Child Care and Development Fund (CCDF) Plan
For
New Hampshire
FFY 2019-2021

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. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems, and outline the work they have done on their disaster preparedness and response plans.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency 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)).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)).

Effective Date: 01/23/2020

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 St.

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: lori.shibinette@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.

Effective Date: 10/01/2018

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

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address: 97 Pleasant St.

City: Concord

State: NH

ZIP Code: 03301

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 (ABC) dedicates .5 FTE to CCDF and .5 FTE to Head Start Collaboration, funded by each grant, respectively. Relative to CCDF, the ABC assists the Division of Economic and Housing Stability, Bureau of Child Development and Head Start Collaboration (BCDHSC) Bureau Chief with administering objectives and managing day-to-day operations for the Bureau. She also works with the Bureau Chief and staff on Child Care Scholarship Program and child care quality improvement initiatives in the areas of child care disaster preparedness; health, safety and nutrition in child care programs; early learning standards; quality rating and improvement system; professional development system; outcomes for CCDF activities; data sharing; and quality initiative contracts.

Phone Number: 603-271-7190
Email Address: Dianne.Chase@dhhs.nh.gov

Address for the CCDF Co-Administrator (if different from the Lead Agency):

Street Address: 97 Pleasant St.

City: Concord

State: NH

ZIP Code: 03301

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 it retains overall responsibility for the administration of the program (658D(b)). 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.

Effective Date: 10/01/2018

- [x] All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- [ ] Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

1. Eligibility rules and policies (e.g., income limits) are set by the:
   - [ ] State or territory
   - [ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

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

   - [ ] Other.

   Describe:

2. Sliding-fee scale is set by the:

☐ State or territory

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

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

☐ Other.

Describe:

3. Payment rates are set by the:

☐ State or territory

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

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

☐ Other.

Describe:

4. Other. List and describe other program rules and policies and describe (e.g., qualityrating and improvement systems [QRIS], payment practices):

1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply

Effective Date: 10/01/2018

a) Who conducts eligibility determinations?

☑ CCDF Lead Agency

☐ Temporary Assistance for Needy Families (TANF) agency

☐ Other state or territory agency

☐ Local government agencies, such as county welfare or social services departments

- [ ] Child care resource and referral agencies
- [ ] Community-based organizations
- [ ] Other.

Describe

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

- [ ] CCDF Lead Agency
- [ ] TANF agency
- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [x] Child care resource and referral agencies
- [ ] Community-based organizations
- [ ] Other.

Describe

c) Who issues payments?

- [x] CCDF Lead Agency
- [ ] TANF agency
- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [ ] Child care resource and referral agencies
- [ ] Community-based organizations
- [ ] Other.

Describe

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). 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, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

Effective Date: 10/01/2018

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 intraagency responsibilities, the Administrator identifies a project lead from the BCDHSC who is responsible for facilitating the relationship and identifying the 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 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 group, within Finance, for review to ensure legality, clarity, continuity and enforceability. Contracts are approved by the DHHS Commissioner, 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 contracts 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.

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, 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 on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)).

Effective Date: 10/01/2018

Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

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. A number of these systems are custom-built or customized for NH DHHS such as Bridges,

New Heights, Provider Web-billing, and MyLO (Licensed Provider database), among others. These DHHS-based systems operate internally within specific divisions or bureaus, but can be utilized throughout the department, 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. Along with internal information systems, DHHS utilizes external information systems to accomplish CCDF functions, such as the National Data System for Child Care (NDS) - Child Care Aware of America and various applications and services available through this system, including NACCRRAware. NACCRRAware generates child care referrals and reports, and manages provider, client, community and group data. NH has customized fields and developed queries within the NACCRRAware application, for a fee, and, on multiple occasions, shared

this information with other states via national webinars, round tables, or data exchanges (without identifiers). For example, a color-coded training calendar was developed for NH in the Training and Technical Assistance Management (TTAM) module, which other states can access. Additionally, several of NH's suggestions for customization deemed beneficial to other states were incorporated into the NACCRRAware application. The data generated by NACCRRAware and the state data can be interchanged as needed through interim data storage channels that prevent data breach while maximizing information system exchanges.

Effective Date: 10/01/2018

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)).

Effective Date: 10/01/2018

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 Children, Youth and Families (DCYF) 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. 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.

Effective Date: 10/01/2018

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 to642B(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 atimely 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 in the development of the CCDF plan.

Effective Date: 10/01/2018

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

Following the completion of the FY 2019-2021 CCDF Pre-Plan Draft, the BCDHSC Administrator contacted via email a wide sampling of New Hampshire's general purpose local governments, directing them to the actual Plan draft, the Public Hearing and the subsequent webinar recording and public comment summaries posted on the BCDHSC website. The correspondence included a request for feedback on the draft CCDF plan, highlighted sections that may be of particular interest to them, such as 1.8, Disaster Preparedness Response Plan and the scope/impact CCDF funding has 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. Only one response was received, which was via telephone to the bureau chief from a NH state representative, who wanted to better understand how both aspects of CCDF (subsidy and quality) work. He noted how difficult it is for families with young children to pay for child care, even for those with both parents working, when they are over income for child care subsidy.

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

The Lead Agency has an ongoing relationship and dialogue with Spark NH, the Early Childhood Advisory Council, which serves as the Governor-appointed State Advisory Council. The BCDHSC consulted with the Council as follows:

- The BCDHSC bureau chief serves as chair of both the Council and the Executive Committee, and other staff members serve on the Policy Committee, and the Workforce and Professional Development Committee, respectively. As such, the Bureau was engaged in the development, dissemination and promotion of a policy blueprint entitled, "Children: The Bedrock of the Granite State: A Framework for Action for New Hampshire's Young Children," which informed the development of the plan. Staff was also engaged in developing the Spark NH Strategic Plan, which guides the work of the Council.
- On August 24, 2017, the former CCDF administrator presented to the Council on CCDF Plan requirements, highlighting changes from the 2014 Reauthorization and areas that may be of particular interest to the Council. Feedback from Council members was noted and incorporated into the CCDF Plan as appropriate and feasible.
- Council and committee members were engaged in CCDF Plan-related discussions at various times over the past nine months, including QRIS design, start up and funding, which informed the development of the plan. As chair of the Spark NH Council and Executive Committee, the bureau chief regularly meets with the Governor's office staff to discuss support for key early childhood work, including QRIS.

- CCDF quality funds were allocated to Spark NH over the past three years to: a) promote access to, and build commitment for, quality early childhood programs and services; b) foster public awareness of the importance of early childhood; c) coordinate the development and use of a system for the meaningful integration of information about young children and their families into relevant programs and services throughout the state; d) coordinate the implementation of an integrated and comprehensive strategic plan for early childhood in NH; and e) strengthen NH's early childhood infrastructure.

c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribalorganizations(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. NH has no recognized Indian tribes or tribal organizations.

d) Describe any other entities, agencies, or organizations consulted on the developmentof the CCDF plan.

Bureau staff actively consulted with multiple internal and external entities, agencies and organizations through meeting presentations, email, phone calls and face-to-facediscussions. Included were:

Internal (DHHS): DHHS Associate Commissioner, Division of Economic and Housing Stability Director and various bureau chiefs, Child Care Licensing Unit, Finance, Legal, Contracts, Information Technology (Bridges and New Heights systems), multiple DCYF bureaus, and Special Medical Services.

State Agencies: NH Department of Education and NH State Police.

External Partners and Stakeholders: Committees, in the form of stakeholder, advisory, planning, advocacy groups, and associations, were also consulted, primarily at their regularly scheduled meetings as an agenda item. Included were: the Child Care Advisory Council; the Impact Project State Leadership Team; QRIS Task Force and Leadership Team; School Age Credential Task Force; Statewide Emergency Operations Task Force; Higher Education Roundtable; Inclusion Policy Task Force; Children and Families Experiencing Homelessness Task Force; NH Afterschool Network; Head Start Directors Association; NH Association for Infant Mental Health; State Early Learning Alliance (SELA); and Pyramid Model State Leadership Team.

Contractors: Conversations were held with representatives of organizations under contract with DHHS to implement CCDF responsibilities, including Child Care Aware of NH, Preschool Technical Assistance Network, Granite State College, Early Learning NH, and Across NH.

National Consultants: The bureau chief consulted with Harriet Dichter, Senior Manager at ICF, regarding CCDF support for QRIS.

Philanthropic Community: Bureau staff held meetings with members of NH's philanthropic community on a public/private partnership to bring TEACH to NH, as well as to co-fund a study of NH's early childhood workforce.

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:

Effective Date: 10/01/2018

a) Date of the public hearing. 06/11/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, 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).05/22/2018

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 websitelinks if used to provide notice.

The Notice of Public Hearing was posted on the home page in the "News and Events" section on the NH DHHS website, which is ADA compliant. Further notices of the public hearing were distributed via the website and/or email lists of the Child Care Licensing Unit (CCLU); Spark NH; Child Care Aware of NH; Early Learning NH; Family Support NH; NH Association for the Education of Young Children; NH Afterschool Network; Head Start Directors Association; A Comprehensive Resource for Out-of-School time (ACROSS) NH, and the NH Child Care Advisory Council.
The following are links to websites on which the Public Hearing was announced: https://www.facebook.com/SparkNH/posts
http://nh.childcareaware.org https://earlylearningnh.org/
http://www.fsnh.org/ http://nhaeyc.org
http://nhafterschool.org
www.acrossnh.org
https://www.dhhs.nh.gov/dcyf/cdb/documents/ccdf-hearing-notice.pdf

d) Hearing site or method, including how geographic regions of the state or territory wereaddressed. An in-person Public Hearing was held at the DHHS Brown Building, 129 Pleasant St., Concord, NH. An information session was from 5-6 PM, followed by the formal Public Hearing from 6-7 PM, to enable daytime workers to attend, live or via the simultaneous webinar broadcast throughout NH. The BCDHSC also notified the public that an audio recording of the full hearing was availale at: https://www.dhhs.nh.gov/dcyf/cdb/publications.htm. Additionally, public comment could be made on a dedicated email address and phone line. Thus, comments were received multiple ways in addition to the Hearing. The public comment period was exented two weeks, given the postponement of the Plan submission date.

e) How the content of the Plan was made available to the public in advance of the publichearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) A PDF copy of the FY 2019-2021 CCDF Draft Pre-print Plan was made available to the public on the DHHS website on the Bureau home page and publications page. The Draft Plan could be read online or downloaded for printing and/or distribution.

f) How was the information provided by the public taken into consideration regarding theprovision of child care services under this Plan? Input on the Draft Plan from all sources was summarized in a chart of questions and comments, which was reviewed by Bureau staff and incorporated into the Final Plan as feasible and appropriate. Several key themes emerged, including the need to: focus more on family child care and afterschool programs; address the shortages of care for infants and toddlers; raise child care reimbursement rates; and focus on workforce development and support, all of which were considered in developing the plan.

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)

Effective Date: 10/01/2018

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

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

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan andPlan 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:

BCDHSC staff meets monthly with Spark NH, Early Childhood Advisory Council, and bi-monthly with the Child Care Advisory Council, during which time committee members are informed about the Plan and Plan amendments. In turn, the committee members inform their constituents and stakeholders of pertinent information. Some of the partner organizations post links to the Plan and various timely updates on their websites, including Spark NH, NH Afterschool Network (NHAN), Child Care Aware of NH and other groups as listed in question 1.3.2.(c).The following are links to each of the partneradvisory committees that partner with the Bureau to share information about the Plan with the public:

http://sparknh.com/news

http://nhafterschool.org http://nh.childcareaware.org

☑ Working with child care resource and referral agencies.

Describe:

Child Care Aware of NH has made the Plan available through a link onits website and distributed the link through a weekly electronic newsletter and on its Facebook page. Staff members will also regularly update the target audience of parents, providers and other stakeholders throughout the state 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:
https://www.thelanguagebank.org/contact-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 Twitter and Facebook: Child Care Aware of NH, Spark NH, NHAN, and NHAEYC. Over the next few years, it is anticipated that social media communications will increase through the efforts of both the Bureau andother organizations, such as contractors.

☑ Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

Stakeholders will continue to be notified regarding changes/updates to the plan via the DHHS and partners' websites (Spark NH, Early Learning NH, Child Care Aware of NH, ACROSS NH, NH Afterschool Network (NHAN), Family Support NH) and through in-person or web-based (e.g., Zoom, Go to Meeting) meetings, newsletters (e.g., Spark NH, Child Care Aware of NH), and Listening Sessions scheduled throughout the state (e.g., QRIS). Bureau staff routinely provides updates on the CCDF Plan during meetings, including Spark NH, ECAC, Child Care Advisory Council, Head Start Directors Association, Head Start Parents Association, Higher Education Round Table NHAN, and various other groups associated with statewide initiatives, such as the Pyramid Model State Leadership Team and the Impact Project.

☐ Other.

Describe:

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.

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☑ (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns.

Describe the coordination goals and process:

One of the primary goals 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 funds continue to have access to child care following a natural disaster or other emergency. DHHS will work with the NH Municipal Association 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. A link to a statewide map of licensed child care programs (available at: http://nh.childcareaware.org/data-report/datareports/) is shared with municipalities as part of the coordination.

In addition, DHHS will work with local governments over the next three years to identify and implement to the extent possible strategies to: a) link local government comprehensive services within the community (e.g., financial assistance/"municipal welfare") to children in child care or school-age setting; and b) increase the supply of child care for vulnerable populations. 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.

☑ (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(I)(A)(i) of the Head Start Act).

Describe the coordination goals and process:

Coordination with the State Advisory Council, known as Spark NH - Early Childhood Advisory Council, included the development and promotion of the policy blueprint: "Children: The Bedrock of the Granite State: A Framework for Action for New Hampshire's Young Children." This blueprint formed the foundation for continued collaboration, building on the four goal-oriented policy areas:

- Healthy children and families. Promoting healthy social-emotional development

and addressing toxic stress via Watch Me Grow, NH's developmental screening system, and the Pyramid Model initiative, to which Spark NH has dedicated resources;

- Positive early learning experiences. Jointly promoting access to developmental screening through Watch Me Grow;
- Strong families. Jointly promoting access to home visiting and family support, and collaborating on increasing compensation (wages and benefits) for providers via work on the Impact Project, which the BCDHSC co-leads with Early Learning NH and Spark NH; and
- A coordinated early childhood system. The BCDHSC contracts with Spark NH to support activities relative to the development of a coordinated early childhood system, including the capacity to integrate early childhood data, and other activities. Additionally, BCDHSC staff participates on a Spark NH-lead task force to explore options for early childhood governance 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.

☐ (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes.

Describe the coordination goals and process, including which tribe(s) was consulted:

N/A

☑ N/A-There are no Indian tribes and/or tribal organizations in the State.

☑ (REQUIRED) 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 and Part B, Section 619 for preschool).

Describe the coordination goals and process:

The BCDHSC 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 our joint efforts on Spark NH (as described previously); Watch Me Grow developmental screening system; the Pyramid Model statewide initiative on social-emotional development and positive behavioral supports; and related efforts, including the NH Department of Education's "iSocial" and SPDG (State Personnel Development Grant) projects; the Early Childhood Governance Task Force, and the Governor's Collective Vision for Early Childhood Education in NH (a Governor convened, multi-meeting series designed to share information on existing programs and services, identify gaps and explore opportunities for state investment in early childhood).

☑ (REQUIRED) State/territory office/director for Head Start state collaboration.

Describe the coordination goals and process:

The former Head Start Collaboration Office (HSCO)(Head Start Bureau) and Child Development Bureau have enjoyed a close, collaborative relationship for more than a decade, which included: a) the targeting of common goals/objectives and initiatives within our respective federal plans; and b) the development and implementation of a still-active DCYF/Head Start Directors Association Memorandum of Agreement for child care wrap-around services that enables child care programs to receive full-day payment for children in Head Start who also participate in child care. This agreement helps ensure that children in part-day Head Start programs can access extended day services via child care when needed.

Following the merger of the Head Start Bureau and the Child Development Bureau into the BCDHSC in November 2017, the former HSCO administrator serves as the Bureau Chief, dividing her time between Head Start and CCDF requirements, as does the Assistant Bureau Chief, who began her position in May 2018. Over the next several months, an integration plan will be developed, which maximizes resources and specifies roles and responsibilities for all bureau staff relative to both programs. The goal of the collaboration is to address all key issues that affect both child care and Head Start programs by working with the Head Start Directors Association (HSDA), Head Start Parents Association, and Head Start Training and Technical Assistance Network (HS TTA). Staff meets monthly with the HSDA and HS TTA throughout the year with the Head Start Parents Association during the program year.

☑ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

The BCDHSC continues to work with DHHS Public Health to ensure that child care programs receive the most up-to-date health and safety information in caring for children of various ages. Most recently Public Health collaborated on licensed and license-exempt rules relative to health and safety. Public health staff reviewed and provided input on these rules (including immunizations and Safe Sleep), which was incorporated into the final rules.

The former HSCO and Child Development Bureauhave worked in close collaboration with Public Health since 2010, beginning with a joint effort to bring the I Am Moving, I

Am Learning (IMIL) movement from Head Start to child care programs across the state. Also in 2010, Public Health launched the Nutrition and Physical Activity SelfAssessment for Child Care (NAP SACC) initiative within Head Start and licensed child care programs alike. Fifteen Head Start and 106 child care programs that care for more than 8,000 children have completed NAP SACC since 2010, collectively making more than 695 improvements to their nutrition and physical activity policies and practice. The BCDHSC will continue to collaborate with Public Health on supporting programs to participate in NAP SACC and other nutrition/physical activity efforts. NAP SACC is included in the health component of the state's newly-revised QRIS.

Public Health staff participates with the BCDHSC on the State Child Care Emergency Plan.

Special Medical Services staff collaborates with the BCDHSC on Watch Me Grow management and support.

☑ (REQUIRED) State/territory agency responsible for employment services/workforce development.

Describe the coordination goals and process:

The BCDHSC and Bureau of Family Assistance (BFA), which includes TANF and NHEP (New Hampshire Employment Program) in the Bureau of Employment Supports (BEH), have worked in close collaboration for many years to:

Ensure that the DHHS NewHEIGHTS system, which addresses NH Child Care Scholarship Program eligibility, generates accurate reports and is updated to reflect CCDF rules changes, such as 12- month eligibility;

Incorporate information on CCDF rules changes in training for Family Service Specialists;

Engage in discussions on improving policy and quality to better serve families and children; and

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.

Most recently, the BCDHSC, BES and BFA collaborated on responses to multiple legislative inquiries regarding proposed legislation that would impact both bureaus, including SB 570, to waive CCDF work requirements for parents receiving substance use or mental health treatment who are in need of child care. Lastly, under DHHS' most recent reorganization, the BCDHSC, BES and BFA became part of a newlyestablished Division of Economic and Housing Stability, which will enhance our capacity to work together on common issues impacting families receiving CCDF.

☑ (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK).

Describe the coordination goals and process:

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:

The development and dissemination of Kindergarten Readiness Indicators (2012) https://www.dhhs.nh.gov/dcyf/headstart/documents/nh-kindergarten-readiness.pdf

The establishment of an Early Childhood Leadership Team in 2015 and an Early Childhood Strand in 2016 for the DOE Annual Educators' Summer Summit, which the Bureau Chief co-lead. In 2017 over 500 public school and community leaders from throughout the state attended the Summit;

The development and dissemination of the NH Early Learning Standards; and

Most recently, participation with the DOE on an Early Childhood Governance Task Force to explore options to further early childhood systems development in NH, and in the Governor's Collective Vision for Early Childhood Education in NH initiative.

Over the next three years, DHHS and DOE will work to enhance collaboration between the two agencies by engaging in a process to explore opportunities for

crossagency integration of early childhood related programs and services. The first step in this process will be to conduct a survey of DHHS and DOE staff to identify: a) all programs and services within each respective agency that affect young children and their families, as well as gaps in programs and services; and b) areas in which strong, cross-agency working relationships already exist and opportunities to strengthen relationships. NH plans to submit a Preschool Development Grant application, which will include cross-agency integration as one goal.

☑ (REQUIRED) State/territory agency responsible for child care licensing.

Describe the coordination goals and process:

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 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.

☑ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs.

Describe the coordination goals and process:

Through Child Care Aware of NH, the BCDHSC ensures that child care 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.

☑ (REQUIRED) 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 and process:

The BCDHSC leads the state Homelessness Task Force, which includes the NH Department of Education Director of Education for Homeless Children & Youth and

representatives from Child Care Aware of NH, ACROSS NH, the Head Start Training and Technical Assistance Office, the DHHS Bureau of Housing Supports and others. The Task Force's mission is to promote expedited access to child care for children without homes, as well as to train providers regarding the identification of, and support for, children in their care who are without homes. The Task Force also provides consumer education to families via the Child Care Aware of NH website. The Director of Education for Homeless Children & Youth is the liaison for the McKinney-Vento regional coordinators, who in turn, are liaisons to the local coordinators.

BCDHSC staff presented a session at the May 11, 2018 Annual Statewide Homeless Education Liaison Meeting on expedited child care and consumer education.

The BCDHS will share with early childhood providers a guide developed by SchoolHouse Connection (a national organization working to overcome homelessness through education) entitled, "Pathways to Partnership: Early Childhood Education," which was designed to help LEA liaisons and homeless service providers develop a basic understanding of, and build partnerships with, five key early childhood programs (including CCDF and Head Start). Available at: https://www.schoolhouseconnection.org/pathways-to-partnership-early-childhoodeducation/.

☑ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

NH's TANF program is operated by the DHHS BFA. CCDF/TANF coordination was described previously in this section (1.4.1). One goal of the coordination/collaboration is to partner in serving vulnerable populations in need of child care by blending TANF and CCDF funds via TANF Transfer. NH uses CCDF funds and TANF Transfer funds to pay for Preventive and Protective child care. Beginning in July 2018, the BCDHSC and Bureau of Family Assistance (which administers TANF) became part of the new Division of Economic and Housing Stability. Staff from each bureau will participate on an Early Childhood Integration Team, which will identify further areas and opportunities for collaboration.

☑ (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals and process:

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 understandbot 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 https://nh.childcareaware.org/wellness-and-safety-resources. Further, when submitting an application for NH Child Care Scholarship Funds through, the local District Office or online, 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, informational trainings on supporting families in accessing resources (especially given the current Opioid crisis) will be presented to providers via webinars, collateral materials and one-on-one outreach. This will also be expand by the recently received ACF "Community Collaborations to Strengthen and Preserve Families Grant" that will provide a planning and pilot model for further coordination of these and many other services.

☑ (REQUIRED) State/territory agency responsible for mental health Describe the coordination goals and process:

In 2016 NH's DHHS Commissioner established a new 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, the NH DOE's Safe Schools/Healthy Students State Management Team, and the Children's Behavioral Health Collaborative Comprehensive Plan. Beginning this year, the two bureaus will collaborate on early identification and referral of young children with social emotional challenges through the Watch Me Grow system.

☑ (REQUIRED) 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 and process:

As noted previously in this section, 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.

BCDHSC staff has met with NH 2-1-1 to discuss opportunities to collaborate on disseminating information on CCDF to families and providers. This option will be further explored in 2018-2019 in conjunction with broader DHHS 2-1-1 expansion efforts.

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/. As specified in its contract for 2019, ProSolutions will add courses to enhance training options for child care programs.

The 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.

☑ (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable).

Describe the coordination goals and process:

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 advisory 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, and trainings in all core knowledge areas for program leaders and directors http://www.acrossnh.org/.

☑ (REQUIRED) Agency responsible for emergency management and response. Describe the coordination goals and process:

Coordination and mutual goals are the cornerstone of emergency management and response. For the Bureau, the main goals areensuring, 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-leads 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.We have 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 planing for children and child care during a localized or statewide disaster. The Bureau's COOP and SWP 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.

The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

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

Describe

Both the former Child Development Bureau administrator and Head Start Collaboration Office administrator attended a regional meeting on Early Head - Child Care Partnership (EHS-CCP) grants. NH received one EHS-CCP grant and one EHSCCP - expansion grant. During the meeting, grantees identified state-level issues, such as the need for qualified infant/toddler teachers who met the Head Start standards. Subsequently both administrators assisted a grantee in supporting eight teachers to receive their Early Head Start Endorsement to the Infant/Toddler teacher credential.

☑ 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 challenges. BCDHSC also serves as a liaison between the IHE Roundtable and the EarlyEdU Alliance. Over the past year, 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/.

☑ 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 Disability on multiple initiatives, including Watch Me Grow, professional development opportunities, 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. Institute on Disability staff serves with Bureau staff on statewide advisory and steering committees.

