who determines eligibility for families applying for the NH Child Care Scholarship Program. This policy change notice summarizes changes, explains the policy and how it functions, identifies the difference between the former and new policy, and describes any changes in the New HEIGHTS eligibility management system. The Family Assistance Manual, the guide to policy for staff and the general public, is updated to reflect the new policy changes. DHHS staff receives training on the new requirements. Supervisors review policy changes with staff in bi-weekly staff meetings and, depending upon the complexity of the change, the Training Unit develops online live trainings that are also recorded and made available to supervisors in a "Moodle" (open-source

learning platform) library for use as a refresher. Contractors are notified of any and all policy changes that relate directly or indirectly to the work they are doing related to the CCDF Plan. These updates may or may not be accompanied with changes in the contract expectations or procedures and are shared in both written and verbal form as needed.

☑ ii. Train on policy change notices.

Describe:

Within BCDHSC, all staff members are given a copy of the policy manual to review as a standard part of their new hire/new position orientation. In addition to updates at the BCDHSC's weekly meetings, each staff person is responsible for being well-acquainted with the laws, rules, and policies that directly and/or indirectly impact his/her area of service/expertise, including but not limited to, the Child Care Scholarship Program, quality initiatives, and CCDF contractors. Further, a designated staff person within BCDHSC is responsible for maintaining a current and accurate policy manual at all times. This policy manual is available to all BCDHSC staff for reference at any time. Within the Bureau of Family Assistance, which oversees the District Offices that conduct family eligibility screening along with many other duties, the Training Unit has developed an intensive training program for the NH Child Care Scholarship Program. A new staff person's first 20 days in the position is called "Structured Field Time." Trainees are given access to online learning tools that require in-depth review of the policy, review questions, flash cards, and assessments for retention that are reviewed by supervisors and training staff. Staff is also trained to link the policy learned to the New HEIGHTS Eligibility Management System. New staff is afforded the opportunity to sit daily with a mentor or supervisor to review questions and areas of confusion identified on the assessments. New staff then attends a classroom training where the policy is reviewed again and trainees are engaged in more in-depth discussion of policy and procedures and in processing "real" cases. Information taken from the assessments is used in the training to provide further clarification of any confusing areas. Policy manuals are available on staff desktops and in the New HEIGHTS Eligibility Management System, which enables workers to access specific NH Child Care Scholarship policy directly related to the specific child care screen they are completing to ensure that policy is applied correctly. New District Office staff is mandated to complete a knowledge retention assessment to include policy from the

NH Child Care Scholarship Program at the 3-, 6-, and 9-month mark. Additionally, in order for staff members to be promoted from a Family Service Specialist I to a Family Service Specialist II, they must pass an assessment that includes NH Child Care Scholarship policy. All contractors are both oriented to and regularly updated on the CCDF Plan components and requirements, along with any and all related laws, rules, policies and procedures related to the CCDF Plan, with specific guidelines as to practical application and service delivery. Further, the pertinent citations and/or specific activities supporting policies are included in the contract language. The BCDHSC is responsible for ensuring the contractor follows the policies, in theory and practice.

☑ iii. Issue policy manuals.

Describe:

See i.

☐ iv. Train on policy manual.

Describe:

☑ v. Monitor and assess policy implementation on an ongoing basis.

Describe:

BCDHSC staff is responsible for monitoring both their own and contractors' work relative to policy implementation. In the case of internal Bureau activities, staff reports policy implementation activities to the Bureau Chief and Assistant Bureau Chief on an ongoing basis. These updates take the form of weekly "reporting out" at BCDHSC staff meetings on the status of activities, timeline milestones, and outcomes. Updates also include more formalized monitoring, such as review of project plans, timelines, contractor activity reports, invoices, collateral materials, deliverables, participation records, rosters, etc. In turn, the Bureau Chief provides high level policy and other Bureau-related updates weekly to the director of the Division of Economic and Housing Stability, who reports to the DHHS Associate Commissioner. Family Service Specialists (FSS) determine NH Child Care Scholarship eligibility. FSS undergo rigorous and lengthy training before managing a caseload. Cases are reviewed by DHHS staff for accurate application of policies. Supervisors are notified when repeated errors are identified. Action is taken to

correct the error and instruction is provided to the FSS to help to ensure the error does not occur again. Internal audits are conducted on an ongoing basis. Cases are randomly selected from the Data Warehouse and also from the Child Care Quality Control Audit Reports. Typically, 60 to 80 child care cases are reviewed each month. Identified errors are sent to the administrative supervisor at the District Office for review and correction. The supervisor reviews the error with the worker and instructs the worker on proper policy and procedures, which helps to avoid future errors. Identified New HEIGHTS system errors are directed to the New HEIGHTS Help Desk for review, correction and system changes, if applicable.