☑ 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) Project LAUNCH (Linking Actions for Unmet Needs in Children's Health; 2) The early childhood Pyramid Model initiative;

and 3) Watch Me Grow, NH's developmental screening and referral system. 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 funded materials, training, and the development of the website and data system for Watch Me Grow, which thebureau chief co-manages with MCH and other DHHS partners. MCH and BCDHSC staff participates on the Pyramid Model State Leadership Team, Watch Me Grow State Management Team, and Watch Me Grow statewide Steering Committee.

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

Describe

Child Care Aware of NH 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 http://nhchildcareaware.or/helping-my-child-grow, with the goal of ensuring that families and providers have access to this information.

☑ State/territory agency responsible for child welfare.

Describe

For many years and prior to a recent reorganization, CCDF has been 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. Thebureau chief served on the DCYF Management Team and staff worked collaboratively with other DCYF bureau staff on activities such as Preventive and Protective child care, Watch Me Grow developmental screening and referral system, child care provider payments through the NH Bridges payment system, supporting foster and adoptive families inaccessing the NH Child Care Scholarship, cross-sector professional development, quality initiatives with the Bureau of Organizational Learning and Quality Improvement, and others. 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.

☑ State/territory liaison for military child care programs.

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 the family serves in.

Programs are also referred to Child Care Aware of America to become enrolled to accept this assistance.

☑ Provider groups or associations.

Describe

DHHS provides financial support for the NH Association for Infant Mental Health's annual conference and assists the Association in disseminating information about the conference and other Association professional development opportunities to Head Start, child care, preschool and other providers. Bureau staff also attends monthly meetings of the Head Start Directors Association and Head Start Parents Association (October - May) to maximize child care - Head Start collaboration.

☑ Parent groups or organizations.

Describe

BCDHSC staff attends monthly meetings of the NH Head Start Parent Association (October - May), sharing information on Bureau activities and assisting the group with planning and convening their annual Parent Advocacy Day conference. Additionally, staff seeks input from the Association on Bureau activities and publications as appropriate, and recruits representatives to participate in state level initiatives and organizations, such as Spark NH, Early Childhood Advisory Council, and the Governor's Collective Vision for Early Childhood Education in NH (Collective Vision). The Association holds a seat on Spark NH. It also selected a representative to participate in, and co-present with the Administrator at, the Collective Vision initiative. The parent representative participated in a session on family support with NH's First Lady. Additionally, the BCDHSC has entered into discussions with DCYF's parent program specialist regarding the possibility of engaging DCYF parent partners to help ensure 12-month NH Child Care Scholarship eligibility for families whose DCYF Preventive or In-home protective cases are closing and who indicate that they want to continue to receive NHChild Care Scholarship support.

☐ Other.

Describe

1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

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))?

Effective Date: 10/01/2018

- [ ] No (If no, skip to question 1.5.2)
- [x] Yes. If yes, describe at a minimum:

a) How you define "combine"

NH blends TANF and CCDF funds to support child care 12-month eligibility for children in foster care, children with open DCYF cases receiving in-home services, and children whose families receive DCYF Preventive services. Additionally, the NH Head Start Association and DCYF have an active MOA that enables CCDF child care providers to bill for full day services for children in Head Start who attend child care part of the day.

b) Which funds you will combine

TANF and CCDF, Head Start and CCDF

c) Your purpose and expected outcomes for combining funds, such as extending theday 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

CCDF/Head Start: full-day programming for working families; TANF/CCDF- stable child care for vulnerable families.

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

TANF funds are transferred to CCDF for child care purposes; CCDF pays local providers for caring for children enrolled in Head Start part of the day.

e) How are the funds tracked and method of oversight

DHHS Finance monitors/oversees TANF transfer funds 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. At least once per year, Head Start staff compares child care attendance records selected on a random basis with Head Start attendance records for participating children to ensure that children received full day services as reflected in the child care attendance records. If a discrepancy is identified, Head Start staff will notify both the provider and the BCDHSC.

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:
The Lead Agency must check at least public and/or private funds as matching, even if preK funds also will be used.

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)).

Effective Date: 10/01/2018

☐ N/A - The territory is not required to meet CCDF matching and MOE requirements

☑ 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.

-- If checked, identify the source of funds:

State of NH general funds.

-- If known, identify the estimated amount of public funds that the Lead Agency will receive: $ 10,311,034

☐ 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)). -- If checked, are those funds: donated directly to the State?

☐ donated to a separate entity(ies) designated to receive private donated funds?

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

-- If known, identify the estimated amount of private donated funds that the Lead Agency will receive: $

☐ 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 preK expenditures (not to exceed 30 percent):

-- 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:

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: $

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

☐ State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

-- The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

☐ No

☐ Yes

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

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

-- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: $

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 publicprivate 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 the entities with which and the levels at which the state/territory is partnering (level-state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

NH supported a contract with Early Learning NH to enroll child care and other early childhood providers and programs in the State Early Learning Alliance (SELA), a shared services organization aimed at maximizing child care program resources via cost savings for its members and improving program quality by allowing programs to reinvest savings into program improvement. Early Learning NH is a 501(c)3 non-profit organization committed to ensuring that all NH children have the opportunity to reach their full potential by supporting early learning programs, raising public awareness of the importance of early childhood, promoting effective policies and fostering public/private partnerships, including bringing Vroom (https://www.vroom.org/) to NH. Vroom is a “brain building” initiative designed to support parents, caregivers and others to foster development in young children by applying evidence based, interactive strategies within everyday activities. BCDHSC staff participates on a Vroom advisory group and disseminates information on Vroom at all relevant meetings and conferences.

NH enjoys a strong partnership with philanthropic organizations throughout the state, including the Endowment for Health, NH Charitable Foundation, HNH Foundation and Tillotson Foundation, which have forged a common agenda of support for early childhood in the state. These organizations have funded a multitude of important initiatives to move the early childhood system forward, including the Pyramid Model, Spark NH, the Impact Project (designed to develop/promote recommendations for addressing early childhood workforce issues in the state, including recruitment and retention, compensation and alternative career pathways), Watch Me Grow, the Governor's Collective Vision for Early Childhood Education in NH, the Early Childhood Governance Task Force, and others. Additionally, the philanthropic community has supported grant writers to work with DHHS and DOE on federal grant opportunities, including the Preschool Development Grant.

As members of Spark NH and a partner to Early Learning NH, BCDHSC staff works to foster relationships with NH's business community, such as participating in business leaders' forums, with the goal of increasing awareness about the importance of early childhood to businesses (i.e., children are the bedrock of the Granite State and future workforce and leaders).

Effective Date: 10/01/2018

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 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 regionalCCR&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 thefamilies 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, includingservices under 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 inareas of the state and submit the information to the State;

- Work to establish partnerships with public agencies and private entities, including faith- basedand 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, what services are provided and how it is structured and use section 7.6.1 to address 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?

Effective Date: 10/01/2018

☐ 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 system. If yes, describe the following:

a) What services are provided through the CCR&R organization?

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.

b) 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 and was renewed for a 2-year period from July 1, 2017 through June 30, 2019.

1.8 Disaster Preparedness and Response Plan

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 that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(I)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:
The Statewide Child Care Disaster Plan was developed in collaboration with the following partners:

- NH DHHS, Division of Economic and Housing Stability (DEHS);
- H DHHS, Bureau of Child devlopment and Head Start Collaboration
- NH DHHS Office of Operations Support (OOS), Child Care Licensing Unit (CCLU);
- NH DHHS Emergency Services Unit (ESU);
- NH DHHS Division for Children, Youth and Families (DCYF)
- NH Department of Safety (DOS), Homeland Security and Emergency Management (HSEM);
- NH DHHS, Division of Public Health Services (DPHS), Community Health Development Bureau (CHDB);
- Child Care Aware of NH, a CCR&R Program of Southern NH Services; and - Spark NH, Early Childhood Advisory Council (ECAC).

These partners met over a period of several months to develop the plan in accordance with the requirements outlined by the final rule. Additional partners, including the NH DHHS Office of Information Services (OIS) and the DHHS Bureau of Family Assistance (BFA), provided input on their areas of specialization. Information about the electronic child care billing and payment system was provided by the DHHS OIS. The DHHS BFA provided details about the processes in place for determining family eligibility and redetermination.

Effective Date: 10/01/2018

1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

The NH State Child Care Emergency Plan includes procedures for continuing payments to child care providers during and after a disaster. The electronic billing system has built in the ability for DHHS to allow providers to bill for designated disaster days. If a provider is not able to bill electronically due to the emergency, authorized BCDHSC staff has the capability to proxy bill on behalf of the child care provider by entering the attendance information and submitting for payment in the electronic system. In the event the disaster is localized and only certain programs are authorized to bill, a message can be posted in the electronic web billing application detailing who is authorized to bill for the disaster. Disaster billing has allowed programs to bill whether the child was absent or the program was closed, as if the child were present.

NH does not offer provisions for temporary operating standards for licensed child care programs. Upon request by a child care program, CCLU would waive rules to allow ongoing provision of child care at the same or at alternate facilities. Some of the rules that potentially could be waived in the event of an emergency include, but are not limited to, ratios, group sizes, square footage, diaper changing, number of bathroom facilities, staff and child records (including health records), and staff qualifications. CCLU cannot waive laws, including background checks for child care personnel. State life safety codes and local public health regulations also supersede licensing rules.

Rules for license exempt providers are under the jurisdiction of the BCDHSC. There is a provision within those rules to request a waiver of any rule not related to state life safety codes and local public health regulations.

Effective Date: 10/01/2018

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

The BCDHSC worked with the NH Emergency Services Unit, NH DOS HSEM, Child Care Aware of NH, ACROSS NH and the DHHS CCLU to establish procedures for coordinating the post-disaster recovery of child care services. After a disaster that impacts several child care programs, a sub-group of the SCCEP Task Force would convene a call or meeting to start the process of evaluating the effects of the disaster on child care programs. The BCDHSC would take the lead in coordinating the efforts to contact programs in the affected area to determine which programs have not been impacted and are able to continue to operate, those that have had damage but are still able to operate and those that no longer can operate immediately post-disaster. The damage assessments would be conducted by Child Care Aware of NH staff for early childhood programs and by ACROSS NH staff for school age programs. A form, Preliminary Impact Assessment of Child Care Providers Post Emergency/Disaster, has been designed to collect information on the status of the programs. Child Care Aware of NH and ACROSS NH will send the completed forms to the BDCHSC for compilation of data. Information gathered on the form includes the operational status of the program, the number of children, including children receiving NH Child Care Scholarship, that are in the program, the number of injuries/deaths of staff/children and others in the program, the ability of the program to accept children from programs affected by the disaster, etc. Programs would also be provided with resources to help with post-disaster recovery.

During the intake of information, programs in or near the disaster area unaffected by the disaster would be advised to contact the CCLU to request waivers, if possible, to potentially accommodate on a temporary basis, additional children whose programs were impacted by the disaster. The waiver process is already in place in the CCLU and the BCDHSC rules.

After compiling the information ffrom the Impact Assessment forms, efforts would be made by Child Care Aware of NH staff to help families who have lost child care due to the disaster

to find alternate care until their program could become operational again, or to find permanent care if the program is not able to reopen. The compiled information would be reported to the State of NH EOC to be included in status reports. It would also be shared with the Regional ACF/OCC in order to report what the needs of the child care community are and what resources would be required. Some of this would take place at the EOC, which coordinates post-disaster resources.

Effective Date: 10/01/2018

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place-evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

The BCDHSC provided input into the CCLU rules regarding emergency preparedness, which exceed the CCDF requirements, as there had already been many requirements for licensed providers around emergency preparedness that had been in place since 2009 in the last CCLU rule. The BCDHSC incorporated the emergency preparedness requirements from the final rule in the license-exempt provider monitoring rule.

Effective Date: 10/01/2018

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers-emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

The BCDHSC provided input into the CCLU ruleson emergency preparedness for training and practice drills. The BCDHSC incorporated the emergency preparedness requirements for training and practice drills in the license-exempt provider enrollment and monitoring rules. Note: volunteers are not cited in those rules. Prior to September 30, 2018, the BCDHSC and CCLU collaborated to include guidance for child care programs to ensure that volunteers are

apprised of emergency procedures. Further, CCR&R has provided support to providers on fulfilling this requirement by offering training (e.g., conferences and day-long workshops) and technical assistance on emergency planning. CCR&R has designated a staff person to be the content expert on emergency planning to gather resources and establish collaborative efforts with emergency services personnel in conjunction with the Bureau's efforts.

Effective Date: 10/01/2018

1.8.6 Provide the link to the website where the statewide child care disaster plan is available:

By 9/30/18, the plan will be posted at: https://www.dhhs.nh.gov/dcyf/cdb/publications.htm

Effective Date: 10/01/2018

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. In this section, Lead Agencies will address how information is made available to families 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.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

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 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.

Effective Date: 10/01/2018

- [x] Application in other languages (application document, brochures, provider notices)
  - [x] Informational materials in non-English languages
- [x] Website in non-English languages
- [x] Lead Agency accepts applications at local community-based locations
- [x] Bilingual caseworkers or translators available
- [x] Bilingual outreach workers
- [x] Partnerships with community-based organizations
- [ ] 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.

Effective Date: 10/01/2018

- ☑ Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- ☑ Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- ☐ Caseworkers with specialized training/experience in working with individuals with disabilities
- ☑ Ensuring accessibility of environments and activities for all children
- ☑ Partnerships with state and local programs and associations focused on disability-related topics and issues
- ☑ 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
- ☑ Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- ☑ Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children ☑ Other.

Describe:

Partnership with the University of NH, Institute on Disability on multiple state initiatives and on professional development relative to inclusive practices.

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; 98.32).

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 Webbased process:

Parents can submit complaints regarding licensed and license-exempt (LE) child care providers and services by phone, email or in-person (at DHHS District Offices), 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 the CCAoNH website http://nh.childcareaware.org/child-care-licensing/.

Effective Date: 10/01/2018

2.2.2 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

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 aviolation in accordance with He-C 4002 for licensed providers, or: He-C 6916 and ; He-C 6917 for LE providers, 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 DHHS and the 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:

1. Any critical rule in accordance with Child Care Licensing Rule He-C 4002;
2. Any provision of RSA 170-E; or
3. Any non-critical rule which Child Care Licensing Unit concludes may be upgraded in accordance with He-C4002.06, Critical Rules, and Statements of Findings.

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 licenseexempt 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. The coordinator ensures an onsite visit is conducted to further investigate the complaint. This visit is usually unannounced for licensed providers, except in some cases where a complaint is self-reported by the provider. In that case, the CCLU representative will ask the site contact to assemble certain staff members or documentation to further inform the investigative process. The visit is announced for license-exempt providers.

If CCLU determines there is preponderance of evidence, interpreted as more likely than not that the violation occurred, in a licensed provider location, a Statement of Findings is issued listing the violations found as a result of the investigation and any other violations found during the visit. The provider will receive an official Statement of Findings from the licensing coordinator. This Report 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 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.

If CCLU determines there is preponderance of evidence in a CCDF license-exempt provider location that 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. The

provider will receive an official Monitoring Statement from the CCLU representative. 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.

The complaint process must be completed within 30 days, meaning both the investigation and the report. 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.

If a complaint is determined to be unfounded, a notice will be sent to the program informing them of this decision.

Effective Date: 10/01/2018

2.2.3 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

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 aviolation in accordance with He-C 4002 for licensed providers, or: He-C 6916 and ; He-C 6917 for LE providers, 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 DHHS and the 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:

1. Any critical rule in accordance with Child Care Licensing Rule He-C 4002;
2. Any provision of RSA 170-E; or
3. Any non-critical rule which Child Care Licensing Unit concludes may be upgraded in accordance with He-C4002.06, Critical Rules, and Statements of Findings.

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 licenseexempt 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. The coordinator ensures an onsite visit is conducted to further investigate the complaint. This visit is usually unannounced for licensed providers, except in some cases where a complaint is self-reported by the provider. In that case, the CCLU representative will ask the site contact to assemble certain staff members or documentation to further inform the investigative process. The visit is announced for license-exempt providers.

If CCLU determines there is preponderance of evidence, interpreted as more likely than not that the violation occurred, in a licensed provider location, a Statement of Findings is issued listing the violations found as a result of the investigation and any other violations found during the visit. The provider will receive an official Statement of Findings from the licensing coordinator. This Report 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 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.

If CCLU determines there is preponderance of evidence in a CCDF license-exempt provider location that 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. The provider will receive an official Monitoring Statement from the CCLU representative. 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.

The complaint process must be completed within 30 days, meaning both the investigation and the report. 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.

If a complaint is determined to be unfounded, a notice will be sent to the program informing them of this decision.

DHHS does not have jurisdiction over legal license-exempt providers that are not enrolled to receive CCDF funds. If the department receives a complaint for these providers they are referred to the police or town officials (such as health officers) depending on the nature of the complaint.

Effective Date: 10/01/2018

2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

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 known as "My License Office," which includes a history of founded complaint allegations for both licensed and CCDF license-exempt programs.

Effective Date: 10/01/2018

2.2.5 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 Child Care Aware of NH 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.

Effective Date: 10/01/2018

2.2.6 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)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding 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 link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. 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:

DHHS contracts with Child Care Aware of NH to host and maintain the consumer education website. The website is a user-friendly, regularly updated site that 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. The main page 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, 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 and Pinterest.

Effective Date: 10/01/2018

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 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. Child Care Aware of NH is in the process of further enhancing access for families that speak languages other than English by upgrading the linked databases and other information with translation software or pre-translated documents. This will support compliance with state mandates and best practice guidelines.

Effective Date: 10/01/2018

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

Through Child Care Aware of NH, individuals can request that information be made available in alternate formats. Child Care of Aware of NH's contact information is provided on the "Contact Us" page. Child Care Aware of NH has contracted with a website developer to redesign the Consumer Education website. The new website will be 508 compliant, augmenting the current available services and increasing accessibility to individuals with disabilities. The work has begun and will continue through Spring of 2019.

Effective Date: 10/01/2018

2.3.4 Lead Agency 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.

Effective Date: 10/01/2018

a) Provide the link to how the Lead Agency licenses child care providers, including therationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

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 Child Care Aware of NH consumer education website. Link to the licensing process on the DHHS website: https://www.dhhs.nh.gov/oos/cclu/forms.htm .

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 link to the procedure for conducting monitoring and inspections of childcare providers, as described in section 5.3.2: The link to this information on the DHHS website is:

https://www.dhhs.nh.gov/oos/cclu/faq.htm#visit

c) Provide the link to the policies and procedures related to criminal background checksfor staff members of child care providers and the offenses that prevent individuals

from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:

The link to this information on the DHHS website is:

https://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm .

2.3.5 List of providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. 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.

Effective Date: 10/01/2018

a) Provide the website link to the searchable list of child care providers:

From the main Child Care Aware of NH consumer website http://nh.childcareaware.org the "child care search" button links to a searchable licensed provider database. Families are able to search by ZIP code along with using other markers.The "child care search" button can be reached directly at this link or through the Child Care Aware of NH consumer education website.

https://orm.naccrraware.net/orm/ormLogin.action?uid=40QLIRZO4O2WSCD .

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

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

Describe

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.

Licensed Providers

- [x] Contact Information
- [ ] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

Describe:

License-Exempt, non-CCDF Providers

- [x] Contact Information
- [ ] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

Describe:

License-Exempt CCDF Center Based Providers

- [x] Contact Information
- [ ] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

Describe:

License-Exempt CCDF Family Child Care

- ☐ Contact Information
- ☐ Enrollment Capacity
- ☐ Years in Operation
- ☐ Provider Education and Training
- ☐ Languages Spoken
- ☐ Quality Information
- ☐ Monitoring Reports
- ☐ Other.

Describe:

Relative CCDF Providers

- ☐ Contact Information
- ☐ Enrollment Capacity
- ☐ Years in Operation
- ☐ Provider Education and Training
- ☐ Languages Spoken
- ☐ Quality Information
- ☐ Monitoring Reports
- ☐ Other.

Describe:

Other.

Describe:

- ☐ Contact Information
- ☐ Enrollment Capacity
- ☐ Years in Operation
- ☐ Provider Education and Training
- ☐ Languages Spoken
- ☐ Quality Information
- ☐ Monitoring Reports
- ☐ Other.

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.

Effective Date: 10/01/2018

a) How does the Lead Agency determine quality ratings or other quality information toinclude on the website?

- [x] Quality rating and improvement system
- [x] National accreditation
- [ ] Enhanced licensing system
- [x] Meeting Head Start/Early Head Start requirements
- [ ] Meeting prekindergarten quality requirements
- [ ] School-age standards, where applicable
- [ ] Other.

Describe

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

- [x] Licensed CCDF providers.

Describe the quality information:

The program's name, address, and quality rating (Licensed, Licensed Plus or Accreditation) are published.

- [x] Licensed non-CCDF providers.

Describe the quality information:

The program's name, address, and quality rating (Licensed, Licensed Plus or Accreditation) are published.

☐ License-exempt center-based CCDF providers.

Describe the quality information:

☐ License-exempt FCC CCDF providers.

Describe the quality information:

☐ License-exempt non-CCDF providers.

Describe the quality information:

☐ Relative child care providers.

Describe the quality information:

☐ Other.

Describe

2.3.7 Lead Agencies are required to 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 on the consumer education website. These reports must include 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. The reports must be in plain language 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 when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

Effective Date: 10/01/2018

a) What is the Lead Agency's definition of plain language and describe the process forreceiving feedback from parents and the public about readability of reports.

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.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." This mandate is followed throughout the entire communication process with stakeholders to ensure understanding along with maintain the public trust.

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 reach out and carefully explain the report, either by citing a clarifying rule or explaining the process of inspections. They will also cover how the report is written and issued. While the CCLU cannot provide explanations of opinions on the evidence in the report itself, they can refer the stakeholder to the enforcement criteria and/or explain in general term how rule applies to implementation. Each contact is logged and responded to accordingly. The CCLU staff person notes the corresponding report or issue related to the inquiry, the response/follow-up for possible follow-up or future reference.

b) Are monitoring and inspection reports in plain language?

☑ If yes, include a website link to a sample monitoring report.

An emphasis in all reports is plain language readability as detailed in 2.3.7a allowing providers, parents and other members of the public to read and comprehend the documentation.

Reports are available to the public via the consumer education website, which provides a link to DHHS Child Care Licensing Unit. To access reports, click on the link below,

The complete Statement of Findings report, identical to that given to provider, is posted online at the above link. The report details include the violation description, corresponding reference for the violation, the required action and its status - critical (immediate fix) or non-critical. In addition, follow-up visits, corrective or punitive actions are also listed.

☐ If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

c) Check to certify what the monitoring and inspection reports and/or their plain languagesummaries include:

☑ Date of inspection

☑ Health and safety violations, including those violations that resulted in fatalities or serious injuries.

Describe how these health and safety violations are prominently displayed.

Health and safety violations are displayed at the top of each monitoring report as the first item listed.

☑ 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.

d) The process for correcting inaccuracies in reports.

To correct any inaccuracies in either a Statement of Findings or a Monitoring Visit Report before it is published, providers must work with the designated CCLU representative. The provider has 5 days before the report is published online to reach out to the designated CCLU representative and address any discrepancies, clerical or content areas they believe have been incorrectly included, misconstrued or gone unreported. Once the reports are published on the 6th day following the report's issuance, 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.

An Appeals process is available to license-exempt providers in accordance with He-C 6914.09, Appeals Process: A child care provider may appeal a decision made by DHHS within 30 calendar days of the receipt of the notification when: the application for enrollment has been denied; payments have been withheld; enrollment has been terminated or not renewed; or the child care provider has been disqualified. The request for an appeal shall be made in accordance with He-C 200. If the child care provider files an appeal in accordance with He-C 200 within 15 calendar days for the date on notification and requests continuation of a child care scholarship, then a Child Care Scholarship shall continue at the established payment rate. If the child care provider opted to continue to receive Child Care Scholarship payment during an appeal, and the decision is upheld by the hearings officer, the provider shall repay to DHHS any payment made after the effective date on the letter notifying the provider of his or her non-renewal

or termination. If the hearings officer finds in favor of the child care provider, then the non-renewal or termination shall not take effect.

e) The process for providers to appeal the findings in reports, including the timerequirements, timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded.

A Statement of Findings is not appealable; however, providers can use the Informal Dispute Process described in c above.

f) How reports are posted in a timely manner. Specifically, provide the Lead Agency'sdefinition of 'timely' and describe how it ensures that reports are posted within its timeframe. Note: While Lead Agencies 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

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.

g) Describe the process for maintaining monitoring 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)).

Currently CCLU post 5 years' worth of licensed child care provider monitoring reports. However, beginning in January 2019, three years' worth of monitoring reports will be available online. The option to request additional reports will remain online. Monitoring of CCDF license exempt providers will begin July 1, 2018. The Department policy will be the same as licensed providers once three years' of reports are available. Reports are currently removed after 5 years. In January 2019, reports will be removed after 3 years. 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.

h) Any additional providers on which the Lead Agency chooses to include reports. Note -Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

- ☐ License-exempt non-CCDF providers
- ☐ Relative child care providers
- ☐ Other.