☑ vi. Meet regularly regarding the implementation of policies.

Describe:

See v.

☑ vii. Other.

Describe:

Contractors providing CCDF Plan activities are required to read and acknowledge, through signature, the policy manual, along with any changes in policy. All changes are sent to contractors in a timely manner along with instructions regarding services/deliverables/activities as they relate to the Plan and the policy change. Along with the contractual language related to delivery of services, contractors are required to create and submit detailed detail plans and progress reports on their CCDF services for ongoing activities, including those prompted by changes in policies. Further, contractors report to BCDHSC monthly and/or quarterly based on their individualized contract performance measures. They also are required to provide updates at other times at BCDHSC's discretion. Contractors are included in the plan design and implementation in a wide variety of ways including, but not limited to, one-on-one consultation, task force and advisory group membership, stakeholder meetings, etc. Each contractor has a designated point person from their organization and is assigned a counterpart on the BCDHSC staff. The contractors are also kept apprised of any changes in licensing and attend, as appropriate, the child care director collaborative meetings, provider forums and training venues to gain additional "grassroots" opinions. During each contract renewal or initial execution period the BCDHSC ensured that contractors had input

and included the new components of reauthorization and gave feedback on the implementation, Bureau support, stakeholder perspectives, and other information that factored into delivering successfully each component of the Plan with a focus on efficiency, quality and fiscal responsibility.

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

Note: conducts ongoing internal audits, independent external audits, monthly auditing meeting with BCHSC to identtify not only CCDF Scholarship issues but also internal control activties that may not be working.

Daily system reports can be accessed for Bridges, New Heights plus ongoing financial review includes internal control check within BCDHSC and all other DHHS departments.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations.** Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- [x] i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration,

Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

Although the BCDHSC does not have access to the client eligibility files or the specific data on clients' eligibility for other subsidy programs, staff regularly communicates with other state based staff who manages the finding and activities for these programs to ensure that CCDF programs activities are subsidizing and not supplanting other funded activities. At the District Office level, where eligibility for the Child Care Scholarship Program is determined, staff utilizes the electronic database file to compare the prospective or existing client's eligibility and/or status in other subsidy funding programs and their documentation on which that eligibility is based. For example, if a family is already eligible, by income and household size for SNAP, TANF, etc., they may be eligible for the Child Care Scholarship Program. However, a review of the electronic record may show that, in their SNAP eligibility determination, the family reported a working spouse in the household when their child care eligibility does not show that income in the eligibility or redetermination review. More frequently the match or shared data can help expedite the eligibility for the Child Care Scholarship Program .

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The DHHS Accounting Unit generates a weekly internal report, which includes the payments due to providers. This report is run by the system operator. The report is reviewed for accuracy, errors and anomalies. When issues are detected, the error is flagged and handled internally, or when appropriate, the provider enrollment or relations specialist is contacted to clarify the issue. An adjustment is made as necessary in the next payment cycle. Providers will receive a red flag error/notification for a multitude of reasons on the web-billing system if data entry is incorrect. .Providers may correct the billing, contact the provider relations specialist, and take other actions as directed. A Child Care Quality Control Audit Report is run monthly in New HEIGHTS to identify: 1) non-TANF cases where the service level is full time, but employment hours are >0 and <26 (not including commute time); 2) any non-TANF cases where the service level is half time, but employment hours are >0 and <11 (not including commute time; 3) any case with open child care for employment for which there are no hours worked; and 4) any case with employment, but no verification of current employment or self-employment. The

BCDHSC runs monthly reports to identify: 1) license-exempt providers who are linked to more than three children to ensure that no more than three children are being cared for by the provider at any given time; 2) individuals who are receiving Aid to the Permanently and Totally Disabled (APTD) to ensure they are adults who are participating in an approved and verified activity; 3) providers who bill for more than 12 hours in a single 24-hour period to ensure care was provided for that length of time and is not an "AM/PM" error; and 4) providers with a balance due from a previous violation and are no longer billing and, therefore, the BCDHS is not able to recoup money. In the latter instances, the BCDHSC contacts providers to arrange for another form of repayment. Reports are run following snow days and holidays to identify providers who billed for those days but reported publicly that they were closed. Calls are made to the providers to have them re-bill correctly.

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

At the time of a random audit or prompted audit (defined as one occurring based on information from a system red flag, internal referral from random audit or other reasons such as a whistleblower, provider self-report or license suspension or termination for cause), the BCDHSC or Child Care Licensing Unit collects and reviews enrollment documents and attendance records and compares them to the billing statements presented by the provider. In the event a potential fraudulent claim (by parent or provider) is identified during the ongoing random audit process, BCDHSC is notified, along with other DHHS staff as applicable. A full description of all enrollments, licensing, billing and audit procedures, including form and report templates, are available upon request.