Describe

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 on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

Effective Date: 10/01/2018

a) The designated entity to which child care providers must submit reports of any seriousinjuries 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.

b) The definition of "substantiated child abuse" used by the Lead Agency for thisrequirement.

In the State of New Hampshire "substantiated child abuse" isdefined by the components and consequences of said abuse instead of a single definition. The definition includes, but does not define, in He-C 4002 (Child Care Licensing Rules) or He-C 6916 and He-C 6917(CCDF License-exempt provider Rules) the following, which CCLU uses under RSA 169-C:3:

"Abused child" means any child who has been:

(a) Sexually abused; or

(b) Intentionally physically injured; or

(c) Psychologically injured so that said child exhibits symptoms of emotional problemsgenerally recognized to result from consistent mistreatment or neglect; or

(d) Physically injured by other than accidental means.

CCLU 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-C 6917.12(l), Child Development, state:

(e) Child care personnel and household members shall not:

1. Abuse or neglect children;
2. Use corporal punishment;
3. Attempt to control children's behavior by actions which are damaging to children, including but not limited to:

- Requiring children to stand or sit facing walls or corners;
- Verbally shaming children;
- Belittling children;
- Ridiculing children;
- Yelling at children;
- Name calling;
- Making verbal threats to children;
- Confining infants or toddlers in high chairs or other seating devices or equipment, which restricts their movement, as a disciplinary technique; and
- Placing or confining children in equipment that is not appropriate for their age, including but not limited to cribs, playpens or highchairs;
- Withhold food from children or forcibly feed children;
- Discipline children for not eating;
- Shame, humiliate, or discipline any child for toileting accidents or lapses in toileting habits;
- Use isolation as a form of discipline;
- Prohibit children from using the toilet as a form of discipline;

As a means of discipline, require children to:

- Sleep or rest; or
- Go to their cot, mat, crib, bed, or playpen or other sleeping or rest facilities; and - Discipline a child for not sleeping at rest or nap time.

He-C 4002.01(o) is defined as follows:

(o) "Corporal punishment" means physical actions against a child, including but not limited to:

1. Slapping;
2. Striking;
3. Shaking;
4. Shoving;
5. Spanking;
6. Pinching;
7. Twisting;
8. Kicking;
9. Biting;
10. Ear pulling or ear twisting;
11. Hair pulling;
12. Spraying with water as a means of controlling behavior;
13. Placing tape over a child's mouth;
14. Mechanical restraints, such as tying a child to a chair;
15. Rough handling;
16. Other forms of aggressive contact; or
17. Requiring or forcing a child to take an uncomfortable position such as:

- Squatting;
- Kneeling;
- Standing, holding arms outstretched at sides or overhead;
- Bending; or
- Requiring or forcing a child to repeat physical movements.

He-C 6916.03(d), He-C6917.03(e) is defined as follows:

"Corporal Punishment" means the use of physical force, physical restraint, or physical actions against a child as means of discipline

CCLU does not make the determination whether or not the incident rises to the level of substantiated abuse; rather, 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 abuse and result in criminal charges.

In New Hampshire only relatives (blood and by marriage i.e... step-parent) of the victimized child are charged with the crime of child abuse.. All others - caregivers, neighbors, educators, clergy, or strangers are charged with the actual criminal act. For example, if a child is beaten then the non-relative would be charged with assault. Unfortunately for reporting purposes the "substantiated child abuse" cases in child care appear to be zero since perpetrators would, if referred to the criminal justice system, be charged with the actual crime instead of under a general heading of child abuse. Statistics regarding crimes against children statewide are available, however they do not delineate where those crimes occurred or who perpetuated them without accessing and reading each case file. Licensing is working with DCYF to develop a methodology to report and track said cases of substantiated child abuse (see afore mentioned description) specific to child care settings. This is a challenging task requiring multiagency collaboration and IT solutions, but will ultimately result in statistics on cases referred for placement on the registry and/or criminal action.

Annually, based on a calendar year, a report on child deaths, and serious injuries in child care is posted on the Agency's website. The reports of substantiated child abuse are not available at present and the category currently indicates "NC' incidents with a definition for the lack of data to avoid miscommunication to the public. In the future, the column will show the data as described above.

c) 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.

d) 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 child care is posted on the Agency's website. The reports of substantiated child abuse are not available at presentand the category currently indicates "NC' incidents with a definition for the lack of data to avoid miscommunication to the public. In the future, the column will show the data as described above.

Statistics regarding crimes against children statewide are available, however they do not delineate where those crimes occurred or who perpetuated them without accessing and

reading each case file. Licensing is working with DCYF to develop a methodology to report and track said cases of substantiated child abuse (see afore mentioned description in 2.3.8b) specific to child care settings. This is a challenging task requiring multi-agency collaboration and IT solutions, but will ultimately result in statistics on cases referred for placement on the registry and/or criminal action.

The current link to the report is:
http://nh.childcareaware.org/child-care-licensing/

2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. 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 Child Care Aware of NH to host and maintain the consumer education website. 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: https://orm.naccrraware.net/orm/ormLogin.action?uid=40QLIRZO4O2WSCD

Effective Date: 10/01/2018

2.3.10 The consumer education website should 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. Describe and include a website link to this information:

Child Care Aware of NH website contains an "about us" tab which includes a "contact us" page. This page contains Child Care Aware of NH central phone number, 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.
Link: http://nh.childcareaware.org/contact/

Effective Date: 10/01/2018

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

http://nh.childcareaware.org/

Effective Date: 10/01/2018

2.3.12 Other. Identify and describe the components that are still pending per the instructions on

CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction.

N/A. There are no components pending.

Effective Date: 10/01/2018

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 preK, 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 through contracted services with Child Care Aware of NH and established partnerships with other community and state programs serving, or providing resources to, potentially eligible families.One such partner is Spark NH, Early Childhood Advisory Council, which provides a link to resources for families (http://sparknh.com/resources/for-families/find-programs-and-services/). Information is also made available on the DHHS website (https://www.dhhs.nh.gov/dcyf/cdb/index.htm).

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 Child Care Aware of NH 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.

Effective Date: 10/01/2018

2.4.2 The partnerships formed to make information about the availability of child care services available to families.

Information regarding the full diversity of child care choices available is disseminated by the following partnerships: Child Care Aware of New Hampshire: www.nh.childcareaware.org; DHHS Child Care Licensing Unit: https://nhlicenses.nh.gov.

Effective Date: 10/01/2018

2.4.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description include, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

Effective Date: 10/01/2018

- ☑ 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 thoughout the state via NH's online application - NH Easy, and on the DHHS website: https://www.dhhs.nh.gov/dfa/tanf/index.htm. In addition, the consumer education website provides information and links as it relates to the NH Child Care Scholarship program: http://nh.childcareaware.org/familyresources/.

- ☑ Head Start and Early Head Start programs: Information is provided through the DHHS website: https://www.dhhs.nh.gov/dcyf/headstart/index.htm; and a link to the DHHS website information appears on the Child Care Aware of NH website: http://nh.childcareaware.org/quality-care-matters/types-of-child-care/ .

- ☑ 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): https://www.nh.gov/osi/energy/programs/fuel-assistance/. 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/ Family Service

Specialists (FSS) at the District Offices will refer families needing fuel assistance to their local Community Action Program (CAP): https://www.nh.gov/osi/energy/programs/fuel-assistance/. 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/.

- ☑ 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 NH Easy, and on the DHHS website: https://www.dhhs.nh.gov/dfa/tanf/emergency.htm. In addition, the consumer education website shares a comprehensive list of resource websites and materials: http://nh.childcareaware.org/family-resources/.

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

  WIC is referenced in our online eligibility application - NH EASY, on our DHHS website (https://www.dhhs.nh.gov/dphs/nhp/wic/index.htm) and on the consumer education website, which includes links to a comprehensive list of resources (http://nh.childcareaware.org/family-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: http://nh.childcareaware.org/provider-resources/.

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

  Information on Medicaid and CHIP may be accessed at: https://www.dhhs.nh.gov/ombp/medicaid/index.htm. In addition, the consumer education website provides a comprehensive list of resource links, which directs families to information on CHIP and Medicaid: http://nh.childcareaware.org/familyresources/.

☑ Programs carried out under IDEA Part B, Section 619 and Part C: The consumer education website includes a tab, "Helping Children Grow" : http://nh.childcareaware.org/helping-my-child-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.

2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

The consumer education (Child Care Aware of NH) website 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.

Effective Date: 10/01/2018

2.4.5 Describe how information on the Lead Agency's policies regarding the socialemotional and behavioral issues and early childhood 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.

Through a BCDHSC-contracted partnership with the 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. Link: http://ptan.seresc.net/blog/homenew/. ACROSSNH maintains a website that is available to providers, families, and the general public that includes on the consumer resource page, http://www.acrossnh.org/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 ACROSSNH website can be found on the consumer education website provider and family resource pages: Provider Resource page - Family Resource page /.

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.

NH is the 28th Pyramid Model State with the national Pyramid Model Consortium. Key stakeholders in the state (including Bureau 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 socialemotional development in young children. Link: https://www.nhstudentwellness.org/pyramidworkspace.html.

Effective Date: 10/01/2018

2.4.6 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 licensed child care 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 2.4.5, 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 ACF standards, is distributed widely via the CCLU, Child Care Aware of NH (in a child care referral packet) and PTAN.

Effective Date: 10/01/2018

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of 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 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)). 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)).

2.5.1 Certify by describing:

Effective Date: 10/01/2018

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, 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. Data on developmental screening activities, outcomes and referrals are collected via the Watch Me Grow/Welligent data system. Information on Watch Me Grow is disseminated in multiple ways, including: 1) distributing brochures at all key early childhood-related state events (conferences, training sessions, meetings, etc. as well as through the DCYF-contracted Family Resource Centers throughout the state that serve as hubs for the system; 2) offering information during presentations/training sessions (e.g.., DCYF staff orientation, Spark NH); 3) linking families, providers and the general public to the Watch Me Grow website (www.watchmegrownh.org); and 4) including the link for the Watch me Grow website on the websites for other organizations, as well as on our consumer education website (http://nh.childcareaware.org/resources). Additionally, more than 90 organizations throughout the state (including child care programs and preschools) that are formal Watch Me Grow partners either offer development screening and information directly to families or refer them to a Family Resource Center Watch Me Grow hub in their area.

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 careproviders 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: http://nh.childcareaware.org/helping-my-child-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 parentsreceiving 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. This notice includes a statement on developmental screening, with a link to Watch Me Grow (www.watchmegrownh.org).

d) How CCDF families or child care providers receiving CCDF can use the availableresources 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 professionaldevelopment.

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 DCYF 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.

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

In September of 2018,the BCDHSC completed the Watch Me Grow Implementation Guide, which will be posted on the DHHS and Watch Me Grow website at https://www.dhhs.nh.gov/dcbcs/bds/families.htm. In addition, the national website has lengthy information on the Watch Me Grow developmental screenings, http://watchmegrownh.org/ .

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. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.6.1 Certify by describing:

Effective Date: 10/01/2018

a) How the Lead Agency provides parents receiving CCDF funds with a consumerstatement.

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.

b) What is included in the statement, including when the consumer statement is providedto families.

The Consumer Statement is available to families via the consumer education website and NOD. Information included in the statement includes:

- The roles and responsibilities of CCLU;
- How CCLU monitors child care providers;
- What a monitoring report is and a link to Child Care Search, NH's online search for licensing history and inspection reports of a child care program;
- Criminal background check requirements for all child care providers;
- Information on NH's Quality Rating and Improvement System;
- How to report a concern/complaint about a child care provider; and
- Links to possible additional services available through DHHS to support children and families.

c) Provide a link to a sample consumer statement or a description if a link is notavailable.

http://nh.childcareaware.org/wp-content/uploads/2018/03/3.18-Consumer-StatementFINAL.pdf.

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 periods, 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 not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the

graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

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. This type pf 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.

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)).

3.1.1 Eligibility criteria based on a child's age

Effective Date: 10/01/2018

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 abovebut below age 19 years who are physically and/or mentally incapable of selfcare?(658E(c)(3)(B), 658P(3))

☐ No

☑ Yes,

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

(may not equal or exceed age 19)

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

"residing with":

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

"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 based on reason for care

a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

"Working":

"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.

"Job training":

Any post-secondary training that is preparatory to employment.

"Education":

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.

"Attending job training or education" (e.g. number of hours, travel time):

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 based on reason for care

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis ofeducation and training participation alone (without additional minimum work requirements)?

☐ No.

If no, describe the additional work requirements:

☑ Yes.

If yes, describe the policy or procedure:

The NH Child Care Scholarship Program allows parents at initial eligibility and redetermination to be participating in an approved minimum 20 hour per week training or educational program as a condition of eligibility.

3.1.2 Eligibility criteria based on reason for care

c) Does the Lead Agency consider seeking employment (engaging in a job search) aneligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search) No.

☐ Yes.

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

The NH Child Care Scholarship Program allows parents at initial eligibility and redetermination to actively seek employment. Parent(s) experiencing homelessness are allowed to actively seek employment and housing in the same week. Job Search is available for initial and continuing eligibility for up to a 92-calendar day period. Job Search can be authorized whenever another approved employment related activity occurs in between the next job search request or six months has lapsed after job search ends with no other approved employment related activity. Job Search means

that the person is seeking employment in compliance with NHEP requirements, by virtue of being registered with the NH Job Match System or in accordance with unemployment benefits. No minimum number of hours is required.

3.1.2 Eligibility criteria based on reason for care

d) Does the Lead Agency provide child care to children in protective services?

- [x] No.
- [ ] Yes. If yes:

i. Please 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 thepurposes of eligibility at determination?

- [x] No
- [ ] 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 (658E(c)(5))?

- [x] No
- [ ] Yes

iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- [x] No
- [ ] Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

Effective Date: 4/6/20

a) How does the Lead Agency define "income" for the purposes of eligibility at the pointof determination?

The total monthly monies received before taxes and other deductions

EMERGENCY POLICY DUE TO COVID-19

3.1.3 a was updated to temporarily allow increases income to exceed 85% of SMIfor essential workers as defined by the Govneror's executive orders who already received subsidy to prevent child care cases from closing due to a short-term change in income during the COVID-19 state of emergency, including temporary pay incentives to work during the pandemic.

This temporary change was implemented to allow child care to remain open during the COVID-19 state of emergency. Effective dates: 4/6/20-7/25/20.

b) Provide the CCDF income eligibility limits in the table below at the time of initialdetermination. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *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. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c) below the table.

	(a)	(b)	(c)	(d)

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 (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	4,436	3,771	2,226	50%
2	5,810	4,931	3,018	52%
3	7,166	6,091	3,810	53%
4	8,531	7,252	4,602	54%
5	9,896	8,412	5,394	55%

c) If the income eligibility limits are not statewide, describe how many jurisdictions settheir 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.

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-im2017-03.

d) SMI source and year. LIHEP-IM-2017-03 dated June 26, 2017 US DHHS ACF Office of Community Services Division of Energy Assistance.

e) Identify the most populous area of the State used to complete the chart above.

NH has uniform statewide rates.

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) becameeffective? 07/0/2/2018

g) Provide the citation or link, if available, for the income eligibility limits.
https://www.dhhs.nh.gov/dcyf/cdb/documents/form-2532.pdf

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)).

Effective Date: 10/01/2018

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 familiesdefined as receiving, or in need of, protective services?

- [x] No.
- [ ] Yes.

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

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

N/A. NHhas changed its rules related to funding DCYF Preventive and In-home Protective cases at the time the case closes, those cases are no longer funded through CCDF and not subject to the 12-month eligibility rules as of July 1, 2019. Additionally, NH will be changing its rules to comply with NH SB 570, which requires DHHS to waive the work requirement for parents receiving substance use or mental health treatment beginning July 1, 2019.

Effective Date: 07/01/2019

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)). 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.

Effective Date: 10/01/2018

☑ Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules

☐ Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)

☐ Establishing minimum eligibility periods greater than 12 months

☑ Using cross-enrollment or referrals to other public benefits

☐ 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

☑ Providing more intensive case management for families with children with multiple risk factors;

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

Effective Date: 10/01/2018

Lead Agencies are required to provide for 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. 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.

i. 85 percent of SMI for a family of the same size ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:

(A) Takes into account the typical household budget of a low-income family
(B) Provides justification that the second eligibility threshold is:
(1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
(2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

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 copayment 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.

Effective Date: 10/01/2018

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.
- ☐ N/A - The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- ☐ The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

Describe the policies and procedures.

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.

Provide the second tier of eligibility for a family of three.

$4,255.00/month The GPO for a family of 3 is 60% of SMI

Describe how the second eligibility threshold:

i. Takes into account the typical household budget of a low-income family:Sources reference NH as having one of the highestState Median Income (SMI) levels in the country, repeatedly ranking NH anywhere from first to fourth in the nation over the past five years. For a family of three, the SMI is $84,417 and $100,496 for a family of four. NH also has a very low unemployment rate at 2.8% in July 2017 (Bureau of Labor Statistics). In the 2017 Priorities Report, the Office of Child Care recognizes that NH has the lowest percent of children ages 0-12 in poverty in the nation, 46% of whom are receiving CCDF. 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 $20,420. The NH Child Care Scholarship Program will serve this same family until their income exceeds $51,050, an excess of $10,210.

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

NH's GPO 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 $44,924 and could remain eligible for a 12-month GPO period with income up to $51,050. Having a high eligibility threshold such as this helps prevent parents from passing up job opportunities in order to retain NH Child Care Scholarship. 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.

iii. Reasonably allows a family to continue accessing child care services withoutunnecessary disruption:

NH'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. NH chose not to exercise the option to increase cost share for families in GPO whenthe 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 GPO, 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.

iv. Provide the citation for this policy or procedure:
935 NH CHILD CARE SCHOLARSHIP GROSS MONTHLY INCOME LIMITS (FAM); SR 17-12 Dated 07/17
FAM Policy Section 900 and 935 and Employment Related Child Care Scholarship Eligibility Rule He-C 6910.06(b). A Division of Housing and Economic Stability Policy Directive dated 5-4-18 was distributed statewide to Family Service Specialists to clarify that Graduated Phase Out (GPO) is not limited to one 12-month eligibility period.

☐ Other.
Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction. N/A

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

☑ No

☐ Yes

i. If yes, describe how the Lead Agency gradually adjusts copays for families undera graduated phase-out.

ii. If yes, does the Lead Agency require additional reporting requirements during thegraduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)* No.

☐ Yes.

☐ Describe:

N/A

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)). Check the processes, if applicable, that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

Effective Date: 4/6/20

☑ Average the family's earnings over a period of time (i.e. 12 months).

Describe:

When income is fluctuating and it is not possible to obtain an accurate average based on the most recent consecutive 4-week period, thefamily services specialist will use up to 8 weeks of income received in the most recent consecutive 8-week period to determine the average earning.

☑ Request earning statements that are most representative of the family's monthly income.

Describe:

The FSS requests a statement from the employer stating the monthly amount earned, the number of hours worked and the hourly rate of pay to determine the monthly income.

☑ Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

To determine income, any earnings received in any atypical week are omitted to obtain a monthly average.

☑ Other.

Describe:

Income is annualized at initial eligibility and at redetermination for NH Child Care Scholarship. 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 to gaps in employment from monthto-month or season-to-season or availability of work, income may be annualized over 12 months to better reflect the family's annual income. The family service specialist must ask the parent if the family income fluctuates throughout the year.

EMERGENCY POLICY DUE TO COVID-19

3.1.8 was updated to temporarily allow increases income to exceed 85% of SMI for essential workers as defined by the Govneror's executive orders who already received subsidy to prevent child care cases from closing due to a short-term change in income during the COVID-19 state of emergency, including temporary pay incentives to work during the pandemic.

This temporary change was implemented to allow child care to remain open during the COVID-19 state of emergency. Effective dates: 4/6/20-7/25/20.

3.1.8 was also updated temporarily to not count the additional $600.00 weekly unemployment benefit from the federal CARES act funds as income. The federal stimulus payment was considered a liquid resource and did not count as income. Effective dates: 4/6/20 - 7/25/20.

3.1.9 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)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

Effective Date: 10/01/2018

☑ Applicant identity.

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.

☑ Applicant's relationship to the child.

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).

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 a NH Child Care Scholarship 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.

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 selfemployment, a parent's current profit and loss statement or the entire IRS tax filing from the previous year.

☑ Job training or educational program.

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 lessin a specific field of employment;
3) The duration of the program; and

4) The class schedule, including hours of class attendance.

☑ Family income.

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.

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.

Describe:

To verify a current address, any of the following verificationsare 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.

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

selfemployed, 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 afterworking 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.

2) 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.

3.1.10 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

Effective Date: 04/06/2020

☑ Time limit for making eligibility determinations

Describe length of time:

Family service 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.

COVID-19 EMERGENCY POLICY CHANGE:

- 3.1.10 was updated to temporarily allow child care for children experiencing homelessness to remain open in an expedited status even if a client does not provide required verification within 30 days during the COVID-19 state of emergency. This temporary change was implemented to prevent child care from closing for children without homes during the state of emergency. Effective Dates: 4/6/20 - 10/4/2020.

☑ Track and monitor the eligibility determination process

☑ Other.

Describe:

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

☐ None

3.1.11 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.

Effective Date: 10/01/2018

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:

"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.

"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.

"Unsuitability of informal child care":

"Unsuitability of informal child care" means that the child care provider is licenseexempt 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.

"Affordable child care arrangements":

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

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

- [x] In writing
- [x] Verbally
- [ ] Other.

Describe:

N/A

d) Provide the citation for the TANF policy or procedure:RSA 157:82 II (c)(8); 167:82 II(e) and He-W 637.07

3.2 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).

3.2.1 Describe how the Lead Agency defines:

Effective Date: 10/01/2018

a) "Children with special needs":

Children with special needs: A child experiencing significant needs means a child through the 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 utilizing the NH Child Care Scholarship.

b) "Families with very low incomes":

1.) 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.

3.2.2 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

Effective Date: 10/01/2018

a) Identify how services are prioritized for children with special needs. Check all thatapply:

- [ ] Prioritize for enrollment
- [ ] Serve without placing these populations on waiting lists
- [ ] Waive copayments
- [x] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [x] Other.

Describe:

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 NH Child Care Scholarship. 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. The weekly differential payment for full time attendance is $50, for half time attendance is $30, and for part time attendance is $15. Children with special needs receive the same eligibility priority as other CCDF-eligible children. Children receiving preventive or protective child care 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. 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.

b) Identify how services are prioritized for families with very low incomes. Check all thatapply:

- [x] Prioritize for enrollment
- [x] Serve without placing these populations on waiting lists
- [ ] Waive copayments
- [ ] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [x] Other.

Describe:

1) 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. Currently there is no wait list in NH.

c) Identify how services are prioritized for children experiencing homelessness, asdefined by the CCDF. Check all that apply:

- [x] Prioritize for enrollment
- [ ] Serve without placing these populations on waiting lists
- [ ] Waive copayments
- [ ] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [ ] Other.

Describe:

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.

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- ☐ Prioritize for enrollment
- ☐ Serve without placing these populations on waiting lists
- ☐ Waive copayments
- ☐ Pay higher rates for access to higher-quality care
- ☐ Use grants or contracts to reserve slots for priority populations
- ☑ Other.

Describe:

Services are prioritized as follows: 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 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. The legal guardian's income is not counted unless his or her own children are receiving NH Child Care Scholarship. 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.

3.2.3 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 will require NH to waive the CCDF work requirement for parents receiving substance use or mental health treatment/services.

Effective Date: 10/01/2018

3.2.4 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 beginning 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.

Effective Date: 10/01/2018

3.2.5 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 TA 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).

Effective Date: 10/01/2018

a) Describe the procedures to permit the enrollment of children experiencinghomelessness 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 childrenexperiencing homelessness (as defined by CCDF Rule) and their families.

- ☐ Lead Agency accepts applications at local community-based locations
- ☐ Partnerships with community-based organizations
- ☑ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- ☑ Other

In the renewal of the Child Care Aware of NH contract in 2017, a requirement was added 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 and Families," 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. 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. 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 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 staff presented at NH's Annual Statewide Homeless Education Liaison Meeting to inform the liaisons about the CCDF requirements on homelessness. The goal of this presentation was to ensure that the liaisons have the resources needed to support families in the schools who are experiencing homelessness if they also have young children enrolled in child care. Efforts are being made to recruit a cadre of liaisons to provide training for child care providers within their region around families experiencing homelessness.