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The BCDHSC has an ongoing process of supervisory reviews to ensure program integrity and quality assurance with the three key areas of finance, operations and programming. Each staff person is subject to ongoing supervisory reviews and progress checks to determine the status of these activities, the source and authenticity of the data being presented, and the overall alignment of the activities with both the CCDF guidelines and state requirements, along with the quality and

quantity of expenditures and program-related activities. In most cases, this review is substantiated with corroborating documents (e.g.., reports, meeting minutes, materials, etc.) from other sources within or external to DHHS. A District Office supervisor regularly reviews the eligibility determination files to ensure that staff and the applicants are being thorough and accurate in their determinations. The D.O. staff also reviews the full file and requests new documents at the end of each 12-month eligibility. The complete file is reviewed when an internal or external whistleblower report or self-report is made. All DHHS staff receives an annual performance review. Based on this review, any performance discrepancies or weaknesses are slated for corrective action such as retraining, re-assignment, probationary period, or termination. In addition, if during the year the employee is involved in a fraudulent or intentionally incorrect practice, that employee is subject to an immediate staff review with subsequent actions that can include any and all of the following: restitution; suspension; sanction; termination; and civil or criminal prosecution. The employee may utilize the appeal process associated with each determination. The provider relations specialist, under the guidance of their BCDHSC supervisor, randomly selects and audits approximately 20 provider files monthly with a detailed checklist to ensure the provider's documentation is accurate, up-to date and complies with the state and federal requirements for CCDF providers. The record of this audit, following any corrective actions, is placed in the provider's file. In addition, a spreadsheet is maintained indicating the results of the audits, which the Assistant Bureau Chief reviews monthly to validate the activity and results. District Office supervisors conduct daily case reviews among staff conducting eligibility determination and redetermination assessments for child care funds (among other subsidy services), especially for new staff, to identify and address errors. When an error is consistently repeated by several staff, and identified as a misunderstood policy or procedure, a variety of modes of communication are used to inform staff of the correct policy and correct practice. These may include an email notification via a Director's Memo, targeted training to a District Office, and incorporation into staff meetings. Cases are reviewed for up to nine months for all new trainees, starting from the new staff's date of hire.

☑ v. Audit provider records.

Describe the activities and the results of these activities:

Providers are chosen for audit based on a third party generated list of billing

numbers that correlate to provider files. In addition, the enrollment specialist conducts a full audit of the entire provider portfolio, including their enrollment file and attendance and billing records, for a period of no less than I year or from the date they enrolled as a provider, if less than one year. Once the audit is complete, results are shared with the Bureau Chief and a meeting is held with the Fraud Unit to discuss next steps. The Division Director, Associate Commissioner and Commissioner of DHHS are kept apprised as appropriate. A full description of all audit procedures, including report templates, is available upon request.

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

All Bureau and District Office staff is trained on the policies and processes with regard to fraud or intentional misuse of the CCDF funds. District Office and BCDHSC staff members have both training and audit functions built into their everyday practice and responsibility to immediately report to their supervisors any discrepancies, concerns, whistleblower reports or other potential misuse of funds or fraudulent claims/expenditures. Reports may be made verbally, and in writing upon request when there is substantiating evidence. In the event the staff person is unclear as to the potential violation or fraudulent act, it is the supervisor and/or CCDF administrators' responsibility to consult the DHHS legal/fraud unit and/or the ACF Region 1 Office of Child Care for clarification. In the event the violation was caused by the agency, intentionally or unintentionally, training at all levels may be assigned along with recommended technical assistance, system or policy changes as needed. A full description of all audit and training procedures, including report templates, is available upon request.

☑ vii. Other

Describe the activities and the results of these activities:

DHHS uses the National Directory of New Hire Information to automatically cross check employment information. Client income can be cross-checked through the work number with the NH Employment Security for Unemployment Compensation office or through a data exchange with Social Security Administration for Social Security Income or State Supplemental Income. NH Vital Records is used to cross-check birth records.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

☑ i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The process to identify unintentional program violations is the same as for identifying intentional program violations. Although the BCDHSC does not have access to the client eligibility files or the specific data on clients' eligibility for other subsidy programs, staff regularly communicates with other state based staff who manages the finding and activities for these programs to ensure that CCDF programs activities are subsidizing and not supplanting other funded activities. At the District Office level, where eligibility for the Child Care Scholarship Program is determined, staff utilizes the electronic database file to compare the prospective or existing client's eligibility and/or status in other subsidy funding programs and their documentation on which that eligibility is based.