The Homelessness Task Force created a brochure providing information about applying for expedited child care. It also includes information about statewide resources for families experiencing homelessness. The brochure is available to families, child care providers, District Office staff and other stakeholders.

Several Child Care Aware of NH staff attended trainings about homelessness, including, "Bridges Out of Poverty" presented by Prudence Pease (a certified "Bridges Out of Poverty" facilitator). Some staff also attended a poverty simulation through Child Care Aware of America to experience the potential effects of homelessness. As a result of these trainings, the Child Care Aware of NH staff is better equipped to support child care providers and the families they serve. Additionally, when 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 them with resources such as family resource centers, homeless shelters, soup kitchens, etc. Additionally, NH DHHS, Bureau of Family Assistance District Office staff who works with families to determine eligibility for the NH Child Care Scholarship Program has received training on identifying and serving children and their families experiencing homelessness. The Homelessness Task Force created a brochure "Are You In Temporary Housing and Do You Need Child Care?" for families. This brochure 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)).

3.2.6 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)).

Effective Date: 10/01/2018

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 Rules 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 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 relevantstate, 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 Child Care Aware of NH to host and maintain the BCDHSC consumer education website. This website includes wellness and safety resources for families. The BCDHSC consumer education website address is included on the cover of the referral packet that all eligible families receive. In addition, outreach specialists provide support to eligible families. The Child Care Licensing Unit posts information on the consumer website, as well as provides a link to this website on its web page.

c) Does the Lead Agency establish grace periods for other children who are notexperiencing homelessness or in foster care?

- [x] No.
- [ ] Yes.

Describe:

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 12month 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 SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. 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 illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; 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; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

Effective Date: 03/17/2020

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

- The NH Child Care Scholarship Program established the eligibility criteria for 12month, employment-related NH Child Care Scholarship, 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.
- As of July 1, 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.

<u>COVID-RELATED CHANGES</u>

- 3.3.1 was changed to temporarily allow families currently open and eligible for child care to remain open if they were out of work, training or educational program during the COVID-19 state of emergency.
- 3.3.1a was changed to temporarily extended to allow child care eligibility to continue

without requiring a redetermination to reduce the burden on families of producing documentation during the state of emergency. Required redeterminations due during the COVID-19 state of emergency were extended until October 15, 2020 for the all redeterminations due in months March through September.

b) How does the Lead Agency define "temporary change?'

NH does not haveit own definition in a rule or policy of "temporary change", but instead uses the CCDF final rule definition for *temporary change.* This includes A temporary change shall include, at a minimum:

(A) Any time-limited absence from work for an employed parent due to reasons such asneed to care for a family member or an illness;

(B) Any interruption in work for a seasonal worker who is not working between regularindustry work seasons;

(C) Any student holiday or break for a parent participating in training or education; (D) Any reduction in work, training or education hours, as long as the parent is still working or attending training or education.

(E) Any other cessation of work or attendance at a training or education program that does not exceed three months, or a longer period of time established by the Lead Agency;

c) Provide the citation for this policy and/or procedure.

BCDHSC policies regarding policies and procedures for 12-month eligibility can be found in the Employment Related Child Care Scholarship 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 12-Month Eligibility Period, and FAM 925.03 Continued Eligibility for Training/Education and Basic Education.

3.3.2 Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12month 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 (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

If the Lead Agency chooses the option to discontinue assistance due to a parent's nontemporary 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 for 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 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.

Effective Date: 9/1/2020

a) Does the Lead Agency choose to discontinue assistance during the 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 allow this option to 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.

☑ 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:

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.

The State of NH offers numerous resources for those seeking employment of a full, part or seasonal basis. These resources are available at https://www.nhes.nh.gov/services/job-seekers/jobs.htm . However to qualify for "job search" status for the Child Care Scholarship, a parent must sign up for the NH Works Job match system at https://nhworksjobmatch.nhes.nh.gov/vosnet/Default.aspx .

To sign-up an individual may access the website from a personal, public or DHHS designated computer (available at District Offices, Family Outreach Centers) , community based locations, or the NH Employment Security Offices.

The process is user-friendly, multi-lingual and accessible 24/7.

- The user must register and create an account in order to qualify as actively searching for a job. It is possible to look at job postings and access other resources such as interview and job search ideas without registering, but this does not meet the Child Care Scholarship requirement.
- Once registered the prospective employee cancreate a resume or qualification list, look at job listings by type,location etc., save the searches and job listings, contact employers, complete applications, post qualifications, access technical assistance. Further there are job search groups to join, links to training and apprenticeship programs and other resources to assist individuals and their families during a transitional time.
- In addition, job seekers may reach out for live local assistance, will get notifications for onsite interviews through the Department of Employment Security and newly listed and/or matching jobs.
- Once a job is secured the individual can make a note of the status change while maintaining the account for 13 months with no activity.

ii. Describe what specific actions/changes trigger the job-search period.When 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.

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

92 calendar days.

TEMPORARY POLICY CHANGE DUE TO COVID-19

3.3.2a(iii.) was updated to temporarily suspend the 92-calendar day Job Search limit. The Job search clock was suspended to prevent child care cases from closing in 92-calendar days. A parent applying or eligible for child care with an approved Job Search activity was allowed job search with no limit.This temporary change

allowed child care to remain open beyond the 92-calendar day limit. Effective dates: 3/24/20-10/4/2020

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 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 12-Month Eligibility Period, and FAM 925.03 Continued Eligibility for Training/Education and Basic Education.

b) The Lead Agency may discontinue assistance prior to the next 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 12-month redetermination. Check all that apply.

☐ Not applicable.

☐ 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.

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

ii. Provide the citation for this policy or procedure:

☑ 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

☑ 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.

3.3.3 Change reporting during the 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 (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(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 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

Effective Date: 10/01/2018

a) Does the Lead Agency require families to report a non-temporary change in a parent'seligible activity?

- [x] No
- [ ] Yes

b) Any additional reporting requirements during the 12-month eligibility period must belimited to items that impact a family's eligibility (e.g., income changes over 85 percent of 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] Additional changes that may impact a family's eligibility during the 12-month period.

  Describe:

BCDHSC has reduced reporting requirements. A parent is only required to report the following changes within 10 calendar days of the date the change occurs:

1) Household income increases to an amount exceeding 85% of State Median Income (SMI);
2) A permanent loss or start of employment;
3) A parent begins or ends a training or educational program;
4) A member of the assistance group has assets including personal or realproperty, or the combined assets of the assistance group, are greater than a cumulative value of $1,000,000.00; or 5) A change of child care provider.

☑ Changes that impact the Lead Agency's ability to contact the family.

Describe:

BCDHSC has reduced the reporting requirements for parents, therefore, requiring less contact with the family.

☐ Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for families to report changes to ensure thatreporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- ☑ Phone
- ☑ Email
- ☑ Online forms
- ☑ Extended submission hours
- ☑ Postal Mail
- ☑ FAX
- ☑ In-person submission
- ☑ Other.

Describe:

NH has an online application system called *NH EASY,* where clients can create an account which allows them to apply for assistance, complete redeterminations, report changes to their case, and read notices online. The system is available online from 6:00 AM until 12:00 AM (Midnight), Monday through Sunday. There is a single application for cash assistance, medical coverage, food stamps, child care assistance, Medicare beneficiary assistance, and community long term services and supports. Programs of assistance are linked in the New HEIGHTS eligibility system so that reported information is used across programs. Applicants or clients may upload verification documents into the *NH EASY* on-line system or mail them into the Central Scanning Unit, which scans and uploads them into the client's efolder. Verifications can also be submitted to the District Office in person, by fax, email or mail and will be uploaded into the client's e-folder. FSS are notified when documentation is received in the e-folder and have 10 days to act on 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.

d) Families must have the option to voluntarily report changes on an ongoing basis during the 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

3.3.4 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, etc.).

Effective Date: 10/01/2018

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.

- [x] Advance notice to parents of pending redetermination
- [ ] Advance notice to providers of pending redetermination
- [ ] Pre-populated subsidy renewal form
- [x] Online documentation submission
- [x] Cross-program redeterminations
- [ ] Extended office hours (evenings and/or weekends)
- [x] Other.

Describe:

As noted in section 3.3.3., reporting requirements for the NH Child Care Scholarship Program have been reduced. A parent is only required to report the following changes within 10 calendar days of the date the change occurs:

- Household income increases to an amount exceeding 85% of State Median Income (SMI);
- A permanent loss or start of employment;
- A parent begins or ends a training or educational program;
- 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; or - A change in child care provider.

BCDHSC policies and procedures for not unduly disrupting employment can be found in FAM 900 NH Child Care Scholarship, FAM 901.01 Application

Process for NH Child Care Scholarship, FAM 905 Length of Eligibility, FAM 909 Reporting Changes in NH Child Care Scholarship, and FAM 911 Redetermination of NH Child Care Scholarship.

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- [x] Postal Mail
- [x] Email
- [x] Online forms
- [x] FAX
- [x] In-person submission
- [ ] Extended submission hours
- [x] Other.

Describe:

- Via *NH EASY*, an online application system as described in section 3.3.3 c.
- New HEIGHTS and *NH EASY* both automatically cross-check the clients' SSN (if provided) with their name and date of birth. FSS may also verify birth records through access to NH Vital Records. Client income can be verified through the Work Number, through NH Employment Security to verify unemployment compensation or through a data exchange with the Social Security
  Administration to verify Social Security Income or State Supplemental Income.
- When a client is receiving both Food Stamps and the NH Child Care Scholarship, the National Directory of New Hire Information can be used to automatically verify a client's employer.
- FSS are also able to make collateral contacts to obtain other verifications. Clients may complete an application over the phone or obtain application forms on line, or by phone or in person at the District Office.
- Applications or redeterminations may be submitted via fax, email, mail, or in person at the District Office. Telephone applications or redeterminations utilize a phone signature.
- Clients may report changes via *NH EASY*, over the phone (24/7), or in writing. - Clients will receive notification within five days if further verification is needed. Any other documents that the client wishes to or must submit during the 12month eligibility can be submitted electronically, by mail, or telephone and does not require a trip to the District Office.
- BCDHCS Policy citations may be found in the NH Family Assistance Manual (FAM) 161, 161.01, 901, 901.01,905 and 911.

3.4 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. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: 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. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

Effective Date: 10/01/2018

a) Fill in the chart based on the most populous area of the State (area serving highestnumber of CCDF children).

	(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)?**	**The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?**	**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)?**	**The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?**
1	$1	$.05	4.75%	$2,211	$375.87	17%
2	$1	$.05	4.75%	$2,978	$506.26	17%
3	$1	$.05	4.75%	$3,744	$636.48	17%

4	$1	$.05	4.75%	$4,510	$766.70	17%
5	$1	$.05	4.75%	$5,277	$897.09	17%

b) What is the effective date of the sliding-fee scale(s)? 07/10/2017

c) Identify the most populous area of the state used to complete the chart above.

NH has uniform statewide ratees.

d) Provide the link to the sliding-fee scale:https://www.dhhs.nh.gov/dcyf/cdb/documents/form-2532.pdf

e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their ownsliding-fee scale (98.16(i)(3)).

N/A

3.4.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply.

Effective Date: 10/01/2018

☐ The fee is a dollar amount and:

- ☐ The fee is per child, with the same fee for each child.
- ☐ The fee is per child and is discounted for two or more children.
- ☐ The fee is per child up to a maximum per family.
- ☐ No additional fee is charged after certain number of children.
- ☐ The fee is per family.
- ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

☐ Other.

Describe:

☑ The fee is a percent of income and:

☐

The fee is per child, with the same percentage applied for each child.

☐ The fee is per child, and a discounted percentage is applied for two or more children.

☐ The fee is per child up to a maximum per family.

☐ No additional percentage is charged after certain number of children.

☑ The fee is per family.

☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

N/A

☑ Other.

Describe:

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

3.4.3 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)).

Effective Date: 06/28/2020

☑ No.

☐ Yes, check and describe those additional factors below.

☐ Number of hours the child is in care.

Describe:

N/A

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

Describe:

N/A

☐ Other.

Describe:

N/A

COVID-19 EMERGENCY POLICY TEMPORARY CHANGE:

- 3.4.3 was updated to temporarily allow the suspension of the DHHS determined family cost share (ACF refers to as "co-pay"). DHHS paid 100% of cost share for families receiving Child Care Scholarship funds. This temporary change allowed continued reimbursement to a child care provider and less out of pocket expenses for a family during the COVID-19 state of emergency.Effective Dates: 4/6/2020-7/5/20.
- 3.4.3 was updated to temporarily allow the suspension of the DHHS determined family cost share (ACF refers to as "co-pay"). DHHS will pay 50% of cost share for families receiving Child Care Scholarship funds. This temporary change allows continued reimbursement to a child care provider and less out of pocket expenses for a family during the COVID-19 state of emergency. Effective Dates: 7/6/20-8/30/20.

3.4.4 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, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agenc (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

Effective Date: 06/28/2020

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

☐ Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size.

☐ Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

As of July 1, 2019, the NH Child Care Scholarship program no longerprovides 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 the Administrator does not have any jurisdiction over the waiver of contributions/co-payments. Within DCYF, waivers are often

implemented for eligible children in foster care, protective or preventative care using the TANF and/or state funds as described.

☑ Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

Describe the policy and provide the policy citation.

COVID-19 EMERGENCY POLICY TEMPORARY CHANGE:

- 3.4.4 was updated to temporarily allow the suspension of the DHHS determined family cost share (ACF refers to as "co-pay"). DHHS paid 100% of cost share for families receiving Child Care Scholarship funds. This temporary change allowed continued reimbursement to a child care provider and less out of pocket expenses for a family during the COVID-19 state of emergency. Effective Dates: 4/6/20207/5/20.
- 3.4.4 was updated to temporarily allow the suspension of the DHHS determined family cost share (ACF refers to as "co-pay"). DHHS will pay 50% of cost share for families receiving Child Care Scholarship funds. This temporary change allows continued reimbursement to a child care provider and less out of pocket expenses for a family during the COVID-19 state of emergency. Effective Dates: 7/6/208/30/20.

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. 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.

4.1 Parental Choice in Relation to Certificates, Grants, or Contracts

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 his or her 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 his or her 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 Describe how the parent is informed that the child 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.

Effective Date: 10/01/2018

- [ ] Certificate that provides information about the choice of providers
- [ ] Certificate that provides information about the quality of providers
- [x] Certificate not linked to a specific provider, so parents can choose any provider
- [x] Consumer education materials on choosing child care
- [x] Referral to child care resource and referral agencies
- [ ] Co-located resource and referral in eligibility offices
- [x] Verbal communication at the time of the application
- [ ] Community outreach, workshops, or other in-person activities
- [x] Other.

Describe:

Child Care Aware of NH is contracted to host and maintain the 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 Child Care Aware of NH consumer education website provider Online Referral Module, and specific things to look for in quality child care.

The Online Referral Module 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.

4.1.3 Child care services available through grants or contracts.

Effective Date: 10/01/2018

a) In addition to offering certificates, does the Lead Agency provide child care servicesthrough 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.

- [x] No. If no, skip to 4.1.4.
- [ ] 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 agrant or contract have choices when selecting a provider:

  ii. The type(s) of child care services available through grants or contracts:

  iii. The entities that receive contracts (e.g., shared services alliances, CCR&Ragencies, FCC networks, community-based agencies, child care providers):

  iv. The process for accessing grants or contracts:

  v. How rates for contracted slots are set through grants and contracts:

  vi. How the Lead Agency determines which entities to contract with for increasingsupply and/or improving quality:

  vii. If contracts are offered statewide and/or locally:

4.1.3 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase thesupply and/or quality of specific types of care? Check all that apply.

- [ ] Programs to serve children with disabilities
- [ ] Programs to serve infants and toddlers
- [ ] Programs to serve school-age children
- [ ] Programs to serve children needing non-traditional hour care
- [ ] Programs to serve children experiencing homelessness
- [ ] Programs to serve children in underserved areas
- [ ] Programs that serve children with diverse linguistic or cultural backgrounds
- [ ] Programs that serve specific geographic areas
  - [ ] Urban
  - [ ] Rural
- [x] Other

Describe

N/A

4.1.3 Child care services available through grants or contracts.

c) Will the Lead Agency use grants or contracts for child care services to increase the quality of specific types of care? Check all that apply.

- [ ] Programs to serve children with disabilities
- [ ] Programs to serve infants and toddlers
- [ ] Programs to serve school-age children
- [ ] Programs to serve children needing non-traditional hour care
- [ ] Programs to serve homeless children
- [ ] Programs to serve children in underserved areas
- [ ] Programs that serve children with diverse linguistic or cultural backgrounds
- [ ] Programs that serve specific geographic areas
  - [ ] Urban
  - [ ] Rural
- [x] Other

Describe

N/A

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 Child Care Aware of NH 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).

Effective Date: 10/01/2018

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?

Effective Date: 10/01/2018

☐ No.

☑ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

☐ Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

☑ Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

Describe:

In June 2017, DHHS increased the minimum age for all licensed and licenseexempt child care providers to 18 years.

☑ 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).

☐ Restricted to care by relatives.

Describe:

☐ Restricted to care for children with special needs or a medical condition.

Describe:

☑ 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

☐ Other.

Describe:

4.2 Assessing Market Rates and Child Care Costs

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 child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost 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 child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note - Any Lead Agency considering using an alternative methodology, instead of a market 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 market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model,cost study/survey, etc.), including a description of data sources.

- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Councilor similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.

- Describe how the alternative methodology will use methods that are statistically valid andreliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.

- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimationmodel or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care'such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.

- Describe how the alternative methodology will provide complete information that captures theuniverse of providers in the child care market.

- Describe how the alternative methodology will reflect variations by provider type, age ofchildren, geographic location and quality.

- Describe how the alternative methodology will use current, up to date data.

- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1 Please identify the methodology(ies) used below to assess child care prices and/or costs.

Effective Date: 10/01/2018

☑ MRS

☐ Alternative methodology.

Describe:

☐ Both.

Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) 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)).

Describe how the Lead Agency consulted with the:

Effective Date: 10/01/2018

a) State Advisory Council or similar coordinating body:

The BCDHSC bureau chief serves as Chair of Spark NH, the Governor-appointed Early Childhood Advisory Council, as well as Chair of the Spark NH Executive Committee. In

this role, the bureau chief has sought feedback from other Council and Executive Committee members during the development phase of the March 7, 2018 Market Rate Survey.

b) Local child care program administrators:

The BCHSC CCDF program specialist presented an overview of the content of the 2018 MRS to the Child Care Advisory Council (CCAC) and requested feedback for particular areas of interest that the CCAC would like addressed. As a result, one question was developed and added to the March 7, 2018 MRS, which related to staff shortages and child enrollment capacity.

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, which was addressed in the March 7, 2018 Market Rate Survey.

d) Organizations representing caregivers, teachers, and directors:

- The Chief of the BCDHSC is the State Director of the Head Start Collaboration Office. In that role, she meets regularly with the NH Head Start Directors Association (NH HSDA) and has 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 and training specialist serve on the Pyramid Model State Leadership Team, which discussed the 2018 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, whose focus is on the early childhood workforce. With goals to recruit and retain a stable, diverse, and qualified workforce and to increase compensation to the early childhood workforce, there was interest in gathering information in these areas. As a result, additional questions were developed for the March 7, 2018 Market Rate Survey to include the topics of cost share, co-payment, and staff turnover.

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods.

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.

Effective Date: 10/01/2018

4.2.4 Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:

Effective Date: 0

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, based on a current list provided by the DHHS Services CCLU 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, 60-72 months, and 72-155 months.

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

Two Market Rate Survey (MRS) dates are referred to in this Plan because rates from the December 2, 2015 Market Rate Survey remain in effect through June 30, 2019. On July 1, 2019 new rates calculated from the March 7, 2018 Market Rate survey will go into effect for a two-year period. The number of questions contained in the NH MRS increased from 30 on December 2, 2015 to 39 on March 7, 2018. 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.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' 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, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

Effective Date: 10/07/2019

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). by responding to the questions below.

a) Date of completion of the market rate survey or alternative methodology (must be noearlier than July 1, 2016, and no later than July 1, 2018). 06/25/2018

b) Date the report containing results was made widely available - no later than 30 daysafter the completion of the report. 06/25/2018

c) Describe how the Lead Agency made the detailed report containing results widelyavailable and provide the link where the report is posted.

The Market Rate Survey, an Executive Summary of the MRS, and a Power Point presentation entitled, "New Hampshire Child Care and Early Education Market Rate Surveys 1999-2025: What We Know and Where We're Headed" were posted on the DHHS website at the following link: http://www.dhhs.nh.gov/dcyf/cdb/index.htm. The results of theMarch 2018 MRS were posted at the same online location. Additionally, the

researcher presented the results of the survey to, and solicited feedback/comments from, members of the Child Care Advisory Council along with the public presentation with a webinar attendance option conducted on 07/18/2018. The full 2018 Report was made available online on 06/25/2018.

d) Describe how the Lead Agency considered stakeholder views and comments in thedetailed report.

Stakeholder views and comments from meetings/presentationsfrom the prior MRS preliminary findings, final reports and public hearings were taken into consideration during the actual survey process through the writing of the final report. Further, in the actual report, the researcher included feedback from stakeholders in both concept and content.

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, 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 funds. 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) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. 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. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

Effective Date: 12/02/2019

a) Infant (6 months), full-time licensed center care in the most populous geographicregion
Rate $ $250.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60th

b) Infant (6 months), full-time licensed FCC home in the most populous geographicregion
Rate $ $178.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60th

c) Toddler (18 months), full-time licensed center care in the most populous geographicregion
Rate $ $228.70 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60th

d) Toddler (18 months), full-time licensed FCC care in the most populous geographicregion
Rate $ $175.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60th

e) Preschooler (4 years), full-time licensed center care in the most populous geographicregion
Rate $ $197.18 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 55th

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographicregion
Rate $ $175.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 55th

g) School-age child (6 years), full-time licensed center care in most populous geographic region
Rate $ $141.40 per week unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 55th

h) School-age child (6 years), full-time licensed FCC care in the most populousgeographic region
Rate $ $78.22 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 55th

i) Describe how part-time and full-time care were defined and calculated.

Full-time care is 31 or more hours per week. Half-time care is greater than 15 hours but less than or equal to 30 hours per week. Part-time care is 1 to 15 hours per week.

j) Provide the effective date of the current payment rates (i.e., date of last update basedon most recent MRS). 12/02/2019

k) Identify the most populous area of the state used to complete the responses above.

NH does a statewide rate survey.

l) Provide the citation or link, if available, to the payment rates.https://www.dhhs.nh.gov/dcyf/cdb/documents/bcdhscform2533.pdf

m)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

4.3.2 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).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

Effective Date: 10/05/2020

☐ Differential rate for *non-traditional hours*.

Describe:

☑ Differential rate for *children with special needs*, as defined by the state/territory.

Describe:

Providers receive a rate differential based on the child's service level for the week billed. The rate differentials are as follows: $50/week for full time, $30/week for half time, and $15/week for part time. The basis for the differential is to help cover the higher cost of care for children with special needs, including the cost of providing accommodations or adaptations. The cumulative effect of the weekly payment can reach $2,600 for full time, $1,560 for half time, or $780 for part time care annually.

☐ 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:

☐ 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:

☑ Differential rate for higher quality, as defined by the state/territory.

Describe:

DHHS provides monthly cash incentives to child care programs that participate in NH's voluntary Quality Rating and Improvement System (QRIS) and have achieved a quality designation and are providing services to children receiving NH Child Care Scholarship. The incentives are paid monthly and are based on a percentage of child care scholarship services payments for the prior month, which are 5% for Licensed Plus programs and 10% for nationally accredited programs. The differential rate was intended to encourage and support providers to move beyond basic compliance with licensing requirements to adopt higher quality practices. In establishing the differential rate for higher quality, the BCDHSC sought input from early childhood leaders and worked with our Federal Training and Technical Assistance staff (including reviewing other states' practices in this area) to set the 5% (Licensed Plus) and 10% (accredited) incentive rates.

COVID-RELATED EMERGENCY POLICY

- 4.3.2 Child Care Scholarship Program quality rating payments will continue for programs that close during the state of emergency. Renewals of program quality designation (Licensed-Plus and Accredited) will be suspended throughout the crisis.

Quality payments will continue at the current level without interruption. The temporary policy change was implemented to support the pool of child care providers to continue operations during and/or after the state of emergency ends. Effective Dates: 4/6/20-3/21/21.

☐ Other differential rates or tiered rates.

Describe:

☐ Tiered or differential rates are not implemented.

4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

Effective Date: 10/01/2018

a) Describe how a choice of the full range of providers eligible to receive CCDF is madeavailable; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

- NH ensures that parents have access to a full range of child care services that include: licensed child care centers, licensed family homes, license-exempt child care centers, and license-exempt family homes.
- NH does not limit nor exclude child care by a sectarian provider, geographic location or market saturation.
- CCR&R will work with families to locate child care to suit the particular needs of a family either in person or through the consumer website hosted by Child Care Aware of NH.
- As of May 2018, NH has 1,088 child care providers enrolled in the NH Child Care Scholarship Program.
- More than three of every five licensed child care programs, that participated in the December 2015 Market Rate Survey (65.34%), have an arrangement with DHHS to receive scholarships for eligible enrolled children.

- Potential barriers to participation in the scholarship program are removed for certain populations. For example, when a child is in foster care, NH will pay a child care provider for cost share and/or co-payment. NH also pays registration fees for TANF clients. Child care providers receive full payment for the DHHS authorized service level when providing wrap-around care for a child who attends a Head Start or Early Head Start program for part of the day.
- NH achieved a 64.3% provider participation rate in the December 2015 Market Rate Survey and also achieved a 60% response rate in each designated region of the state to adequately reflect rates and availability statewide.
- Payment practices include an easy-to-use online billing software program which is followed by timely delivery of payment that includes an EFT (Electronic Funds Transfer) option for all enrolled DHHS child care providers.

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.

NH conducted a Market Rate Survey on December 2, 2015 and results were made available on July 19, 2016. These rates were used to set new rates that became effective on July 3, 2017. The rates established from the March 7, 2018 MRS will be effective on July 1, 2019. Providers are asked to provide data regarding their fees currently charged as this approach provides a more realistic and detailed picture of rates statewide. 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. For example, when a family of three is at 100% of the FPG or $20,420 which is Step 1 (4.75% family cost share), infant care with a cost of $11,570 per year would require only $970.84 per year to be paid by the family. If the family size increases due to additional children, the cost share would not increase. This family has a remainder of $19,449.16 to cover typical household expenses.

c) Describe how base payment rates enable providers to meet health, safety, quality, andstaffing requirements under CCDF.

The base payment rates are adequate to providers to purchase the necessary resources/materials to meet the health, safety. quality level requirements under CCDF and NH child care licensing. In addition, said base rates support programs in attaining staffing levels as required by CCDF. Further through contracted services can take online training in all eleven CCDF-required health and safety trainings free of charge thus putting more of their base payment towards other expenses. NH addresses quality

payments through cash stipends that are made in addition to the base payment rate to help providers cover the cost of quality care.

d) Describe how the Lead Agency took the cost of higher quality into account, includinghow 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, Pre-K standards, Head Start performance standards, or State defined quality measures).

The State of New Hampshire is in the process of crafting a QRIS system that will allow for use of the quality formulas available through CCDF.Until that system is fully realized the BCDHSC is using other quality indicatorsto take into account the higher cost of quality as described below. These incentives take into account the state recognized Licensed Plus designation, NAEYC and NAA accreditation, among other indicators.

Since quality incentives are based on a percentage of the child care scholarship paid in the previous month, the quality incentive payments increase proportionately with the rates. In SFY17, there were 236 providers enrolled in the NH Child Care Scholarship Program that held a quality designation. Of these, 178 were Licensed Plus and 58 were nationally accredited child care programs. Quality payments to these providers totaled $844,815, an average of $70,401 per month, which is an increase of $8,434 per month over the previous plan cycle. A total of 3,049 children were served in Licensed Plus programs and 1,092 were served in nationally accredited child care programs.

e) 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 funds (98.16 (k))? Check all that apply.

☐ Limit the maximum co-payment per family.

Describe: .

☑ 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. This is significant when the following is considered: In March, 2018, 4.33% of eligible children were in Step 7 and had a cost share of 20% based on their family income. 43% of eligible children were in Step 1 and had a cost share of 4.75%.

☑ 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 3.1.7.

Family cost share is established upon eligibility. If the family reports a decrease in income during their 12-month eligibility period, the family cost share will decrease. Income will be re-evaluated at each redetermination. Families whose incomes are greater than or equal to 221% of the FPL at redetermination will remain eligible at the highest income eligibility level (currently Step 7) for a new 12-month eligibility period. Please note that NH does not have an individual state income tax and therefore take home pay is higher than in other states.

☐ 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 chargefamilies additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

Inherent in the culture of NH is that residents value freedom and choice in how to live and work in the state. For over 30 years, NH has allowed DHHS-enrolled child care providers to have the choice to charge the family the difference between the DHHS paid amount and their actual charge. If the BCDHSC required child care providers to accept the DHHS weekly standard rate as payment in full, it would be considered an unwanted directive and as a result, DHHS could lose providers' participation in the NH Child Care Scholarship Program. Parent access and choice is valued and the BCDHSC does not want to limit access to higher quality child care programs because of increased regulation. The DHHS Commissioner, Legislature, and Governor would not likely support this as a business practice. NH will be implementing changes that address both child attendance and program closure allowances that will benefit child care providers by supporting fixed costs of care.

ii. Provide data (including data on the size and frequency of such amounts) on theextent to which CCDF providers charge additional amounts to families.

For child care providers that provide care for children receiving Protective child care services, BCDHSC reimburses the provider's actual charged amount, which may include the cost share, copayment, and registration fees. For this population in SYF2018 to-date, BCDHSC reimbursed an average monthly amount of $26,470.

While we do not collect data from providers on the actual amounts they may choose to charge a family, we do collect data that include a provider's actual weekly claimed amount. To address size and frequency, the range in our dataset representing potential charges from the month of March 2018 showed a cost share range from $0.00 to $177.26 per week and a co-payment range of $0.00 to $279.25 per week. BCDHSC does not know if providers charge these amounts to families.

Child Care Aware of NH added two new fields to the provider's NACCRRAware Record on the Activities page. They are: "Program Does Not Charge Family CoPay for State CC Assistance" and "Program Does not Charge Family Cost Share for State CC Assistance." It is projected that it will take 1 to 2 years to collect solid data on this issue.

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.

NH requires families to contribute towards the cost of child care via cost share as a means towards achieving self-sufficiency. As of March 2018, 43% of families receiving scholarship were assigned the lowest cost share (family cost share that is divided amongst eligible children), which is 4.75% of family income. Having a family cost share is a direct benefit to families because, if the family size increases due to additional eligible children, the cost share would not increase. According to the 2018 NH Child Care Market Rate Survey, 60.2% of licensed providers charged families the difference between the DHHS maximum weekly standard rate and the actual charge (co-payment).The 2018 NH Market Rate Survey included the following question, which was designed to inform the BCDHSC about the impact of eliminating cost share and/or co-pay: "If you charge cost share and/or co-pay, what would be the impact on your program if you no longer charged such payments? For example, would there be an impact on staffing, on the number of children being served, or on other things? Please briefly explain." The response rate was 57.9% (N=292). Top responses based on string match (a search for the number of occurrences of a keyword in all replies) were staffing, revenue/income, and children.

g) Describe how Lead Agencies' payment practices described in 4.5 support equalaccess to a 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 licenseexempt family, friend, and neighbor. The percentage of children receiving care from licensed providers has continued to increase from 91% in 2013 to 94% in 2015 and 94.5% in 2018.

NH conducts a Market Rate Survey every two years to ensure that rates are kept current with the market. A minimum 60% response rate from all licensed providers in the state, both center based and family child care, including family group, is required for the survey. The response rate for the December 2, 2015 survey was 64.30%. From these rates, NH set its payment rates at the 50th percentile. Currently, 94.5% of children utilizing the NH Child Care Scholarship are in licensed care. This is a very slight increase from 2013. In SFY17, a total of 3,049 children were served in Licensed Plus programs and 1,092 were served in nationally accredited child care programs.

h) Describe how and on what factors the Lead Agency differentiates payment rates.Check all that apply.

☐ Geographic area.

Describe:

☑ Type of provider.

Describe:

NH's rule He-C 6910.17 establishes a full-time weekly standard rate by utilizing a federally required Market Rate Survey of licensed child care center and licensed family child care home rates. These rates are established at the 50th percentile for each age category. A weekly standard rate is then set for license-exempt child care centers at 50% of the licensed child care center standard rate for each age category. A weekly standard rate is set for license-exempt child care home providers at 70% of the licensed family child care home standard rate for each age category.

☑ Age of child.

Describe:

NH's age categories are closely aligned with the CCLU to provide consistency and to help providers understand what rates are paid based on those age categories to better align with the true cost of care (e.g., the prior age category of 0-3 years is now broken into two age categories of 1-17 months and 18-35 months with corresponding rates higher for the younger group). This change was made in 2009 and continues to be in place today. The age categories for a licensed child care center, licensed family home, and license-exempt family home are defined by number of months as follows: 1-17, 18-35, 36-78, and 79-155. The age categories

for a license- exempt center are defined by number of months as follows: 72-78 and 79-155.

☑ Quality level.

Describe:

The weekly standard rates themselves do not change. A percentage of all claims paid in the previous month, 5% for Licensed Plus and 10% for nationally accredited. The provider has access to 18 months of remittance advice that includes quality payments for each child, date of service and the amount paid.

☑ Other.

Describe:

Providers may also receive an additional payment differential for children withspecial needs as defined by the State of NH.

i) Describe any additional facts that the Lead Agency considered in determining itspayment rates to ensure equal access. Check all that apply and describe:

☐ Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

☐ Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

☐ Feedback from parents, including parent surveys or parental complaints.

Describe:

☑ Other.

Describe:

The MRS is conducted on a statewide basis and requires a minimum of a 60% response rate in each region therefore giving a geographically and economically diverse picture of the whole state. This ensures that a broad range of child care rates are factored into the payment determination.

4.5 Payment Practices and the 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 privatepaying parents (658E(c)(2)(S); 98.45(l)(3)).

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)).

4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

Effective Date: 08/03/2020

a) Ensure the timeliness of payments by either (Lead Agency to implement at least oneof the following):

☐ Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

☑ 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.

b) To the extent practicable, support the fixed costs of providing child care services bydelinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

☑ Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

COVID-19 EMERGENCY POLICY CHANGES

- 4.5.1b In accordance with 1.8.2, disaster electronic billing was activated to allow the following temporary policy changes relative to attendance and billing due to the COVID-19 state of emergency:
- Providers who remain open during the state of emergency may bill and receive payment at the child's approved service level without regard to the availability of absentee hours.
- Providers who close during the state of emergency may continue to bill for children enrolled in CCDF at the current service level and without regard to the availability of absentee hours if children are not receiving care from a different provider during this period.
- The temporary policy change was implemented to support the pool of child care providers to continue operations during and/or after the state of emergency ends. Effective Dates: 3/16/20 - 6/28/20.

☑ Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

UPDATE:

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.

When the monthly absentee allotment is exhausted, it may result in a lower service level determination for that week, which will affect the DHHS payment made to the child care provider.

References: He-C 6918.05(a)-(c), RSA 167:83,II(o), 45 CFR 98.20

☐ Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

☐ 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 toprivate-paying parents.

Describe the policy or procedure.

NH has partially implemented this requirement and, therefore, is not in compliance. NH pays these fees for a small subset of families. Payment is made for children in preventive or protective care, if the parent asks for the fee to be paid. When a parent or foster parent receives an invoice from their child care provider requesting additional fees (e.g., registration fees, field trip fees, etc.) the bill is submitted to Provider Relations for authorization. The invoice is reviewed by a Supervisor and approved if appropriate. Families receiving TANF have registration fees paid out of TANF funds. To comply with the requirement to pay registration fees, NH will pay one registration fee per child per calendar year for up to $50.00 according to the following tasks and timelines.

<u>Tasks and Timelines</u>

- Determine the process for coming into compliance: 9/30/18
- Complete System Development Business Requirements: 3/31/19
- Complete System Development: 10/1/19
- Complete System Testing and Implementation: 3/31/20
- Generate Rules and Policies: 10/1/19
- Complete the process for getting rules passed by the legislature: 3/31/20
- Design and implement training for providers, DHHS staff; and develop/disseminate information for families: 3/31/20

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 should 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, 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 thefamily'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:

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 45 days of no billing from the provider to provide information relative to the end of the child care link due to 90 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.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuraciesand disputes. 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 theirchild 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.

g) Other. Describe:N/A

4.5.2 Do payment practices vary across regions, counties, and/or geographic areas?

Effective Date: 10/01/2018

☑ No, the practices do not vary across areas.

☐ Yes, the practices vary across areas.

Describe:

4.6 Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for 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 (658 E(c)(2)(M); 98.16 (x)).

4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

Effective Date: 10/01/2018

☐ In licensed family child care.

☐ In licensed child care centers.

☑ Other.

Licensed home-based care in a large Northern NH county. Data source: Interactive Mapping Project from Child Care Aware of America in 2016. Progress will be tracked by updating the Interactive Mapping Project every few years.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

Effective Date: 10/01/2018

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

- [ ] Grants and contracts (as discussed in 4.1.3).

  Describe:

- [ ] Family child care networks.

  Describe:

- [ ] Start-up funding.

  Describe:

- [x] Technical assistance support.

  Describe:

  Child Care Aware of NH provides technical assistance to support child care programs in meeting unmet needs.

- [x] Recruitment of providers.

  Describe:

  Some of the technical assistance initiatives are only available to programs that are enrolled in the NH Child Care Scholarship Program, which has prompted programs to consider serving families receiving the NH Child Care Scholarship Program.

- [ ] Tiered payment rates (as discussed in 4.3.2).

  Describe:

- [ ] Support for improving business practices, such as management training, paid sick leave, and shared services.

  Describe:

- [ ] Accreditation supports.

  Describe:

- [ ] Child Care Health Consultation.

  Describe:

- [ ] Mental Health Consultation.

Describe:

☑ Other.

Describe:

Child Care Aware of NH is also working with programs that are in danger of closing due to unforeseen circumstances to strategize ways to remain in operation. NH also worked with Child Care Aware of America mapping project to locate child care deserts. The areas identified focused on licensed providers serving children birth through age 6.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

b) Infants and toddlers. Check and describe all that apply.

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

Child Care Aware of NH has an Infant/Toddler Specialist whose role is to provide training and technical assistance to programs with infant and toddler components. The Specialist helps with emergency planning, implementing the Early Learning Standards, professional development plans, and infant/toddler competencies. Strengthening Families, the NH Professional Registry and Credentialing, particularly support the Infant/Toddler credential endorsement. Other Child Care Aware of NH Training and TA Specialists also work with programs serving infants and toddlers in the same capacity.

☑ Recruitment of providers.

Describe:

A shortage of infant and toddler care was identified in the North County by Child Care Aware of NH through its family survey. Child Care Aware of NH undertakes efforts to recruit child care providers, particularly license-exempt, in highly rural areas in the North Country to help satisfy the unmet infant and toddler care needs.

☐ Tiered payment rates (as discussed in 4.3.2) .

Describe:

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☑ Other.

Describe:

An incentive kit has been developed utilizing the additional infant/toddler funds to encourage current providers, particularly those providing family child care and licensed exempt provider care, to begin or continue the care of infants.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

c) Children with disabilities. Check and describe all that apply.

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

Child Care Aware of NH provides technical assistance to support child care programs in meeting the needs of children with special needs. In addition, training and TA are offered to providers on developing expulsion policies and practices to avoid expulsion, particularly of children with behavioral challenges related to disabling conditions. The Preschool Technical Assistance Network (PTAN) also provides technical assistance to providers on positive behavioral supports for children with or without special needs.

☑ Recruitment of providers.

Describe:

A combination of training and technical assistance coupled with the anticipated rate increase in July 2019 (including increased disability differential payment and other policies such as professional development/holiday pay, 85% attendance rate pay, etc.) will be used as a recruiting tool for attracting new providers along with getting existing ones to serve more children with special needs.

☑ Tiered payment rates (as discussed in 4.3.2).

Describe:

By definition, a child with a disability in NH is a "child experiencing significant special need(s)," and means a child through the age of 17 who has a verified medical, physical, developmental, educational, or emotional disability requiring additional funds for accommodation or classroom adaptation in the child care setting. Using this definition the Lead Agency has created a tiered payment system to give providers an additional fee when serving children with special needs.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

d) Children who receive care during non-traditional hours.Check and describe all that apply

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

Child Care Aware of NH provides technical assistance to support children who recieve care during non-traditional hours.

☑ Recruitment of providers.

Describe:

Child Care Aware regularly reaches out to the existing and potential provider market to encourage providers to consider offering care options during

nontraditional hours, including nights, overnights and weekends. To track the success in this recruitment process, data are regularly culled from NACCRRAware. The most recent review (May 2018) indicated that NH currently has 5 license-exempt centers, 2 licensed family homes, and 2 licensed child care centers offering approximately 90 slots for overnight child care. The child care programs are also enrolled in the NH Child Care Scholarship Program. In addition, there are currently 4 license-exempt family homes and 3 licensed family homes offering non-traditional hours.

☐ Tiered payment rates (as discussed in 4.3.2) .

Describe:

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

e) Other. Check and describe all that apply:

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☐ Technical assistance support.

Describe:

☐ Recruitment of providers.

Describe:

☐ Tiered payment rates (as discussed in 4.3.2).

Describe:

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☑ Other.

Describe:

N/A

4.6.3 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.

Effective Date: 10/01/2018

a) How does the Lead Agency define areas with significant concentrations of poverty andunemployment?

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.. $25,848 for a family of four with two children)
- Those areas with overall poverty rates that are above the statewide average of 7.7% (e.g.. Belknap County at 12.5%)
- Those ares 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 careand development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs NH's supply building strategies incorporate four major initiatives:

1) Provision of training and technical assistance to retain and/or increase the number ofchild care slots and to improve provider business practices;
2) Make investments that improve quality;
3) Support the use of shared services; and
4) Provide quality incentive payments to providers that achieve Licensed Plus or nationalaccreditation.

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.

In the December 2, 2015 Market Rate Survey, NH included the component "Poverty and Access to Early Childhood Programs," which looked at poverty rates in all 10 counties. NH also looked closely at three targeted geographical areas as follows: Coos County, Sullivan County, and the city of Manchester. This initial effort was made to identify those communities with high poverty rates and where children and families may be underserved. NH looked at the number of programs in relation to the number of children needing care; types of licensed programs available (e.g., infant/toddler, pre-school, school age and center versus family-based), and a quality indicator of Licensed Plus or nationally accredited. NH found pockets of high poverty, particularly along the Maine border and in the northern counties, as well as among children. In addition, Census data and other information were reviewed in order to better understand related issues within our state, such as declining birth rates, single-parent families, and concentrations of children with minority backgrounds.

The BCDHSC participated in an Interactive Mapping Project from Child Care Aware of America in 2016. This has allowed NH to expand upon the work completed in the December 2, 2015 Market Rate Survey, which looked at Coos and Sullivan counties and the city of Manchester. The Interactive Mapping Project involved a two-pronged approach: one was to look at the cost of care and another was to look at supply and demand. As a result, NH was featured in "Parents and the High Cost of Child Care: 2016 Report," produced by Child Care Aware of America released on December 7, 2016. In addition, NH's county level data are featured in the "Parents and the High Cost of Child Care: 2017 Report," which is currently available online at http://www.usa.childcareaware.org/advocacy-public-policy/resources/reports-andresearch/costofcare/. In addition to these reports, there are interactive maps available where data are viewable for all states. In the 2016 report, we looked at county level data for all 10 counties in the state, two types of care (licensed center-based care

and licensed home-based care), and two ages of children (infants and four-year-olds). Using data from NH's module of the NACCRRAware Data System and the U.S. Census Bureau's American Community Survey (2014, Table B19126), affordability was determined by comparing the average cost of child care against the county median income. Some of the main findings in 2016 were as follows:

- Of the 4 states reviewed in (AZ, MA, MN, and NH), NH is the state with the most consistently priced child care.
- The costs of center-based care across NH's 10 counties follow a normal distribution ("bell curve") compared to the statewide average cost of care, meaning half of all counties are more affordable than the statewide average and half are less affordable than the statewide average.
- The costs for center-based care of infants exceeded the statewide average in all counties.
- The costs for center-based care of 4-year-olds was lower than the statewide average in 9 counties.
- The costs for home-based care of infants exceeded the statewide average in all counties.
- The costs for home-based care of 4-year-olds was lower than the statewide average in 7 counties.
- In Coos County, the geographically largest and most rural county in NH, there are no existing licensed home-based child care programs. Additionally, we know there are a total of 50 license-exempt family homes and license-exempt centers enrolled with the BCDHSC to receive CCDF scholarship, and therefore, must consider if there is an issue of preference versus access for more varied types of care in the county. Additional analysis and mapping of these locations is needed before deciding if expansion of access to licensed home-based child care program is indeed an appropriate supply building strategy for Coos County.

NH also engaged with Child Care Aware of America building maps that provide visuals that will help stakeholders better understand where the greatest need for high quality child care exists statewide. Because these efforts will potentially identify an absence of an essential commodity (i.e., child care) in certain geographic areas, areas where limited access exists will be highlighted. This statewide mapping project uses zip codes where children who are receiving CCDF scholarship reside. With an overlay of where Licensed Plus and nationally accredited child care programs are located, we can identify areas that are lacking quality child care and formulate solutions.

Through its sharing of information with stakeholders and the general public, the BCDHSC has been able to detect where gaps exist and suggest where private funding might achieve the best return on investment. For example, the NH Charitable Foundation partnered with Child Care Aware of NH to increase the quality of child care in two

targeted cities (Concord and Claremont, NH) by supporting a cohort of providers to meet monthly and progress through NH's QRIS.

In 2017, NH contracted with Early Learning New Hampshire as a supply building strategy to promote shared services through the provision of 180 memberships to the Statewide Early Learning Alliance (SELA) and to customize the Early Childhood Education (ECE) Shared Resources Web Platform with information specific to NH. These memberships provided child care providers with a Shared Services model based on economies of scale and the sharing of human resources to maximize efficiencies in child care programs and lead to quality improvements. They can be particularly helpful in areas with significant concentrations of poverty because discounts for products and services are extended beyond child care programs to employees and to families.

NH contracts with Southern New Hampshire Services to provide child care resource and referral through Child Care Aware of NH. Components of the contract include: increasing the supply of, and access to, high quality child care; and providing training and technical assistance to improve quality and help child care providers to become Licensed Plus or nationally accredited by participating in NH's QRIS program. The BCDHSC issues additional payments to child care providers who become Licensed Plus (5% of the previous month's child care scholarship payment) or nationally accredited (10% of the previous month's child care scholarship payment).

ACROSS NH provides training and technical assistance to school-age child care providers and is also supporting programs to increase and retain the number of schoolage child care slots.

Granite State College and the NH Community College System provide tuition assistance that allows teachers to take courses in early childhood education for free or at reduced cost in order to meet teacher or director qualifications.

PTAN provides training and technical assistance to providers to successfully include children with special needs into child care programs and to avoid expulsion.

NH is also half way through its four-year, federal technical assistance project. Through the Impact Project, NH is receiving technical assistance to retain and/or increase the number of qualified staff in child care programs statewide. During the first two years of

the Impact Project, NH formed two goal groups: Compensation and Retention and Recruitment and Alternative Pathways. In January of 2018, the Recruitment and Alternative Pathways goal group identified audiences for their work to include: racially and ethnically diverse (including new Americans), millennials, and retired workers. NH developed public-private partnerships with the Endowment for Health and the NH Charitable Foundation to conduct an early childhood education workforce survey to gather baseline information on its workforce. Additional priority strategies were identified by the Compensation Goal Group in March of 2018, including: tiered reimbursement; quality stipend; and percentage of base rate for higher levels of quality; and shared services. Additional strategies for compensation and alternative pathways to deliver college and degree programs included T.E.A.C.H, Department of Labor Apprenticeship Program and Running Start.

Additional investments are being considered in conjunction with the data from all research conducted, changes required as a result of reauthorization, and budget.

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 providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This

section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

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 are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF services.

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 all that apply and provide a citation to the licensing rule.

Effective Date: 10/01/2018

☑ Center-based child care.

Describe and Provide the citation:

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."

All of the above programs are licensed under He-C 4002:
https://www.dhhs.nh.gov/oos/cclu/documents/he-c4002.pdf

☑ Family child care.

Describe and Provide the citation:

"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 for less 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

☐ In-home care (care in the child's own home).

Describe and provide the citation (if applicable):

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Effective Date: 10/01/2018

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.

Persons administering programs, whetherlicensed 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.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? 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

Effective Date: 10/01/2018

☑ Center-based child care.

If checked, describe the exemptions.

- 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 of America, 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.

☐ Family child care.

If checked, describe the exemptions.

☑ In-home care.

If checked, describe the exemptions.

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.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish 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.