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The same process is used to detect unintentional program violations as for intentional ones. The DHHS Accounting Unit generates a weekly internal report, which includes the payments due to providers. This report is run by the system operator. The report is reviewed for accuracy, errors and anomalies. When issues are detected, the error is flagged and handled internally, or when appropriate, the provider enrollment or relations specialist is contacted to clarify the issue. An

adjustment is made as necessary in the next payment cycle. Providers will receive a red flag error/notification for a multitude of reasons on the web-billing system and will be prompted to correct the billing error. They also may contact the provider relations specialist if they have questions. In the case of unintentional errors, providers will either contact or be contacted by the provider relations specialist, who will work with them to both remedy the situation and augment their training on the area of unintentional violation. A Child Care Quality Control Audit Report is run monthly in New HEIGHTS to identify: 1) non-TANF cases where the service level is full time, but employment hours are >0 and <26 (not including commute time); 2) any non-TANF cases where the service level is half time, but employment hours are >0 and <11 (not including commute time; 3) any case with open child care for employment for which there are no hours worked; and 4) any case with employment, but no verification of current employment or self-employment. The BCDHSC runs monthly reports to identify: 1) license-exempt providers who are linked to more than three children to ensure that no more than three children are being cared for by the provider at any given time; 2) individuals who are receiving Aid to the Permanently and Totally Disabled (APTD) to ensure they are adults who are participating in an approved and verified activity; 3) providers who bill for more than 12 hours in a single 24-hour period to ensure care was provided for that length of time and is not an "AM/PM" error; and 4) providers with a balance due from a previous violation and are no longer billing and, therefore, the BCDHS is not able to recoup money. In the latter instances, the BCDHSC contacts providers to arrange for another form of repayment. Reports are run following snow days and holidays to identify providers who billed for those days but reported publicly that they were closed. Calls are made to the providers to have them re-bill correctly.

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

At the time of a random audit or prompted audit (defined as one occurring based on information from a system red flag, internal referral from random audit or other reason, whistleblower, provider self-report or license suspension or termination for cause), the BCDHSC or Child Care Licensing Unit collects and reviews enrollment documents and attendance records and compares them to the billing records presented by the provider. In the event a potential fraudulent claim (by parent or provider) is identified during the ongoing random audit process, BCDHSC

management is notified, along with other DHHS staff as applicable. A full description of all enrollments, licensing, billing and audit procedures, including form and report templates, are available upon request. A District Office supervisor regularly reviews the eligibility determination files to ensure that staff and the applicants are being thorough and accurate in their determinations. The DO staff also reviews the full file and requests new documents at the end of each 12- month eligibility period. The complete file is reviewed when an internal or external whistleblower report or self-report is made. The issue is corrected and/or mitigated and the staff member, provider or client is referred for training and/or technical assistance as applicable.

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The process to conduct supervisory reviews or quality assurance reviews is the same as described previously. The BCDHSC has an ongoing process of supervisory reviews to ensure program integrity and quality assurance with the three key areas of finance, operations and programming. Each staff person is subject to ongoing supervisory reviews and progress checks to determine the status of these activities, the source and authenticity of the data being presented, and the overall alignment of the activities with both the CCDF guidelines and state requirements, along with the quality and quantity of expenditures and program-related activities. In most cases, this review is substantiated with corroborating documents (e.g., reports, meeting minutes, materials, etc.) from other sources within or external to DHHS. All DHHS staff receives an annual performance review. Based on this review, any performance discrepancies or weaknesses are slated for corrective action such as retraining, re-assignment, probationary period, or termination. In addition, if during the year the employee is involved in a fraudulent or intentionally incorrect practice, that employee is subject to an immediate staff review with subsequent actions that can include any and all of the following: restitution; suspension; sanction; termination; and civil or criminal prosecution. The employee may utilize the appeal process associated with each determination. The provider relations specialist, under the guidance of their BCDHSC supervisor, randomly selects and audits approximately 20 provider files monthly with a detailed checklist to ensure the provider's documentation is accurate, up-to date and complies with the state and federal requirements for CCDF providers. The record of

this audit, following any corrective actions, is placed in the provider's file. In addition, a spreadsheet is maintained indicating the results of the audits, which the Assistant Bureau Chief reviews monthly to validate the activity and results. District Office supervisors conduct daily case reviews among staff conducting eligibility determination and redetermination assessments for child care funds (among other subsidy services), especially for new staff, to identify and address errors. When an error is consistently repeated by several staff, and identified as a misunderstood policy or procedure, a variety of modes of communication are used to inform staff of the correct policy and correct practice. These may include an email notification via a Director's Memo, targeted training to a District Office, and incorporation into staff meetings. Cases are reviewed for up to nine months for all new trainees, starting from the new staff's date of hire.

☑ v. Audit provider records.

Describe the activities and the results of these activities:

As previously described, provider records are subject to random audits on a monthly basis. The providers are chosen for audit based on a third party generated list of bling numbers that correlate to provider files. In addition, a full audit is undertaken by the enrollment specialist of the entire provider portfolio, including their enrollment file, attendance, and billing records, for a period of no less than I year or since the date they enrolled as a provider if less than one year. Once the audit is complete, results are shared with the Bureau Chief and a meeting is held with Fraud Unit to discuss next steps. The Division Director, Associate Commissioner and Commissioner of DHHS are kept apprised as appropriate. A full description of all audit procedures, including report templates, is available upon request.

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

All Bureau and District Office staff are trained on the policies and processes with regard to fraud or intentional misuse of the CCDF funds. District Office and BCDHSC staff members have both training and audit functions built into their everyday practice and responsibility to immediately report to their supervisors any discrepancies, concerns, whistleblower reports or other potential misuse of funds or

fraudulent claims/expenditures. Reports may be made verbally, and in writing upon request when there is substantiating evidence. In the event the staff person is unclear as to the potential violation or fraudulent act, it is the supervisor and/or CCDF administrators' responsibility to consult the DHHS legal/fraud unit and/or the ACF Region 1 Office of Child Care for clarification. In the event the violation was caused by the agency, intentionally or unintentionally, training at all levels may be assigned along with recommended technical assistance, system or policy changes as needed. A full description of all audit and training procedures, including report templates, is available upon request.

☑ vii. Other

Describe the activities and the results of these activities:

DHHS uses the National Directory of New Hire Information to automatically cross check employment information. Client income can be cross-checked through the work number with the NH Employment Security for Unemployment Compensation office or through a data exchange with Social Security Administration for Social Security Income or State Supplemental Income. NH Vital Records is used to cross-check birth records.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

☑ i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The process to identify and prevent agency errors is the same as for

identifying/preventing program violations. Although the BCDHSC does not have access to the client eligibility files or the specific data on clients' eligibility for other subsidy programs, staff regularly communicates with other state-based staff who manages the finding and activities for these programs to ensure that CCDF programs activities are subsidizing and not supplanting other funded activities. At the District Office level, where eligibility for the Child Care Scholarship Program is determined, staff utilizes the electronic database file to compare the prospective or existing client's eligibility and/or status in other subsidy funding programs and their documentation on which that eligibility is based. If an error has been found and is the result of an agency action, the Supervisor will notify the CCDF Co-administrator and actions as deemed appropriate that resulted in the incorrect use of share/match data will be addressed through cessation, training, technical assistance and/or policy as needed

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The red flags that are utilized for billing, payment and eligibility systems all prompt the agency and indicate the source of the problem. If the error is agency based, the supervisor is required to take one or all of the following actions, based on severity of the infraction: remediate the issue; re-train staff; contact IT; notify their supervisor and other impacted stakeholders; notify the CCDF co-administrators; and log the error and corrective action as appropriate. Each bureau, along with the CCDF administrator and staff, reviews any non-compliance issues to identify risk potential by action or a repeat of action, potential solutions, and reporting/action responsibilities

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

: At the time of a random audit or prompted audit (defined as one occurring based on information from a system red flag, internal referral from random audit or other reason, whistleblower, provider self-report or license suspension or termination for cause), the BCDHSC or Child Care Licensing Unit collects and reviews enrollment documents and attendance records and compares them to the billing statements presented by the provider. In the event a potential fraudulent claim (by parent or

provider) is identified during the ongoing random audit process, BCDHSC management is notified, along with other DHHS staff as applicable. A full description of all enrollments, licensing, billing and audit procedures, including form and report templates, are available upon request. A District Office supervisor regularly reviews the eligibility determination files to ensure that staff and the applicants are being thorough and accurate in their determinations. The DO staff also reviews the full file and requests new documents at the end of each 12- month eligibility period. The complete file is reviewed when an internal or external whistleblower report or self-report is made. The issue is corrected and/or mitigated and the staff member, provider or client is referred for training and/or technical assistance as applicable.

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

As previously described in this section, the BCDHSC has an ongoing process of supervisory reviews to ensure program integrity and quality assurance with the three key areas of finance, operations and programming. Each staff person is subject to ongoing supervisory reviews and progress checks to determine the status of said activities, the source and authenticity of the data being presented and the overall alignment of the activities with both the CCDF guidelines and the State requirements along with the quality and quantity of expenditure and program related activities. In most cases, this review is substantiated with corroborating reports from other staffers or departments with or outside DHHS, meeting minutes, materials, reports, etc. Within the DHHS and particularly in the BCDHSC, all staff receive an annual performance review. Based on this review any performance discrepancies or weaknesses are slated for corrective action such as re-training, re-assignment, probationary period, or termination. In addition, if during the year the employee is involved in unintentionally incorrect practice, that employee is usually re-trained and given technical assistance, through a time sensitive correction action plan, to ensure the incorrect practice is not repeated. However based on the severity additional actions might include restitution, suspension, sanction, or termination. Legal action is highly unlikely as the error is usually a low liability mistake and easily mitigated. The employee may utilize the appeal process associated with each determination. The Provider Relations Specialist, under the guidance of their BCDHSC supervisor, randomly selects and audits approximately