Effective Date: 05/08/2021

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

Birth to 18 months [He-C 4002.01(ae)]

-- Ratio:

6 weeks to 12 months = 1:4; 13 months to 18 months = 1:5 [He-C 4002.34(b)]

-- Group size:

12 infants for 6 weeks to 12 months; 15 infants for 13 to 18 months [He-C 4002.34(b)]

EMERGENCY POLICY DUE TO COVID-19

5.2.1 was updated to temporarily recommend the total group size in the child care setting for all age groups be limited to 10, including adults. This temporary change was recommended by the NH Department of Public Health and included in the Governor's executive order to help prevent the spread of COVID-19 and to ensure the health and safety of NH residents. Effective: 3/25/20-8/13/20

Update on COVID Policy Change

The recommended total group size has since been adjusted to 12 as of January 3, 2021

Update as of May 8, 2021- Allgroup sizes have been retunrned to those in place pre-COVID and are accurately listed in each section of the plan. The guidance in place is now Universal Best Practices as of May 8 with no specific guidance for child care:
https://www.covidguidance.nh.gov/sites/g/files/ehbemt381/files/inlinedocuments/sonh/universal-best-practices.pdf

-- Teacher/caregiver qualifications:

(see also "Qualifications…" following #3):

12 months and younger minimum staffing levels:

- One associate teacher with up to 4 children;
- One associate teacher and one assistant teacher with 5 to 8 children; and - One lead teacher and 2 assistant teachers with 9 to 12 children.

13-18 months minimum staffing levels:

- One associate teacher with up to 5 children;
- One associate teacher and one assistant teacher with 6 to 10 children
- One lead teacher and 2 assistant teachers with 11 to 15 children

2. Toddler

-- How does the State/territory define toddler (age range):

19 months through 35 months [He-C 4002.01(bl)]

-- Ratio:

19 - 24 months = 1:5; 25 - 35 months = 1:6 [He-C 4002.34(b)]

-- Group size:

15 toddlers for 19 months to 24 months; 18 toddlers for 25 - 35 months [He-C 4002.34(b)]

EMERGENCY POLICY DUE TO COVID-19

5.2.1 was updated to temporarily ***recommend*** the total group size in the child care setting for all age groups be limited to 10, including adults. This temporary change was recommended by the NH Department of Public Health and included in the Governor's executive order to help prevent the spread of COVID-19 and to ensure the health and safety of NH residents. Effective Date: 3/25/20-8/13/20

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-- Teacher/caregiver qualifications:

(see also "Qualifications…" following #3):

19 - 24 months minimum staffing levels:

- One associate teacher with up to 5 children;
- One associate teacher and one assistant teacher with 6 to 10 children; and - One lead teacher and 2 assistant teachers with 11 to 15 children.

25 - 35 months minimum staffing levels:

- One associate teacher with up to 6 children;
- One associate teacher and one assistant teacher with 7 to 12 children; and - One lead teacher and 2 assistant teachers with 13 to 18 children.

3. Preschool

-- How does the State/territory define preschool (age range):

3 years to 6 years (if not enrolled in a full day school program)

-- Ratio:

36 to 47 months = 1:8; 48 to 59 months = 1:12;

60 months and over = 1:15 [He-C 4002.33(b)]

-- Group size:

24

EMERGENCY POLICY DUE TO COVID-19

5.2.1 was updated to temporarily ***recommend*** the total group size in the child care setting for all age groups be limited to 10, including adults. This temporary change was recommended by the NH Department of Public Health and included in the Governor's executive order to help prevent the spread of COVID-19 and to ensure the health and safety of NH residents. Effective Date: 3/25/20-8/13/20

Update as Of January 3, 2021 - as of this date recommendaed group size was increased to 12 from 10 for all age groups.

Update as of May 8, 2021- Allgroup sizes have been retunrned to those in place pre-COVID and are accurately listed in each section of the plan. The guidance in place is now Universal Best Practices as of May 8 with no specific guidance for child care:
https://www.covidguidance.nh.gov/sites/g/files/ehbemt381/files/inlinedocuments/sonh/universal-best-practices.pdf

-- Teacher/caregiver qualifications:

Teacher/caregiver qualifications (see also "Qualifications…" following #3):

36 to 47 months minimum staffing levels:

- One associate teacher with up to 8 children;
- One associate teacher and one assistant teacher with 9 to 16 children; and
- One lead teacher and 2 assistant teachers with 17 to 24 children.48 to 59 months minimum staffing levels:
- One associate teacher with up to 12 children; and
- One associate teacher and one assistant teacher with 13 to 24 children.

48-59 months minimum staffing levels:
- One associate teacher with up to 12 children; and
- One associate teacher and one assistant teacher with 13 to 24 children;

60 months and over minimum staffing levels:
- One associate teacher with up to 15 children; and
- One associate teacher and one assistant teacher with 16 to 30 children

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:

a. 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

b. 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;

(3) 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;

(4) 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.

4. School-age

-- How does the State/territory define school-age (age range):

56 months and older enrolled in a full day school program

-- Ratio:

1:15 [He-C 4002.36(f)]

-- Group size:

45 [He-C 4002.36(f)]

EMERGENCY POLICY DUE TO COVID-19

5.2.1 was updated to temporarily ***recommend*** the total group size in the child care setting for all age groups be limited to 10, including adults. This temporary change was recommended by the NH Department of Public Health and included in the Governor's executive order to help prevent the spread of COVID-19 and to ensure the health and safety of NH residents. Effective Date: 3/25/20-8/13/20

Update on COVID Policy Change

The recommended total group size has since been adjusted to 12 as of January 3, 2021

Update as of May 8, 2021- Allgroup sizes have been retunrned to those in place pre-COVID and are accurately listed in each section of the plan. The guidance in place is now Universal Best Practices as of May 8 with no specific guidance for child care:
https://www.covidguidance.nh.gov/sites/g/files/ehbemt381/files/inlinedocuments/sonh/universal-best-practices.pdf

-- Teacher/caregiver qualifications:

Teacher/caregiver qualifications (see also "Qualifications..."below)-:

Minimum staffing levels:

- One group leader with up to 15 children;
- One group leader and one assistant group leader with 16 to 30 children; and - One site director and 2 assistant group leaders with 31 to 45 children.

Qualifications for school age teachers [He-C 4002.32]

(s) 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.

(t) 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.

5. If any of the responses above are different for exempt child care centers, describewhich requirements apply to exempt centers

Staff to Child Ratio and Group Size: **[He-C 6916.15]**

- 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].

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms withmixed age groups.

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)]

EMERGENCY POLICY DUE TO COVID-19

5.2.1 was updated to temporarily ***recommend*** the total group size in the child care setting for all age groups be limited to 10, including adults. This temporary change was recommended by the NH Department of Public Healthand included in theGovernor's executive order to help prevent the spread of COVID-19 and to ensure the health and safety of NH residents. Effective Date: 3/25/20-8/13/20.

Update on COVID Policy Change

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7. Describe the director qualifications for licensed CCDF center-based care, includingany variations based on the ages of children in care.

[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:

a. 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;

b. An additional 3000 hours of experience working with children in a licensed child

care 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;

c. Current certification in early childhood, elementary, or special education by thedepartment of education;

d. 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

e. 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:

a. Current certification as a para II educator by the department of education; or

b. Both of the following:

1. 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

2. 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 in
b.1. shall be on file for review by the department

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

Time of birth to 18 months [He-C 4002.01(ae)]

-- Ratio:

(l) 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.

(m) 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.

(n) 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.

(o) 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.

-- 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.

(m) 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.

(n) 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.

(o) 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.

EMERGENCY POLICY DUE TO COVID-19

5.2.1 a was updated to temporarily recommend the total group size in the child care setting for all age groups be limited to 10, including adults, per the NH Division of Public Health and Governor's executive order. Effective: March 25, 2020 - August 13, 2020

Update on COVID Policy

The group size recommendation changed to 12 on January 3, 2021

Update as of May 8, 2021- All group sizes have been returned to those in place pre-COVID and are accurately listed in each section of the plan. The guidance in place is now Universal Best Practices as of May 8 with no specific guidance for child care:

https://www.covidguidance.nh.gov/sites/g/files/ehbemt381/files/inlinedocuments/sonh/universal-best-practices.pdf"

-- Teacher/caregiver qualifications:

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:

a. Successful completion of a 2 year child care curriculum approved by thedepartment of education; or

b. 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.

(c) A family child care worker shall be 18 years of age or older.

(d) A family child care assistant, whether paid or volunteer, shall:

(1) Be 16 years of age or older; and

(2) Work under the direct observation and supervision of the family child careprovider or a family child care worker at all times.

2. Toddler

-- How does the State/territory define toddler (age range):

19 months through 35 months [He-C 4002.01(bl)]

-- Ratio:

(l) 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.

(m) 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.

(n) 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.

(o) 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.

-- 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.

(m) 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.

(n) 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.

(o) 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.

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-- Teacher/caregiver qualifications:

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:

a. Successful completion of a 2 year child care curriculum approved by thedepartment of education; or

b. 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.

(c) A family child care worker shall be 18 years of age or older.

(d) A family child care assistant, whether paid or volunteer, shall:

(1) Be 16 years of age or older; and

(2) Work under the direct observation and supervision of the family child careprovider or a family child care worker at all times.

3. Preschool

-- How does the State/territory define preschool (age range):

3 years to 6 years (if not enrolled in a full day school program)

-- Ratio:

(l) 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.

(m) 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.

(n) 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.

(o) 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.

-- 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.

(m) 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.

(n) 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.

(o) 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.

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-- Teacher/caregiver qualifications:

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:
a. Successful completion of a 2 year child care curriculum approved by thedepartment of education; or
b. 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.
(c) A family child care worker shall be 18 years of age or older.
(d) A family child care assistant, whether paid or volunteer, shall:
(1) Be 16 years of age or older; and
(2) Work under the direct observation and supervision of the family child careprovider or a family child care worker at all times.

4. School-age

-- How does the State/territory define school-age (age range):

56 months and older enrolled in a full day school program

-- Ratio:

(l) 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.

(m) 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.

(n) 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.

(o) 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.

-- 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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(m) 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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-- Teacher/caregiver qualifications:

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:

a. Successful completion of a 2 year child care curriculum approved by thedepartment of education; or

b. 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.

(c) A family child care worker shall be 18 years of age or older.

(d) A family child care assistant, whether paid or volunteer, shall:

(1) Be 16 years of age or older; and

(2) Work under the direct observation and supervision of the family child careprovider or a family child care worker at all times.

5. If any of the responses above are different for exempt family child care homes,please 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.

c) In-home CCDF providers:

1. Describe the ratios

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)

2. Describe the 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)

3. Describe the maximum number of children that are allowed in the home at any onetime.

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)

4. Describe if the state/territory requires related children to be included in the child-toprovider ratio or group size

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)

5. Describe any limits on infants and toddlers or additional school-age children that areallowed for part of the day

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 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

a) To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note: This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

Effective Date: 10/01/2018

1. Prevention and control of infectious diseases (including immunization)

-- 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 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.

-- List all citations for these requirements, including those for licensed and licenseexempt programs

Licensed providers: He-C 4002.15; He-C4002.16; He-C4002.17; He-C 4002.26; He-C 4002.27;

License-exempt providers: He-C 6916.10; 6917.10

-- 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. 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.

-- Describe any 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.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices -- 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 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.

-- List all citations for these requirements, including those for licensed and licenseexempt 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

-- 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. All the standards listed above are included in the Prevention of sudden infant death syndrome and the use of safe-sleep practices section.

-- Describe any 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

-- Describe if relatives are exempt from this requirement

Relatives are not exemp from this requirement.

3. Administration of medication, consistent with standards for parental consent

-- 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 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, including:
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.

-- List all citations for these requirements, including those for licensed and licenseexempt providers
He-C 4002.18;
License-exempt providers: He-C 6916.09; He-C 6917.09

-- 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.
-- Describe any variations based on the age of the children in care No variations in licensed care.
There are no variations in license-exempt care.

-- Describe if relatives are exempt from this requirement
Relatives are not exempt from this requirement.

4. Prevention of and response to emergencies due to food and allergic reactions -- 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 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.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Licensed providers: 4002.18; 4002.19; 4002.29;

License-exempt providers: He-C 6916.08; He-C 6917.08

-- Describe any 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.

-- Describe any 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.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5. Building and physical premises safety, including the identification of and protectionfrom hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic

-- 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 Rules: He-C 4002 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 and response to emergencies due to food and allergic reactions, including;

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:

1. Electrical hazards
2. Strangulation hazards
3. Entrapment hazards
4. Guns/weapons/ammunition in locked storage
5. Knives/sharp objects
6. Tripping/slipping hazards
7. Protective barriers on windows
8. Loose/flaking paint
9. Lead hazards
10. Asbestos hazards
11. Radon hazards
12. Poisonous plants
13. Fumes from toxic chemicals or materials
14. Pesticides
15. Construction hazards
16. Toxic and flammable materials
17. Hazardous pets
18. Heat sources
19. Smoking
20. Pools

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Licensed providers: He-C 4002.14;
License-exempt providers: He-C 6916.05; He-C 6917.05

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Smoking is not allowed in licensed center based programs; however, it is allowed in licensed family child care during non-operating hours.

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.

- 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

-- Describe any variations based on the age of the children in care

No variations in licensed care.

There are no variations in license-exempt care.

-- Describe if relatives are exempt from this requirement

The are no exceptions for relatives

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment-- 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 Rules: He-C 4002 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.

-- List all citations for these requirements, including those for licensed and licenseexempt 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

-- 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 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.

-- Describe any 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.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from requirements.

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.

-- 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 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 humancaused 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 accomodations, 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 accomodations 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..

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Licensed providers: He-C 4002.19; He-C19W

License-exempt providers: He-C 6916.07; He-C 6917.07

-- 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.

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. License-exempt providers are not required to use the Incident Command System and are only required the lockdown, evacuation, relocation and shelter-in-place.

-- Describe any variations based on the age of the children in care

No variations in licensed care.

There are no variations in license-exempt care.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

8. Handling and storage of hazardous materials and the appropriate disposal of biocontaminants

-- 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 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.

-- List all citations for these requirements, including those for licensed and licenseexempt 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

-- 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 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.

-- Describe any 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.

9. Precautions in transporting children (if applicable)

-- 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 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.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Licensed providers: He-C 4002.29;

License-exempt providers: He-C 6916.14; He-C6917.15

-- 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.

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.

-- Describe any variations based on the age of the children in care

No variations between licensed providers.

No variations between license-exempt providers.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from requiring permission slips for field trips.

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

-- 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 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 3

Further 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 orAmerican 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.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Licensed provider: He - 4002.19; He-C 4002.19(m);
License-exempt provider: He-C 6916.11; He-C 6917.11

-- Describe any 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.

-- Describe any 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.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

11. Recognition and reporting of child abuse and neglect

-- 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 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.

-- List all citations for these requirements, including those for licensed and licenseexempt 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

-- 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 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.

-- Describe any variations based on the age of the children in care

No variations between licensed providers.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

b) Does the Lead Agency include any of the following optional standards?

- ☐ No, if no, skip to 5.2.3.
- ☑ Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

--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"

-- List all citations for these requirements, including those for licensed and licenseexempt providers He-C 4002.27

--Describe any 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.

-- Describe any 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.

--Describe if relatives are exempt from this requirement

N/A: License-exempt rules do not include nutrition standards.

2. Access to physical activity

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

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

-Describe any 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.

-- Describe any 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.

--Describe if relatives are exempt from this requirement

There is no requirement for license-exempt providers, including relatives for training on physical activity.

3. Caring for children with special needs

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Licensed providers: He-C 4002.18; He-C 4002.24;

License-exempt providers: He-C 6916.12; He-C6917.12

--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.

Facility based licensed-exempt providers are exempt from the requirement of having an expulsion policy.

-- Describe any 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.

--Describe if relatives are exempt from this requirement

Relatives are exempt from the requirement of having an expulsion policy.

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

N/A

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) N/A

-- List all citations for these requirements, including those for licensed and licenseexempt providers

N/A

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). N/A

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

N/A

5.2.3 Health and safety training for CCDF providers on required topics.

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, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Effective Date: 03/18/2020

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health andsafety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

Six hours, not including First Aid/CPR Certification

2. Licensed FCC homes:

Six hours, not including First Aid/CPR Certification

3. In-home care:

2 hours, not including First Aid/CPR Certification.

COVID-19 EMERGENCY POLICY

5.2.3 a was updated to temporarily extend the compliance deadline for the health and safety training requirements for staff. A child care provider was allowed 60 days from the date of enrollment to complete the health and safety training, including first aid and CPR during the COVID-19 state of emergency. This temporary change allowed expedited enrollment for a child care provider providing emergency child care to essential workers. Effective Dates: 3/18/20 - 8/31/20.

4. Variations for exempt provider settings:

2 hours, not including First Aid/CPR Certification.

COVID-19 EMERGENCY POLICY

5.2.3 a was updated to temporarily extend the compliance deadline for the health and safety training requirements for staff. A child care provider was allowed 60 days from the date of enrollment to complete the health and safety training, including first aid and CPR during the COVID-19 state of emergency. This temporary change allowed expedited enrollment for a child care provider providing emergency child care to essential workers. Effective Dates: 3/18/20 - 8/31/20.

b) Provide the length of time that providers have to complete trainings subsequent tobeing hired (must be 3 months or fewer)

Within 90 days of employment or 2 weeks for programs operating 3 months of the year or less. This requirement is the same for facility based license-exempt providers.

c) Explain any differences in pre-service or orientation training requirements based onthe ages of the children served

For licensed providers **,** programs not licensed to care for children younger than 18 months are not required to complete training on safe sleep practices or prevention of shaken baby syndrome and abusive head trauma. License-exempt providers are required to complete training in all of the health and safety topic areas.

d) Describe how the training is offered, including any variations in delivery (e.g. acrossstandards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

Providers are able to take training offered online or may be delivered in person through workshops. NH has contracted with ProSolutions to offer an online health and safety training program which includes all of the health and safety topics. Providers are able to take these trainings at no cost.

e) Identify below the pre-service or orientation training requirements for each topic(98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)

   Provide the citation for this training requirement, 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)

   Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

   ☑ Yes

   ☐ No

   Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.Requirement applies to both center and FCC.

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, 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)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement. Requirement applies to both center and FCC.

5.2.3e 3. Administration of medication, consistent with standards for parental consent Provide the citation for this training requirement, including citations for both licensed and license-exempt providers Licensed: He-C 4002.30(a)(4)

License-exempt: He- C 6914.04(d)(3)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from requirement. Requirement applies to both center and FCC.

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions Provide the citation for this training requirement, including citations for both licensed and license-exempt providers Licensed: He-C 4002.30(a)(5) License-exempt: He- C 6914.04(d)(4)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement. Requirement applies to both center and FCC.

5.2.3e 5. Building and physical premises safety, including the identification of and

protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed: He-C 4002.30(a)(6) License-exempt: He- C 6914.04(d)(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement. Requirement applies to both center and FCC.

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

- Licensed: He-C 4002.30(a)(7);
- License-exempt: He- C 6914.04(d)(6)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement. Requirement applies to both center and FCC.

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers Licensed: He-C 4002.30(a)(8); License-exempt: He- C 6914.04(d)(8)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement. Requirement applies to both center and FCC.

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed: He-C 4002.30(a)(9);
License-exempt: He- C 6914.04(d)(9)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement. Requirement applies to both center and FCC.

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, 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)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement. Requirement applies to both center and FCC.

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, 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)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relativea are not exemplt from this requirement. Requirement applies to both center and FCC.

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers - Licensed: He-C 4002.30 (a)(12);

- License-exempt: He-C 6914 (d)(7)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement. Requirement applies to both center and FCC.

5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

- Licensed: He-C 4002.30 4002.30 (a)(13);
- License-exempt: He-C 6914 (d)(11)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement. Requirement applies to both center and FCC.

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

Licensed providers: Child Care Licensing either requires or recommends, in addition to the required standard CCL Orientation and Pre-service training the followingadditional training, relative to the program activities or special populations:

- Required - water safety for programs participating in water based activities ,

- Recommended caring for children with exceptionalities, nutrition, among other topics

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed providers: He-C 4002.30(a)(1) Child Care Licensing Orientation; He-C 4002.29(t)(3) Water Safety if supervising children participating in water activities:

He-C 4002.30(j) includes additional topics approved for training, such as caring for children with exceptionalities and nutrition, but no specific requirement. In order to maintain enrollment, He-C 6914.05 (a)(3)License-exempt providers must complete 2 hours of annual professional development in approved topic areas, including caring for children with exceptionalities, nutrition, but no specific requirements.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement. Requirement applies to both center and FCC.

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

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 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 .

b) 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 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 .

c) In-home care:

Initially, all license-exempt providers are required to takea 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).

d) 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.

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Effective Date: 10/01/2018

1. Prevention and control of infectious diseases (including immunizations)

   -- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

   Licensed providers: He-C 4002.30 (d);

   License-exempt providers: He-C 6914.05 (4)

   -- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

   - [ ] Annually
   - [x] Other

   Describe:

   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.

   -- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

   - [ ] Annually
   - [x] Other

   Describe:

   Training on this topic is required initially for all employees, and optionally can be retaken as part of the required2 hours of ongoing training. Unless licensing identifies an immediate need for re-training.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices -- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed providers: He-C 4002.30(d); License-exempt providers: He-C 6914.05(4)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training on this topic is required initially for all employees, and optionally can be retaken as part of the required2 hours of ongoing training.Unless licensing identifies an immediate need for re-training.

3. Administration of medication, consistent with standards for parental consent

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed providers: He-C 4002.18(b); He-C 4002.19(g); He-C 4002.30(d); License-exempt providers: He-C 6914.05(4)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training on this topic is required initially for all employees, and optionally can be retaken as part of the required 2 hours of ongoing training.Unless licensing identifies an immediate need for re-training.

4. Prevention and response to emergencies due to food and allergic reactions

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed providers: He-C 4002.30(d); License-exempt providers: He-C 6914.05(4)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

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.

.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training on this topic is required initially for all employees, and optionally can be retaken as part of the required2 hours of ongoing training. Unless licensing identifies an immediate need for re-training.

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed providers: He- C 4002.30 (d);

License-exempt providers: He-C 6914.05(4)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training on this topic is required initially for all employees, and optionally can be retaken as part of the required2 hours of ongoing training.Unless licensing identifies an immediate need for re-training.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment -- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed providers: He- C 4002.30 (d);

License-exempt providers: He-C 6914.05(4)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training on this topic is required initially for all employees, and optionally can be retaken as part of the required2 hours of ongoing training.Unless licensing identifies an immediate need for re-training.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed providers: He- C 4002.30 (d);

License-exempt providers: He-C 6914.05(4)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training on this topic is required initially for all employees, and optionally can be retaken as part of the required2 hours of ongoing training.Unless licensing identifies an immediate need for re-training.

8. Handling and storage of hazardous materials and the appropriate disposal of biocontaminants

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed providers: He- C 4002.30 (d);

License-exempt providers: He-C 6914.05(4)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training on this topic is required initially for all employees, and optionally can be retaken as part of the required2 hours of ongoing training.Unless licensing identifies an immediate need for re-training.

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed providers: He- C 4002.30 (d);

License-exempt providers: He-C 6914.05(4)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

.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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training on this topic is required initially for all employees, and optionally can be retaken as part of the required2 hours of ongoing training.Unless licensing identifies an immediate need for re-training.

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed providers: He- C 4002.20 (d);

License-exempt providers: He-C 6914.05(5)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Must maintain a current certification. Certification is granted by approved national training providers (e.g.. Red Cross, American Heart Association, etc.) with 1 to 3 year renewal requirements depending on the organization and level of training.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Must maintain a current certification. Certification is granted by approved national training providers (e.g.. Red Cross, American Heart Association, etc.) with 1 to 3 year renewal requirements depending on the organization and level of training.

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed providers: He- C 4002.30 (d);

License-exempt providers: He-C 6914.05(4)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training on this topic is required initially for all employees, and optionally can be retaken as part of the required2 hours of ongoing training. Unless licensing identifies an immediate need for re-training.

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Licensed providers: He- C 4002.30 (d);

License-exempt providers: He-C 6914.05(4)

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

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.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training on this topic is required initially for all employees, and optionally can be retaken as part of the required2 hours of ongoing training. Unless licensing identifies an immediate need for re-training.

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

Licensed providersare required to take water safety training if supervising children participating in water activities. This is an annual requirement.

Other topics can be taken as part of the 18 hours of required annual professional development and can be recommeded by licensing when or if the need arises.

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

Licensed providers: He-C 4002.29(t)(3)

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

This is an annual requirement.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training on these topics can be taken as part of the4 hours of required annual professional development and can be recommeded by licensing when or if the need arises.

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that 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 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

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.

Effective Date: 10/01/2018

5.3.2 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 responding to the questions below to describe 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.

Effective Date: 03/27/2021

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements 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.