20 Provider files monthly with a detailed checklist to ensure the provider's documentation is accurate, up-to date and complies with the state and federal requirements to be a CCDF provider. The record of this audit, following any corrective actions, is placed in the provider's file. In addition a spreadsheet is maintained indicating the results of said audits, this spreadsheet is reviewed monthly by the Assistant Bureau Chief to validate the activity and results. A full copy of procedures is available upon request. At the District Office level, Supervisors conduct daily case reviews among staffers doing eligibility determination and re-eligibility assessments for child care funds (among other subsidy services), especially for new staff, to identify and address errors. When an error is consistently repeated by several staff, and identified as misunderstood policy or procedure, a variety of modes of communication are used to inform staff of the correct policy and correct practice. These may include an email notification via a Director's Memo, targeted training to a District Office, and incorporation into staff meetings. Cases are reviewed for up to nine months for all new trainees, starting from the new staff's date of hire. In the event that compliance or program integrity is being compromised due to agency policy, procedures, culture or mission, the Division Director in tandem with the Associate Commissioner will convene, with the assistance of the CCDF Co-administrator a committee to examine the issue and generate solutions to address the issue(s).

☑ v. Audit provider records.

Describe the activities and the results of these activities:

As previously described the provider records are subject to random audits on monthly basis. The providers chosen for audit based on a third party generated list of billing numbers that correlate to provider files. A full description of this audit process is available upon request.

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

All Bureau and DO are trained on the policies and processes with regard to unintentional and intentional misuse of the CCDF funds. As previously described the DO and BCDHSC have both training and audit functions built into their everyday practice and responsible for immediately reporting to their supervisor any

discrepancies, concerns, whistleblower reports or other potential misuse of funds or fraudulent claims/expenditures, regardless of intent. Reports are made verbally, and in writing upon request with substantiating evidence. In the event the staff person is unclear as to the potential violation or fraudulent act or the intention of the violation, it is the supervisor and/or CCDF co-administrators' responsibility to consult the DHHS legal/fraud unit and/or ACF for clarification. In the event the violation was caused by the agency, intentionally or unintentionally, training at all levels may be assigned along with recommended technical assistance, system or policy changes as needed. A full description of all audit and training procedures, including report templates, is available upon request.

☑ vii. Other

Describe the activities and the results of these activities:

DHHS uses the National Directory of New Hire Information to automatically crosscheck employment information. Client income can be cross-checked through the Work Number through NH Employment Security for unemployment compensation or through a data exchange with Social Security Administration for Social Security Income or State Supplemental Income. NH Vital Records is used to cross-check birth records. In the event that the client or other stakeholder reports an error in the New Hire Information or another state-utilized system for employment verification, a supervisor is notified and appropriate actions are undertaken.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

DHHS Special Investigations Unit

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

☑ i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

DHHS has a Special Investigations Unit (SIU) to which DHHS staff (BCDHSC or Bureau of Client Services) refers clients or providers when suspected of intentional program violations. SIU works with the referring staff to investigate and determine whether or not an intentional violation has occurred and develop an appropriate action to be taken, including the recovery of misspent funds. Referrals involve other law enforcement and prosecution authorities as appropriate. There is a claim threshold of $300.00. Claims that meet or exceed $300.00 will be pursued for collection. For amounts below the $300, a basic collection/notification letter is sent.

☑ ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

When provider fraud has been identified and substantiated by a BCDHSC internal audit and subsequently, further investigated, and vetted by the SIU, the case is referred to the local District Attorney in the community listed as the business operations address. The exception is if a license-exempt provider is providing services in a home other than his or her own, in which case the District Attorney in the provider's town of residence is contacted. Through the District Attorney, local law enforcement may also be advised of the case as appropriate. The State Police will receive notification along with the County Court systems as the case evolves. During the investigative and/or legal proceedings through criminal and/or civil conviction, related agencies are also notified, particularly if wider spread fraud is suspected, for the purposes of information, records, witness statements, and collection activities. In the case of client (family) based fraud, the District Office will conduct the initial investigation, in tandem with the fraud unit and follow the same referral and legal action plan.

☑ iii. Recover through repayment plans.