2. Describe your state/territory's requirements for annual, unannounced inspections oflicensed CCDF child care center providers

At least one unannounced inspection is required annually, per Licensing Inspection Policy dated February 8, 2018.

COVID EMERGENCY POLICY

5.3.2a was updated to temporarily suspend annual inspections during COVID-19 state of emergency because of the need for social distancing.

This temporary change was implemented to help prevent the spread of COVID-19 and to ensure the health and safety of NH residents.

New programs will receive a visit while following health and safety guidelines, as will any program with a complaint; also will visit programs expanding space to comply with health and safety guidance relative to social distancing when photos are inadequate to enable CCLU to view the proposed space. CCLU's goal is to complete all monitoring visits within the calendar year but no longer than 16 months from the date of the last visit, as OCC approved. Effective Date: 3/27/20 - 8/1/20.

- 5.3.2a. 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.

3. Identify the frequency of unannounced inspections:

☐ Once a year

☑ 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.

COVID EMERGENCY POLICY

5.3.2 a and 5.3.3 a were updated to temporarily suspend unannounced inspections during COVID-19 state of emergency because of the need for social distancing. This temporary change was implemented to help prevent the spread of COVID-19 and to ensure the health and safety of NH residents.

New programs will receive a visit while following health and safety guidelines, as will any program with a complaint; also will visit programs expanding space to comply with health and safety guidance relative to social distancing when photos are inadequate to enable CCLU to view the proposed space. CCLU's goal is to complete all inspections within the calendar year as OCC approved, but no longer

than 16 months from the date of the last visit. Effective Date: 3/27/20 - 8/1/20 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.

4. Describe the monitoring procedures (including differential monitoring, if applicableand how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

Fireinspectors 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.

5. List the citation(s) for your state/territory's policies regarding inspections for licens CCDF center providers

RSA170E:8.9, and 10; He-C 4002.02, .04, .05, .06., .09, and .10

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of license 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.

2. Describe your state/territory's requirements for annual, unannounced inspections oflicensed CCDF family child care providers

At least one unannounced inspection is required annually, per Licensing Inspection Policy dated February 8, 2018.

COVID EMERGENCY POLICY

5.3.2(b)was updated to temporarily suspend annual inspections (monitoring visit) during COVID-19 state of emergency because of the need for social distancing. This temporary change was implemented to help prevent the spread of COVID-19 and to ensure the health and safety of NH residents.

New programs will receive a visit while following health and safety guidelines, as will any program with a complaint; also will visit programs expanding space to comply with health and safety guidance relative to social distancing when photos are inadequate to enable CCLU to view the proposed space. Beginning August 1, 2020, CCLU resumed monitoring visits, with the intent to complete each one due within the allocated time frame for the year (i.e., NH received approval to conduct the annual visit within the calendar year, with a goal of not more than 16 months from the date of the previous visit). Effective Date: 3/27/20 - 8/1/20

- Update as of 10/1/2020 while the annual inspections (monitoring visits) have been restarted, Visits 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 safety.
- 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.

3. Identify the frequency of unannounced inspections:

☐ Once a year

☑

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.

COVID EMERGENCY POLICY

5.3.3(a) was updated to temporarily suspend annual inspections (monitoring visit) during COVID-19 state of emergency because of the need for social distancing. This temporary change was implemented to help prevent the spread of COVID-19 and to ensure the health and safety of NH residents.

New programs will receive a visit while following health and safety guidelines, as will any program with a complaint; also will visit programs expanding space to comply with health and safety guidance relative to social distancing when photos are inadequate to enable CCLU to view the proposed space. Beginning August 1, 2020, CCLU resumed monitoring visits, with the intent to complete each one due within the allocated time frame for the year (i.e., NH received approval to conduct the annual visit within the calendar year, with a goal of not more than 16 months from the date of the previous visit). Effective Date: 3/27/20 - 8/1/20

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.

4. Describe the monitoring procedures (including differential monitoring, if applicableand how the inspections ensure that CCDF family child care providers comply with th applicable licensing standards, including health, safety, and fire standards.

Fireinspectors 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.

5. 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

c) Licensed in-home CCDF child care

☑ N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards

2. Describe your state/territory's requirements for annual, unannounced inspections oflicensed CCDF in-home child providers

3. Identify the frequency of unannounced inspections:

☐ Once a year

☐ More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

5. List the citation(s) for your state/territory's policies regarding inspections for licensedin-home CCDF providers

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

The NH Child Care Licensing Unit (CCLU), local (city, town or county) Fire, Health and Safety Inspectors do pre-licesure inspections. CCLU does the unannounced inspections and will reuest additional visits from local authorities as identified.

5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies 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 licenseexempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

Effective Date: 03/27/2021

a) License-exempt center-based CCDF providers, including if monitoring is announced orunannounced, 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.

COVID EMERGENCY POLICY

5.3.3(a) was updated to temporarily suspend annual inspections (monitoring visit) during COVID-19 state of emergency because of the need for social distancing.

This temporary change was implemented to help prevent the spread of COVID-19 and to ensure the health and safety of NH residents.

New programs will receive a visit while following health and safety guidelines, as will any program with a complaint; also will visit programs expanding space to comply with health and safety guidance relative to social distancing when photos are inadequate to enable CCLU to view the proposed space. Beginning August 1, 2020, CCLU resumed monitoring visits, with the intent to complete each one due within the allocated time frame for the year (i.e., NH received approval to conduct the annual visit within the calendar year, with a goal of not more than 16 months from the date of the previous visit).
Effective Date: 3/27/20 - 8/1/20

- Update as of 10/1/2020 while the annual inspections (monitoring visits) have been restarted, Visits 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 safety.
- 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.

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 isannounced 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 forall 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 monotioring tool includes a checklist focused on health and safety issues including fire requirements. Depending on the results an announced follow-up visit to ensure compliance/correction can be undertaken.

COVID EMERGENCY POLICY

5.3.3(b) was updated to temporarily suspend annual inspections (monitoring visit) during COVID-19 state of emergency because of the need for social distancing.

This temporary change was implemented to help prevent the spread of COVID-19 and to ensure the health and safety of NH residents.

New license-exempt programs will receive a visit while following health and safety guidelines, as will any program with a complaint; also will visit programs expanding space to comply with health and safety guidance relative to social distancing when photos are inadequate to enable CCLU to view the proposed space. Beginning August 1, 2020, CCLU resumed monitoring visits, with the intent to complete each one due within the allocated time frame for the year (i.e., NH received approval to conduct the annual visit within the calendar year, with a goal of not more than 16 months from the date of the previous visit). Effective Date: 3/27/20 - 8/1/20

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.

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) License-exempt in-home CCDF providers, including if monitoring is announced orunannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, 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 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.

Provide the citation(s) for this policy or procedure

- He-C 6914.04 (a)(7), He-C 6914.05 (a)(9), He-C 6916

d) Lead Agencies have the option to develop alternate monitoring requirements for careprovided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

☑ No

☐ Yes. If yes,

decsibe:

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.

e) 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)

5.3.4 Licensing inspectors.

Effective Date: 10/01/2018

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 State's 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 and that those inspectors 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)).

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) Provide the citation(s) for this policy or procedure

A Supplemental Job Description can be provided by the State of NH Human Resources Department.

5.3.5 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)).

Effective Date: 10/01/2018

a) To certify, describe the state/territory policies and practices regarding the ratio oflicensing 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 April 2018, there are 835 licensed child care programs and 12 inspectors. Depending on the size of the territory covered, the ratio is 60-70 programs per inspector. In 2017 all programs received at least one unannounced inspection, in addition to completing complaint inspections, pre-licensure inspections, revision of licenses, and onsite consultations. Reports indicatingprogram 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.

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.

5.3.6 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 inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Effective Date: 10/01/2018

☐ Yes, relatives are exempt from all inspection requirements.
If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

☐ Yes, relatives are exempt from some inspection requirements.
If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

☑ No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal 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 FCC 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)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-State	National	InterState
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. 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			x
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			x
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check require+J514ments, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff

1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
6. 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	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing)	
	staff	
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

Effective Date: 03/27/2021

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe therequirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The staff member in licensed programs completes and signs a Criminal History Record Information Authorization form that authorizes release of the information to Child Care Licensing which is submitted to the NH Criminal Records Unit in the Department of Safety, along with submission of their digital fingerprints. The NH Criminal Records Unit completes the instate criminal record check using the individual's name and date of birth. The fingerprints are submitted to the Tri-State criminal repository, which is the central repository for NH, Maine, and Vermont criminal records supported by fingerprints, then the fingerprints are forwarded to the FBI. Those results are returned to the Child Care Licensing Unit.

<u>COVID-19 EMERGENCY POLICY</u>

5.4.1(a)(i) was updated due to COVID-19 to temporarily suspend FBI fingerprinting in response to the Governor's executive order that the State Police defer fingerprinting during the state of emergency. A waiver was submitted to OCC on May 19, 2020 and subsequently approved, which enables NH to temporarily defer the fingerprinting requirement for current staff or household members to renew their background checks and new staff or household members with no criminal background check. These individuals are required to complete a State of New Hampshire, as well as to complete fingerprinting portion of the criminal background check within 30 days of the end of the State of Emergency. On a temporary basis, DHHS Child Care Licensing Unit and Bureau of Child Development and Head Start Collaboration will also accept criminal background

checks for new staff completed by a school district for current employees of schools, or as a requirement of licensure through the individual's professional licensure process. The initial waiver period was from March 27, 2020 to March 2021. An extension to this waiver was granted on March 27, 2021 and is valid until September 30, 2021. The same conditions for which the intial waiver was approved remain in effect.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations All licensed providers and license-exempt providers receiving CCDF have the same background check requirements under RSA 170-E: 7. These includethe requirement that all providers complete and sign a Criminal History Record Information Authorization form that authorizes release of the information to Child Care Licensing which is submitted to the NH Criminal Records Unit in the Department of Safety, along with submission of their digital fingerprints. The NH Criminal Records Unit completes the instate criminal record check using the individual's name and date of birth. The fingerprints are submitted to the Tri-State criminal repository, which is the central repository for NH, Maine, and Vermont criminal records supported by fingerprints, then the fingerprints are forwarded to the FBI. Those results are returned to the Child Care Licensing Unit, except all license-exempt provider results are sent to the BCDHSC.

COVID-19 EMERGENCY POLICY

5.4.1(a)(ii) was updated due to COVID-19 to temporarily suspend FBI fingerprinting in response to the Governor's executive order that the State Police defer fingerprinting during the state of emergency. A waiver was submitted to OCC on May 19, 2020 and subsequently approved, which enables NH to temporarily defer the fingerprinting requirement for current staff or household members to renew their background checks and new staff or household members with no criminal background check. These individuals are required to complete a State of New Hampshire, as well as to complete fingerprinting portion of the criminal background check within 30 days of the end of the State of Emergency. On a temporary basis, DHHS Child Care Licensing Unit and Bureau of Child Development and Head Start Collaboration will also accept criminal background checks for new staff completed by a school district for current employees of schools, or as a requirement of licensure through the individual's professional licensure process. The initial waiver period was from March 27, 2020 to March 2021. An extension to this waiver was granted on March 27, 2021 and is valid until September 30, 2021. The same conditions for which the intial waiver was approved remain in effect.

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints,been conducted for all current (existing) child care staff? ☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

The same requirements exist for licensed and licensed-exempt child care staff, whether they are new (as defined as new to child care in NH or havea gap of 6 months or more of child care service in the state of NH) or existing staff (defined as those persons actively providing child care services). Existing staff members have their full background check conducted every five years, prior to the expiration date of the check. For example, if their last background check was run on January 1, 2015, the renewal background check (that includes all elements of the initial bacakground check) would need to be done by December 31, 2019 to stay in compliance.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii))..

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

Effective Date: 10/01/2018

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe therequirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed,regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and

98.16(o). Describe and provide citations

The staff member in licensed programs completes and signs a Household and Personnel form and the staff member in licensed-exempt programs completes and signs a Background Check Authorization that the program/provider submits to the licensing unit or to the Bureau. These forms detail that the sex offender registries will be checked and being on the registry disqualifies an individual from employment. Child Care Licensing staff, or the BCDHSC staff, hecks the name of each individual against the NH's Sex Offender Registry. If the staff member lives or lived (or worked) in another state, then licensing staff or CDHSC staff use the National Sex Offender Public Website for information from that individual's state. If individuals are on thRSA 170-E:7, He-C 4002.02(d)(5) and He-C 4002.04(l) e registries, they are disqualified from employment.

RSA 170-E:7, He-C 4002.02(d)(5) and He-C 4002.04(l)

ii. Describe how these requirements, policies and procedures apply to all other providerseligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E:7.

b) Has the search of the in-state sex offender registry been conducted for all current(existing) child care staff? ☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E: 7.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

Effective Date: 10/01/2018

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The staff member in licensed programs completes and signs a Household and Personnel form and the staff member in license-exempt programs completes and signs a Background Check Authorization form that the program/provider submits to the licensing unit or to the BCDHSC. Child Care Licensing staff or the BCDHSC staff checks the name of each individual against the NH Child Abuse and Neglect Registry. If the staff member lives in another state, then along with the Household and Personnel Form they submit the form for the state they live in, which is provided on the licensing website: https://www.dhhs.nh.gov/oos/cclu/out-of-state-checks.htm. The license-exempt providers complete the Background Check information and authorization along with the DCYF Central Registry Name Search Authorization. If the provider or any household member

lives in another state, they must fill out the previous states form which is sent to the provider by BCDHSC.

If a match is found, additional information is obtained from Division of Children, Youth and Family, and a letter is sent to the individual explaining they were listed on the Registry and would need to provide additional information to CCLU, including any counseling, training, and letters of reference attesting to their ability to work safely with children. CCLU would then make a determination based on the information provided.

RSA 170-E:7, He-C 4002.02(d)(5) and He-C 4002.04(l)

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations All license providers and licensed-exempt providers receiving CCDF have the same background check requirements under RSA 170-E:7 , He-C 4002.02(d)(5), He-C 4002.04(l) and He-C6920.04(g)

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff? ☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

RSA 170-E:7, He-C 4002.02(d)(5), He-C 4002.04(l) and He-C6920.04(g)

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

Effective Date: 03/27/2021

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Since July 1, 2007, NH has conducted an FBI criminal background check using fingerprints. Since October 1, 2016, any new or existing child care staff person, which includes all licensed or licensed exempt providers (or potential providers) 18 years of age or older, are required to complete a criminal background check in the State of NH. This must be done with digital fingerprints. Between 2007 and 2016, individuals, new or existing staff, may have submitted either inked or digital fingerprints. Prior to the October 2016 digital submission requirement the background check system only logged the results of the search and not the type of fingerprint (ink or digital) used for the search. Since October 1, 2016, all FBI fingerprint checks are being conducted with digital only prints. This falls under citation : RSA 170-E:7, He-C 4002.02(e) and He-C 4002.04(m).

COVID-19 EMERGENCY POLICY RE FINGERPRINTING

NH requested and was granted a waiver to temporarily suspend National FBI Criminal Fingerprint Search Requirements due to extraordinary circumstances. The Department of Safety - Criminal Records Unit will only process in-state criminal history record checks

requests at this time, deferring the requirement for FBI fingerprinting until after the State of Emergency has ended. Additionally,it will enable New Hampshire to improve the delivery of child care services during the pandemic by retaining current child care providers and expediting the enrollment of new providers who otherwise would not be permitted to care for children without completing the fingerprinting component of the background check. Thus, the waiver will help the state to ensure that child care supply can meet demand during the pandemic. Effective Dates: 3/27/20 - State of Emergency ends. An extension to this waiver was granted on March 27, 2021 and is valid until September 30, 2021. The same conditions for which the intial waiver was approved remain in effect.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E:7

COVID EMERGENCY POLICY

National FBI Criminal Fingerprint Search Requirements deferment apply to

1) Current staff or household members who need to renew their background check; and

2) New staff or household members with no criminal background check.

On a temporary basis, DHHS Child Care Licensing Unit and Bureau of Child Development and Head Start Collaboration will also accept criminal background checks for new staff completed by a school district for current employees of schools, or as a requirement of licensure through the individual's professional licensure process. Effective Dates: 3/27/20 - State of Emergency ends. An extension to this waiver was granted on March 27, 2021 and is valid until September 30, 2021. The same conditions for which the intial waiver was approved remain in effect.

For new staff or household members with no criminal background check consistent with the above, or for current staff and household members that need to renew their background check, the State of New Hampshire background check is required. Within 30 days of the termination of the State of Emergency, individuals for whom fingerprinting

was deferred will be required to complete the fingerprinting portion of a criminal history check.

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted? ☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Since July 1, 2007, NH has conducted an FBI criminal background check using fingerprints. Since October 1, 2016, anyone new or existing child care staff person, Since October 1, 2016, any new or existing child care staff person, which includes all licensed or license exempt providers (or potential providers) 18 years of age or older, are required to complete a criminal background check in the State of NH. This must be done with digital fingerprints.

The State of New Hampshire is seeking a waiver to the provision requiring all existing staff to have a National Fingerprint search completed by September 30, 2018. Since July 1, 2007, NH has conducted an FBI criminal background check using fingerprints. Since October 1, 2016, anyone new or existing child care staff person, Since October 1, 2016, any new or existing child care staff person, which includes all licensed or license exempt providers (or potential providers) 18 years of age or older, are required to complete a criminal background check in the State of NH. This must be done with digital fingerprints. Therefore, the goal is to ensure that all current staff (under the 5 year background check renewal requirement) will have completed the process using Next Generation Identification by September 30, 2019. The major barrier is the state does not currently

have any conduit to ask for any additional background checks to be run more frequently than every 5 years and more specifically on a small select group of providers. The new law being presented to the State of New Hampshire legislature will allow for more frequent checks and be broad in definition for future changes in background check requirements. At this time, we are only permitted to use the existing law and rule to prompt checks. In the event that all existing staff do not fall under the September 30th, 2019 deadline, a back-up plan has been crafted and will be implemented.This falls under citation : RSA 170-E:7, He-C 4002.02(e) and He-C 4002.04(m)

Status Update

On July 1, 2019, TITLE XII PUBLIC SAFETY AND WELFARE, CHAPTER 170-E, CHILD DAY CARE, RESIDENTIAL CARE, AND CHILD-PLACING AGENCIES, Child Day Care Licensing, Section 170-E:7, IVa went into effect, allowing NH to require additional background checks to be completed more frequently than every 5 years based on reliable information that the individual received one or more additional convictions subsequent to the previous criminal record check submission.
http://www.gencourt.state.nh.us/rsa/html/XII/170-E/170-E-7.htm

In 2017-2018, the Office of the Inspector General completed an audit on NH's compliance with background check requirements, revealing that not all individuals had completed all background check components. The primary reasons were as follows: 1) Individuals were sending their checks directly to the Department of Safety, and CCLU was unable to complete the registry checks and had no notification that a new employee was hired; 2) Existing staff did not complete the process once their previous background check had expired. To strengthen the background check system, CCLU implemented the following protocols: 1) As of January 2019, all forms will be submitted directly to CCLU; 2) In April, 2019, CCLU hired a staff member whose sole responsibility is to oversee the background check process and monitor where individuals' checks are missing; and 3) CCLU and the Bureau of Child Development are in the process of developing a new data system that will include a portal for individuals to have an account where they can submit information to complete the background checks, and will allow for notifications for the individual and CCLU when the checks are incomplete or need to be renewed. DHHS anticipates that this component of the data system will be launched by September 30, 2020.

Update as of March 2021

On November 24, 2020 a waiver was approved allowing for additional time to meet this requirement. Since that time the new data system has been designed and is the final test phase. Along with its projected introduction in late Spring 2021, the necessary rule changes to further support these requirements have been delayed due to COVID. The NH Legislature adjourned for a lengthy period and therefore a backlog of requests to the Rule Review Committee has resulted. In addition, the State Police have suspended the FBI checks during COVID and have temporarily delayed the implementation of their new online system which is a support feature of the DHHS Information System. This was an unanticipated additional barrier due to COVID. The new Rules have been drafted and are currently with the DHHS Legal Department with anticipated submission being projected for May/June 2021 with full implementation by late summer/early fall 2021.

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the instate (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

Effective Date: 10/01/2020

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

☑ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed,regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and

98.16(o). Describe and provide citations

As of January 2, 2018, the NH DOS, at the request of the CCLU and BCDHSC, added the NCIC's National Sex Offender Registry database search to its child care staff

background check portfolio. Child care staff are required to complete the background check process, when they are new to the field or if separated from child care employment for more than 6 months, and then every five years for the duration of their employment in the field.

The NCIC database search is now considered a required component of the NH state mandated, by law, background check for all child care staff including those working in licensed and license-exempt locations. The background check information/application is submitted to the NH Criminal Records Unit (through the NH State Police) who run all currently required in and out of state checks and report back the findings. The results are available on a link to a secure state server site in a report called the *State of New Hampshire Secure File Exchange Notification Service* and is available to the Child Care Licensing Unit and the CCDF Enrollment Specialist. The results are then shared with applicant and applicant's employer as appropriate.

RSA 170-E:7 requires digital fingerprints be submitted. The NH Department of Safety, Criminal Records Unit, began checking every individual submitted to them under RSA 170-E:7 in the NCIC database as of January 2, 2018.

ii. Describe how these requirements, policies and procedures apply to all otherproviders eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

All licensed and license-exempt providers receiving CCDF have the same background check requirements as licensed providers under RSA 170-E:7.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Allexisting child care staff are required to complete a renewal of their full background check every five years. At the time of this renewal, the NCIC database is included with the other components. Since access to this FBI database was not in place until June 2017, and the NH Criminal Records Unit (through the NH State Police) had to change both their processes and policies to add the NCIC check to all child care staff background checks, the actual processing could not begin until January 2018. As of January 2, 2018, the NCIC database check is included in background checks for all existing staff requesting background check renewals.

This requirement is the same for all child care providers regardless of whether they are CCDF providers or not.

The key challenge to meeting the deadline of September 30, 2018 relates to the current NH state rules/policies for both NH Criminal Records Unit and the Child Care Licensing Unit. These rules/policies do not permit the State to run the NCIC check separate from the regular background check. Further, there is no legislative or rule mandate that currently can be used to compel current child care staff to get a portion (NCIC) or the full

background check done outside of the 5-year renewal window. This also is exasperated by the burden of additional expense that would need to be absorbed by either the staff person or the state.

To change this rule/law requires legislative action. When the state approves any legislative action relative to this issue, under NH law, the FBI, as a stakeholder in the change, will have to be consulted prior to any change. In addition, a new set of rules will have to be submitted, approved and adopted for Child Care Licensing Unit, BCDHSC and the NH Criminal Records Unit (through the NH State Police) before the change can be implemented . This process will be handled during the 2018-29 legislative session and the target date for law adoption in June of 2019..

The option to try and change the rule without the law was explored, but the legislative liaison advised that a one-time "catch-up" action for such a small percentage of staff was unlikely to be approved and could negatively impact the new out-of-state background check legislation that is already in the works for broader CCDF background check requirement. In addition, the State Police Criminal Records Unit Chief advised the CCLU and BCDHSC that a very small percentage of the renewal population will have worked or resided outside the state in the last five years for a period of no more than 5 months and 29 days, or been placed on the NCIC database by a state other than NH in that time period. If the individual is eligible for placement on NCIC for a crime committed in NH during the same 5-year period, the local authorities would have been notified by the State Police.

At this time the goal is to have all existing staff processed through the NCIC system by September 30, 2019. In the event this goal cannot be fully met, a back-up plan has been identified.

Update as of March 2021

On November 24, 2020 a waiver was approved allowing for additional time to meet this requirement. Since that time the new data system has been designed and is the final test phase before going public in April/May. Along with its projected introduction in late Spring 2021, the necessary rule changes to further support these requirements have been delayed due to COVID and the Legislature and State Police suspension of certain activities. The submission of the new Rules is projected for May/June 2021 with full implementation by late summer/early fall 2021.

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

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 (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Effective Date: 10/01/2020

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed,regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all otherproviders eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

The state already has in place (through Law and Rule) the requirement to do initial background checks on all child care staff that are new or prospective. The only delay in full implementation, at this time, is lack of a Law/Rule that requires the state to conduct said criminal registry or repository check instates other than New Hampshire

At present efforts to meet the full implementation of the requirement could not be achieved by September 30, 2018. The Lead Agency' Administrators in the BCDHSC has been actively working on this requirement with the Child Care Licensing Unit and the State Police Criminal Records Unit (NHDOS) to bring the state to full compliance. When the requirement is fully instituted, it will apply to all existing and new child care staff working in NH.