Describe the activities and the results of these activities:

Repayment plans for providers can be initiated by the SIU as part of the fraud recovery unit's operational mission or by the BCDHSC with approval from upper management and/or the legal department. Repayment plans are done frequently in the case where criminal charges would not necessarily be warranted or convictable and/or when a pre-emptive plea agreement can be reached before referral to the local District Attorney. In the event the case has been referred to the DA a repayment plan, as part of a plea agreement, can be made pre-court finding. The SIU details, makes recommendations or can even directly negotiate for the amount/timing and conditions for a fraud repayment plan, all subject to whether the case was referred, prosecuted, or plea bargained and at the requests of the court or the other stakeholders. These repayment plans are communicated to the BCDHSC and other stakeholders as appropriate to ensure traceability, accountability and CCDF compliance. Repayment plans can include reduction of future CCDF payments; weekly, monthly or quarterly installment payments; or percentage payments (from 100% to 10%) on an agreed upon schedule. In the case of client fraud, a similar procedure is followed, except the District Office does not become involved in the repayment process (including negotiation, plan development or monitoring). Rather, the case is referred to the fraud unit or an in-house DHHS Specialist tasked with follow-up.

☑ iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

In the event the provider continues (and is permitted to continue) to operate as a CCDF provider, after the fraud has been identified and the issue both mitigated (legal or otherwise) and a settlement amount identified, then the provider will have an agreed-upon amount deducted from any subsequent CCDF provider payments until such time that the debt is fully recovered. For client families, the recovery through any future subsidies is based on the family's financial and social circumstances and decided on an individual basis.

☐ v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

☐ vi. Recover through other means.

Describe the activities and the results of these activities:

☑ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

DHHS has a Special Investigations Unit (SIU) to which DHHS staff (BCDHSC or Bureau of Client Services) refers clients or providers when suspected of intentional program violations. Please see 8.1.5a. BCDHSC enrollment specialist reviews billing and payment practices of DHHS- enrolled child care providers by requesting attendance records and reviewing the NH Bridges claims payment system. If an improper payment is identified, the provider is notified and the claim is adjusted. The child care provider is instructed to rebill or is required to complete a re-payment plan within 30 days of notification of the improper payment to repay the overpayment.

☑ viii. Other

Describe the activities and the results of these activities:

Providers are disqualified from enrollment in the NH Child Care Scholarship Program if convicted of fraud by the court pursuant to RSA 167:17 or if the provider does not meet this criteria but has been found to have committed fraud by a DHHS investigation pursuant to RSA 161:2, XV. The provider may also be disqualified from participating as a child care provider under the NH Child Care Scholarship Program for a period of not less than 5 years, or to receive state funds under any DHHS-administered program during this time period. Providers who have been disqualified due to fraud may not participate in an informal Dispute Resolution process with the Child Care Licensing Unit.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☐ i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

☑ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Recovery for unintentional program violations is the same as for intentional program violations. DHHS has a Special Investigations Unit (SIU) to which DHHS staff (BCDHSC or Bureau of Client Services) refers clients or providers when suspected of unintentional program violations. SIU works with the referring staff to investigate and determine whether or not an unintentional violation has occurred and develop an appropriate action to be taken, including the recovery of misspent funds. Referrals involve other law enforcement and prosecution authorities as appropriate. There is a claim threshold of $300.00. Claims that meet or exceed $300.00 will be pursued for collection.

☑ iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

No other agencies are involved unless the provider or client fails to meet the burden of repayment for any and all of the following reasons: 1) Perpetrating a fraud by manipulating or consciously misrepresenting or misleading the Lead Agency on their plans, formally informally for making restitution of the unintentional program violation. 2) Perpetrating a fraud by manipulating or consciously misrepresenting or misleading the Lead Agency on their plans, formally informally for making restitution of the unintentional program violation. 3) When retraining, analysis or audit of the case reveals the provider or client has deficits in understanding, operational skills, monitoring, etc. that may be remedied by training, intervention or monitoring.

☑ iv. Recover through repayment plans.

Describe the activities and the results of these activities:

Repayment plans for providers can be initiated by the BCDHSC with the approval from upper management and/or the legal department. Repayment plans are done on a case by case basis with a realistic assessment of the providers' capability to comply, willingness to resolve and not repeat the error, training accessed, etc. In the event the case has been referred to the DA because the provider has failed to meet the

obligation outlines in the repayment plan, the repayment plan becomes subject to all of the previous guidelines detailed in section 8.1.6. Repayment plans can include reduction of future CCDF payments, weekly, monthly or quarterly installment payments, or percentage payments (from 100% to 10%) on an agreed upon schedule. In the case of client fraud a similar procedure is followed, except the District Office does not become involved in the repayment process (including negotiation, plan development or monitoring) and instead refers it to the fraud unit or an in-house DHHS Specialist tasked with follow-up.

☑ v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Describe the activities and the results of these activities: Reduction of payments in subsequent months is the initial method utilized to recover funds due to unintentional program violations. In the event the provider continues to operate as a CCDF provider and a settlement amount identified, then the provider will have an agreed upon amount deducted from any subsequent CCDF provider payments until such time that the debt is fully recovered.

☐ vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

☐ vii. Recover through other means.

Describe the activities and the results of these activities:

☑ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

DHHS has a Special Investigations Unit (SIU) to which DHHS staff (BCDHSC or Bureau of Client Services) refers clients or providers when suspected of unintentional program violations. See 8.1.6. BCDHSC enrollment specialist reviews billing and payment practices of DHHS enrolled child care providers by requesting attendance records and reviewing the NH Bridges claims payment system. If an improper payment is identified, the provider is notified and the claim is adjusted. The child care provider is instructed to rebill or is required to complete a re-payment plan within 30

days of notification of the improper payment to repay the overpayment.

☐ ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

☑ i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

☐ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

☐ iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

☐ iv. Recover through repayment plans.

Describe the activities and the results of these activities:

☐ v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

☐ vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

☐ vii. Recover through other means.

Describe the activities and the results of these activities:

☐ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

☐ ix. Other

Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

☑ a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

Client may be disqualified if they have: 1) committed fraud; 2) provided false or misleading documentation, including failure to keep the Agency informed of changes in status, income, need, etc.; and/or 3) failed to provide required supporting documentation for billing or provided false or misleading supporting documentation. When a client is disqualified, a letter is sent via mail that includes the reason(s) for disqualification, the date the disqualification is effective (30 days from the date of the letter), and his or her right to appeal the disqualification within 10 days of the notification.

☑ b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

A provider may be disqualified if the provider: 1) is found to have committed fraud; 2) is billing while not in compliance with licensing requirements; 3) has provided false or misleading billing documentation, including billing for child care services not rendered and/or billing for child care services provided by another person or provider; 4) has failed to provide required supporting documentation for billing or providing false or misleading supporting documentation; 5) continues to make billing errors after the provider has received a letter of notification of improper billing and did not attend mandatory training or continued to bill incorrectly after attendance at training; or 6) fails to comply with any of

the elements in the provider agreement. When providers are disqualified, a letter is sent via mail that includes the reason(s) for disqualification, the date the disqualification is effective (30 days from the date of the letter), and their right to appeal the disqualification in accordance with He-C 200. If the reason for the disqualification is that the health and safety of a child was endangered as a result of the providers' care, the disqualification is effective immediately upon notification. If providers opt to continue to receive NH Child Care Scholarship payment during an appeal and the disqualification was upheld, providers must repay to DHHS any payment made after the effective date on the letter that notified providers of their disqualification. Once disqualified, child care providers will receive no state funds under the program for a minimum of five years or up to a lifetime. If the hearing officer finds in favor of the provider, then the disqualification will not take effect.

☑ c. Prosecute criminally.

Describe the activities and the results of these activities:

When provider fraud has been identified and substantiated by a BCDHSC internal audit and subsequently, further investigated, and vetted by the SIU, the case is referred to the local District Attorney in the community listed as the business operations address. The exception is if a license-exempt provider is providing services in a home other than his or her own, in which case the District Attorney in the provider's town of residence is contacted. Through the District Attorney, local law enforcement may also be advised of the case as appropriate. The State Police will receive notification along with the County Court systems as the case evolves. During the investigative and/or legal proceedings through criminal and/or civil conviction, related agencies are also notified, particularly if wider spread fraud is suspected, for the purposes of information, records, witness statements, and collection activities.

☑ d. Other.

Describe the activities and the results of these activities:

DHHS recoups overpayments from clients and/or providers as a result of intentional or unintentional program violations or fraud. Overpayment is solely the fault of the provider when the parent is in compliance with He-C 6910, and the provider has been paid for services not rendered or that were not in compliance with He-C 6918 and the provider agreement. The overpayment is considered solely the fault of the parent when the

provider is in compliance with He-C 6918 and the provider agreement, the parent has not complied with He-C 6910, and the provider has no knowledge that the parent was out of compliance with the provisions of He-C 6910. The overpayment is considered the fault of both the parent and provider when both parties are out of compliance with He-C 6918 or both parties were in collusion, meaning they agreed to actions with the understanding that their actions constituted a violation of the provisions of these rules. Notification of overpayments is sent to the party or parties at fault. Overpayment to clients is recouped in accordance with RSA 167:17. Providers must agree to one of the following repayment plans: 1) repay the overpayment in full; 2) Choose to repay at a rate no lower than 10 percent of the full amount owed per month until the overpayment is repaid in full whether the provider is currently enrolled or no longer enrolled; or 3) For a currently enrolled provider, choose to have the total amount withheld from future payments to the provider, beginning with the next scheduled payment after agreement has been reached or after the 30 days has elapsed, whichever occurs first, until the overpayment is repaid in full. If the provider fails to comply with any of the above, then the overpayment is recouped in full beginning with the next scheduled payment to the provider after the 30 days has elapsed, or for as long as is necessary to recoup the overpayment in full.

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered âextraordinary circumstance waiversâ to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.