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. NH DCYF child protection staff is currently piloting the processes for requesting/receiving this information in foster care. Further, CCLU and BCDHSC are hosting discussions with the NH DOS to determine if requests may be submitted through their department, or if applicants will need to request this information from other states and have results returned to the state. To allow for these checks to be undertaken, new legislation has been drafted to include this requirement in RSA 170-E7. The legislation has been sent to the DHHS legislative liaison for review and identification of a sponsor,

which will subsequently be presented to the legislature during the 2018 - 2019 session, and according to NH scheduling, if approved, signed into law by the Governor in June of 2019. That action would be followed by the development and approval of Rules and Policies with an implementation goal of September 30, 2019. Still under discussion is the cost burden, logistics and staffing considerations to support the implementation.

The Child Care Licensing Unit Chief and the CCDF Co-Administrators will continue to coordinate these efforts and regularly keep the DHHS Commissioner updated through appropriate channels.

See Appendix A for Waiver information.

Update as of March 2021

On November 24, 2020 a waiver was approved allowing for additional time to meet this requirement. Since that time the new data system has been designed and is the final test phase before going public in April/May. Along with its projected introduction in late Spring 2021, the necessary rule changes to further support these requirements have been delayed due to COVID and the Legislature and State Police suspension of certain activities. The submission of the new Rules is projected for May/June 2021 with full implementation by late summer/early fall 2021.

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

The state already has in place (through Law and Rule) the requirementthat all existing child care staff have a renewal background check every 5 years or when there is a gap of 6 months or more in the employment of same. The only delay in full implementation, at this time, is lack of a Law/Rule that requires the state to conduct said criminal registry or repository check in states other than New Hampshire.

At present, efforts to meet the full implementation of the requirement could not be achieved by September 30, 2018. The Lead Agency' Administrators in the BCDHSC has been actively working on this requirement with the Child Care Licensing Unit and the State Police Criminal Records Unit (NHDOS) to bring the state to full compliance. When the requirement is fully instituted, it will apply to all existing and new child care staff working in NH.

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. NH DCYF child protection staff is currently piloting the processes for requesting/receiving this information in foster care. Further, CCLU and BCDHSC are hosting discussions with the NH DOS to determine if requests may be submitted through their department, or if individuals will need to request this information from other states and have the results returned to the state. To allow for these checks to be undertaken, new legislation has been drafted to include this requirement in RSA 170-E7. The legislation has been sent to the DHHS legislative liaison for review and identification of a sponsor, which will subsequently be presented to the legislature during the 2018 - 2019 session, and according to NH scheduling, if approved, signed into law by the Governor in June of 2019. That action would be followed by the development and approval of Rules and Policies with an implementation goal of September 30, 2019. Still under discussion is the cost burden, logistics and staffing considerations to support the implementation.

Update as of March 2021

On November 24, 2020 a waiver was approved allowing for additional time to meet this requirement. Since that time the new data system has been designed and is the final test phase before going public in April/May. Along with its projected introduction in late Spring

2021, the necessary rule changes to further support these requirements have been delayed due to COVID and the Legislature and State Police suspension of certain activities. The submission of the new Rules is projected for May/June 2021 with full implementation by late summer/early fall 2021.

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

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) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

Effective Date: 10/01/2018

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

☑ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed,regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and

98.16(o). Describe and provide citations

All child care staffmembers that have lived in another state in the 5 years leading up to their background check application date are checked through the National Sex Offender Public Website for information from that individual's state, as the website data comes from each state's sex offender registry.

When the check is run, each individual state report where the prospective or existing child care staff person lived and.or worked, is opened and reviewed individually. This includes the State of New Hampshire Sex Offender Registry. All Registry hits are immediatley reported to CCLU and the BCDHSC who in turn notify the staff person and child care stakeholders as mandated in the law/rules.

RSA 170-E:7, He-C 4002.02(d)(5) and He-C 4002.04(l).

ii. Describe how these requirements, policies and procedures apply to all otherproviders eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

All child care staffis subject to the same requirements. RSA 170-E:7, He-C 4002.02(d)(5) and He-C 4002.04(l)

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff? ☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

Since the time the process was established (approximately 2012),all staff members working in licensed programs have been checked. Additionally, all staff members still working in the State of NH since that time have been subject to the required 5-year renewal background check and, therefore, have been subject to this requirement.

RSA 170-E:7, He-C 4002.02(d)(5) and He-C 4002.04(l)

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

Effective Date: 10/01/2020

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

☑ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed,regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and

98.16(o). Describe and provide citations

All individuals submitting the Child Care Background Check Application are required to list the states where they have lived and/or workedin for the 5 years prior to the application date on the Household and Personnel Form submitted to Child Care Licensing. Individuals submit the form for the state(s) they lived in, which is provided on our website: https://www.dhhs.nh.gov/oos/cclu/out-of-state-checks.htm. Licensing staff sends those forms to the applicable state(s), which include permission to return the results to CCLU, if state's policies permit. Otherwise, the results may be provided to the individual, or not at all, if the state is a closed state. If returned to the individual, he or she is obligated to return the results to licensing once received. These results become part of the Background Check Portfolio. Since October 1, 2016, new, prospective or existing child care staff living or working out of state, during the previous 5 years, has completed this process if required to complete a criminal background check. RSA 170-E:7, He-C 4002.02(d)(5) and He-C 4002.04(l)

ii. Describe how these requirements, policies and procedures apply to all otherproviders eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

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.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

The state already has in place (through Law and Rule) the requirementthat all existing child care staff have a renewal background check every 5 years or when there is a gap of 6 months or more in the employment of same. The only delay in full implementation at this time is lack of a Law/Rule that allows the state to conduct the full background check outside of the 5 year renewal requirement. This change will be addressed in the current legislation being presented to to the State of New Hampshire.

At present efforts to meet the full implementation of the requirement could not be achieved by September 30, 2018. The Lead Agency' Administrators in the BCDHSC has been actively working on this requirement with the Child Care Licensing Unit and the State Police Criminal Records Unit (NHDOS) to bring the state to full compliance. When the requirement is fully instituted, it will apply to all existing and new child care staff working in NH.

To date we have identified those states that are all of the state background check website information /forms etc and posted them on the DHHS website. 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. NH DCYF child protection staff is currently piloting the processes for requesting/receiving this information in foster care. Further, CCLU and BCDHSC are hosting discussions with the NH DOS to determine if requests may be submitted through their department, or if individuals will need to request this information from other states and have the results returned to the state. To allow for these checks to be undertaken, new legislation has been drafted to include this requirement in RSA 170-E7. The legislation has been sent to the DHHS legislative liaison for review and identification of a sponsor, which will subsequently be presented to the legislature during the 2018 - 2019 session, and according to NH scheduling, if approved, signed into law by the Governor in June of 2019. That action would be followed by the development and approval of Rules and Policies with an implementation goal of September 30, 2019. Still under discussion is the cost burden, logistics and staffing considerations to support the implementation when existing staff submit an application for their background checks under the 5 year renewal requirement, they are having the interstate child abuse and neglect check done in every state they lived and worked in the during the previous 5 years. Under the procedures listed in 5.4.8b. all existing staff will have these checks completed when

there 5 year renewal comes due. The goal is to have all existing staff fully vetted by September 30, 2019, in the event there is a delay or staff that have not been checked by that date, a back-up plan will be implemented.

Update as of March 2021

On November 24, 2020 a waiver was approved allowing for additional time to meet this requirement. Since that time the new data system has been designed and is the final test phase before going public in April/May. Along with its projected introduction in late Spring 2021, the necessary rule changes to further support these requirements have been delayed due to COVID and the Legislature and State Police suspension of certain activities. The submission of the new Rules is projected for May/June 2021 with full implementation by late summer/early fall 2021.

Provisional Employment

The CCDF final rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request timelimited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staffperson begins working; and
2. the staff member, pending the results of the elements of the background check, issupervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

☐ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving 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 child care staff member resides.

Describe and include a citation:

☐ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving 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 child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

☑ Other.

Describe:

Currently, the rules for licensed child care programs allow individuals to begin working once the background check has been submitted and prior to receiving results, without additional supervision. At present, options have been developed for changing rules or policies within the existing law to create a temporary compliance structure and are awaiting approval. For a long-term solution, requiring mandated supervision of uncleared staff,CCLU is drafting new rules that will apply accordingly. These rules are part of the Rules Package which will also include the out-of-state requirement and be simultaneously processed for approval by June of 2019, with full implementation by September 30, 2018.

At present, while current staff are not required to be supervised for the time they are awaiting their background check (approximately 16 days), the CCLU found that most programs were already practicing this provision voluntarily. According to reports, through licensing representatives and directly from providers, this is being done for liability and ethical reasons along with the fact that many providers through this was ready and existing rule.

The Child Care Licensing Unit Chief and the CCDF Co-Administrators will continue to coordinate these efforts and regularly keep the DHHS Commissioner updated through appropriate channels. It is important to note that in the last 5 years with 22,000

background checks, that not a single child care staff person has been found on any of the sex offender or child abuse registries currently being utilized by the state.

Update as of March 2021

On November 24, 2020 a waiver was approved allowing for additional time to meet this requirement. Since that time the new data system has been designed and is the final test phase before going public in April/May. Along with its projected introduction in late Spring 2021, the necessary rule changes to further support these requirements have been delayed due to COVID and the Legislature and State Police suspension of certain activities. The submission of the new Rules is projected for May/June 2021 with full implementation by late summer/early fall 2021.

5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Effective Date: 10/01/2018

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

At this time, any and all out-of-state background checks will be subject to the 45-day rule currently in place in NH. The assumption has been made that other states will be compliant with the CCDF requirement in a timely fashion and, therefore,will be obligated to respond in the same time-frame. At such time any state does not follow the 45-day rule, NH will work with the provider, applicant and the unresponsive state to identify and mitigate the issue on an individual basis. The tri-state system currently in place for NH, ME, and VT will drastically reduce any potential issues in this area since many NH providers have been New England based for most of their lives.

The out-of state requests (submitted by either child care staff or another authorized entity) on the official Sate of NH background check request form are submitted to the NH Criminal Records Unit in the Department of Safety, along with submission of their digital fingerprints. The NH Criminal Records Unit completes the criminal record check using the individual's name and date of birth. The fingerprints are submitted to the Tri-State criminal repository, which is the central repository for NH, Maine, and Vermont criminal records supported by fingerprints. the results are then returned to the designated agency/entity as directed by the NH State Background check request form. These responses are processed within 30 days.

5.4.11 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. 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)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Effective Date: 10/01/2018

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

- ☐ No
- ☑ Yes.

Describe other disqualifying crimes and provide 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:7, III

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Effective Date: 10/01/2018

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, 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.

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.

5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Effective Date: 10/01/2018

Describe how the state/territory ensures 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.

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 feeto $15.00 for child care providers. Of that $15.00, DHHS pays $7.50 for all staff working in licensed programs. Therefore, individuals pay the balance of $7.50 to NH DOS to process the state portion of the criminal background check. NH DOS only charges what the FBI sets for their cost, currently $12.00, for a total fee of $19.50 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-xempt providers is different. The state pays $10.00 and the providers pay $12.00. The charge for another state's child abuse and neglect registry is paid for by the individual.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

Effective Date: 10/01/2018

- [x] No, relatives are not exempt from background check requirements.
- [ ] Yes, relatives are exempt from all background check requirements.
- [ ] Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

[1] Recruit and Retain a Qualified and Effective Child Care Workforce

[1] **.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, which is 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.**

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.

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

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

-- 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.

Additionally, the Spark NH, Early Childhood Advisory Council, Workforce and Professional Development Committee, developed a cross-sector, core set of professional competencies, entitled "The Shared Professional Early Childhood Core Competencies (SPECCC)." These competencies were based on 14 source documents that represented standards and competencies from the early learning, family support and health sectors. Commonalities were identified and synthesized into a document, which can be accessed at: http://sparknh.com/site/assets/files/1044/sharedprofessionalearlychildhoodcorecompetenciesapril2016.pdf. 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.

-- 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.

-- Advisory structure. Describe:

Spark NH, Early Childhood Advisory Council, has a Workforce and Professional Development Committee that serves as the advisory body for the development and implementation of the National Association for the Education of Young Children's Policy Blueprint framework. The Workforce and Professional Development Committee developed recommendations and implementation plans to enhance NH's capacity for the recruitment, retention, advancement, and support of qualified professionals across early childhood programs via education, training, and credentialing. Information on the Spark NH Workforce and Professional Development Committee can be accessed at: http://sparknh.com/council-and-committees/workforce-and-professional-development/.

-- 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 meets 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.

-- Workforce information. Describe:

The BCDHSC, along with Child Care Aware of NH and ACROSS NH, co-manages an early childhood and afterschool workforce registry, the New Hampshire Professional Registry (or the Registry), which can be viewed at: http://www.dhhs.nh.gov/dcyf/cdb/profregistry.htm.

The Registry is able to capture 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.

The Impact Project was designed to develop/promote recommendations for addressing early childhood workforce issues in the state, including recruitment and retention, compensation and alternative career pathways. As part of this effort, a public/private partnership was formed among the BCDHSC, the Endowment for Health and the NH Charitable Foundation to fund an early childhood workforce study, which will provide baseline information on the status of the State's current early childhood workforce. Included in this study will be licensed child care centers (e.g., Head Start, preschool and child care) and licensed family child care homes.

Additionally, the most recent Market Rate Survey included a question on staff turnover that will also provide information on the status of our child care workforce.

-- 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.

The ACROSS NH contract provides training and technical assistance to schoolage 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.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

☐ Continuing education unit trainings and credit-bearing professional development to the extent practicable Describe:

☑ 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.

Over the past 3 years, the BCDHSC has partnered with the NH Department of Education (DOE) to offer an early childhood strand within the annual Educators' Summer Summit. Topics have included social emotional development/early childhood Pyramid Model, diversity, poverty, implicit bias, expulsion, and Kindergarten Readiness Indicators. Participants in the Summit have the option to receive CEUs for some sessions.

☐ 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 governor-appointed SAC (Spark NH, Early Childhood Advisory Council) was established by Executive Order in 2011. A recent revision of the rules did not change the number of required hours of ongoing professional development. The recently revised rules were reviewed by members of Spark NH and recommendations regarding professional staff educational qualifications and professional development requirements were submitted to the Child Care Licensing Unit Chief who serves as a SPARK NH comittee member.

Effective Date: 10/01/2018

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The evolvingProfessional 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, webbased statewide child care job search capabilities, recruiting events and materials, among others.
- Multiple avenues to increase learning and quality practices including telephonic/webbased and live technical assistance, live and online training opportunities, pilot program participation, state-based conferences, etc.
- Professional recognition through licensed plus (soon 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 ky 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; userfriendly 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.
- Development of a robust and useable QRIS that fosters quality, accomplishment, recognition while valuing diversity and professional growth across time and experience.
- 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 some 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.

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, ProSolutions has been 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: 10/01/2018

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for preservice 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 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 early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (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 licenseexempt providers. License-exempt providers who are enrolled to receive NH Child Care
  Scholarship 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 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 has become 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 are working together to develop a sustainable infrastructure that will offer a more systemic approach such that those who work with young children have the capacity 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 socialemotional 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.

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

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:

Effective Date: 10/01/2018

a) with limited English proficiency

Child Care Aware of NH is required to employ a bilingual outreach specialist who works with families, providers and potential providers whose first language is Spanish. This staff member's responsibilities include providing child care referrals to families whose first language is Spanish and conducting outreach to Spanish-speaking providers. Additionally, this staff member provides 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. The bilingual support specialist also provides training and targeted technical assistance to programs. Additionally, some of the Child Care Basic trainings have been translated into Spanish. The bilingual support specialist also attends NHEP Orientations that are conducted for families who speak Spanish.

If the bilingual specialist is not proficient in the same language as the provider, other supports exist within the agency to assist with the providers' needs.

NH's consumer education website, which is maintained by Child Care Aware of NH, is accessible in multiple languages through the Google translation service. Child Care Aware of NH has contracted with a website developer to redesign the consumer education website, which include a more robust language option.

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, 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. Although the consumer education website meets basic standards for accessibility, the website redesign will include 508 compliance, which will improve 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 has contracted 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 and Native Hawaiians (98.44(b)(2)(iii--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 the NH Child Care Scholarship. 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 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.
- The NH 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. These opportunities are accessible to all professionals enrolled in the NH Professional Registry. License-exempt providers enrolled to receive the NH Child Care Scholarship are required to enroll in the NH Professional Registry. Most of the trainings in the Registry 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," “How Do I Meet All of These Special Needs,” “How Does Nutrition, Temperament, and Other Factors Tie into an ADD/ADHD Diagnosis,” “Calling All Learners! Creating Inclusive and Respectful Classroom Culture,” “Working with Kids with Special Health Care Needs,” “Watch Me Grow, Ages and Stages, and Learn the Signs: Act Early.”
- ACROSS NH offers "Techniques for Working with Afterschool Children with ADD, ADHD and ODD" and "The Wonders of Autism."
- PTAN offers trainings in Trauma Informed Early Childhood Services (TIECS); Prosocial Skills: Averting Challenging Behaviors; and Child Engagement: Promoting Success and Preventing Challenging Behaviors.
- 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: 10/01/2018

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

Effective Date: 10/01/2018

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).

- In the renewal of the Child Care Aware of NH contract in 2017, a requirement was added 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 and Families," 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. 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 staff presented at NH's Annual Statewide Homeless Education Liaison Meeting to inform the liaisons about the CCDF requirements on homelessness. The goal of this presentation was to ensure that the liaisons have the resources needed to support families in the schools who are experiencing homelessness if they also have young children enrolled in child care. Efforts are being made to recruit a cadre of liaisons to provide training for child care providers within their region regarding families experiencing homelessness.

- The Homelessness Task Force created a brochure with information on applying for expedited child care. It also includes information about statewide resources for families experiencing homelessness. The brochure is available to families, child care providers, District Office staff and other stakeholders.

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 3.2.2).

Several Child Care Aware of NH staff attended trainings about homelessness, including "Bridges Out of Poverty" presented by Prudence Pease. Staff also attended a poverty simulation through Child Care Aware of America to experience the potential effects of homelessness. As a result of these trainings, the Child Care Aware of NH staff is better equipped to support child care providers and the families they serve. 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, 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. From June 25 to July 10, 2017, the training unit provided in-person training at each DO on the NH Child Care Scholarship changes. 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 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). 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 Effective Date: 10/01/2018

- [ ] Issue policy change notices
- [ ] Issue new policy manual
- [x] Staff training
- [ ] Orientations
- [ ] Onsite training
- [x] Online training
- [x] Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

The BCDHSC audits program closure days, such as snow days and holidays, to ensure providers are not billing improperly for days they are not open. These audits typically happen within 30 days of a holiday or snow day. Audits are also conducted on licenseexempt providers to ensure they are not billing for more children than they are legally allowed to care for. These audits occur on a monthly basis. The BCDHSC follows up on all providers that bill for more than 12 hours to determine that the parent did, in fact, work more than 12 hours. This type of audit occurs weekly. Random audits are also conducted to determine that the children's hours are supported by attendance records. If inaccuracies are found during any of these audits, providers are reminded of the billing and payment rules and policies in order to promote future compliance.

Whenever the CCLU, the DHHS Special Investigations Unit, or other internal staff report suspected misuse of NH Child Care Scholarship Program, an audit is conducted to determine whether fraud has occurred. Occurrences of fraud are reported to the DHHS Special Investigations Unit.

- [x] Other

Describe:

The BCDHSC offers a free, monthly in-person child care provider web billing training for DHHS enrolled child care providers. The training includes information on the NH Child Care Scholarship Program policies and procedures regarding child care eligibility and billing and payment practices. Additionally, the web billing application has a link that allows providers to access the DHHS Web Billing Help resource page that contains letters, manuals, and other NH Child Care Scholarship information. The BCDHSC

notified, by mail, all DHHS enrolled child care providers about the extensive changes brought about by the CCDF Reauthorization.

On a case-by-case basis, the BCDHSC provides onsite training regarding web billing and NH Child Care Scholarship policies and procedures.

A Child Care Provider Enrollment Handbook and a Child Care Provider Billing and Payment Handbook are available electronically on the DHHS website. These handbooks include links to the NH Child Care Scholarship Program FAM 900 policies and child care rules He-C 6914, He-C 6918 and He-C 6920.

6.2.7 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.

Effective Date: 10/01/2018

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

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. Recent Leadership Summits offered by Child Care Aware of NH included, "Leading with Intent for Change," which focused on staffing, morale, and teacher qualifications; "Manage, Motivate and Retain Great Staff," "Leadership Addressed Through Tact and Culture," which addressed communication with confidence and clarity and positive workplace culture; and "Leadership: The Power of Respect and Polishing our Vision," which included respect for children, families and each other.

'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 also offers a Shared Services initiative, which helps providers learn how to access and navigate the Shared Services platform as part of the State Early Learning Alliance and to develop action plans for using the resources. NH has a progressive Shared Services model through the State Early Learning Alliance (SELA) and Early Learning New Hampshire (ELNH). SELA is an initiative of ELNH, which is a 501(c)3 statewide organization with a mission to "ensure all New Hampshire children have the opportunity to reach their full potential." These organizations promote the use of Shared Services and provide trainings about its features and benefits. One of the services includes access to a web platform, which has quality improvement tools and resources, including trainings and templates, as well as an extensive collection of time and cost-saving templates for providers. This web platform, available to members nationally and currently available in 29 states, was customized for NH in 2017 through a contract funded by the BCDHSC and now includes many NH-specific resources as well. Great North Advantage, a property management company that has established relationships within the business industry that supports and promotes connecting the early childhood community to essential resources and information, is another resource to which NH SELA programs have access. They provide SELA programs with preferred vendor lists for facility improvements, commercial and individual insurances and other cost savings. They will assist providers in finding the right service person and provide discounts on various property management goods and services.

When program directors are able to save time on administrative tasks, they are able to devote more time to supporting and developing staff. Actual dollars saved can be

reinvested back into the program. There is even the possibility of shared staffing and sharing of assets and expertise of members of the group. Many of the cost savings benefits are extended to individual employees and to the families served. They are able to take advantage of discounts and services purchased on a group basis. When individual staff takes advantage of the many cost savings opportunities on utilities, cell phone service, home heating fuel and auto and home/renters insurance, more money is available to those staff.

The cost of a full SELA membership, termed "Maximizer" membership, is $2,400 per year, which includes intense coaching to maximize the available SELA benefits for the program, staff and families. In 2018, current members were "grandfathered" at $1,200 per year, termed "Sharer" membership, which includes access to the website and benefits, but does not include coaching. As of March 2018, SELA has six "Maximizer" member programs and 22 "Sharer" member programs. SELA plans to show the impact of being a Maximizer member over the next year to help the Sharer and other potential members better understand the value of Shared Services in NH. Programs must be designated at least at the Licensed Plus level or in the process of becoming Licensed Plus, within one year of their application date, to participate in SELA.

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 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 60 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 supportthe 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. Check all that apply.

- [x] Fiscal management
- [x] Budgeting
- [x] Recordkeeping
- [x] Hiring, developing, and retaining qualified staff
- [x] Risk management
- [x] Community relationships
- [x] Marketing and public relations
- [x] Parent-provider communications, including who delivers the training, education, and/or technical assistance
- [ ] Other Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 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.

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a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

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
•Louisiana Early Learning Guidelines, 2011

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.

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.*

The Standards were 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.

b) Describe how the state/territory's early learning and developmental guidelines areappropriate 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.

c) Verify by checking the domains included in the state/territory's early learning anddevelopmental guidelines. Responses for "other" is optional

- [x] Cognition, including language arts and mathematics
- [x] Social development
- [x] Emotional development
- [x] Physical development
- [x] Approaches toward learning
- [x] Other

Describe:

Cognitive Development: Science and Social Studies; Creative Expression and Aesthetic Appreciation

d) Describe how the state/territory's early learning and developmental guidelines areimplemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

BCDHSC staff works in close collaboration with the NH Department of Education (DOE) and Spark NH, Early Childhood Advisory Council, on the dissemination of information on the Early Learning Standards, including:

- Disseminating copies of the Guidelines to state DOE staff, public school districts and Spark NH member organizations; and
- Conducting presentations on the Standards at the NH DOE Educators' Summer Summit and other conferences.

e) Describe how the state/territory's early learning and developmental guidelines areupdated 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; however, as the state reviews other standards over the next three years (QRIS, Professional Development), the BCDHSC will revisit these standards as well and, if applicable, create/implement a plan to update them.

f) If applicable, discuss the state process for the adoption, implementation and continuedimprovement of state out-of-school time standards

The New Hampshire Afterschool Professional Development System (NHAPDS) is designed to recognize the education, experience, skills and talents of those working in out of school time programs. It also is intended to support the on-going professional development of afterschool professionals, particularly given the strong link of staff development to higher quality programs and positive youth outcomes. The system was launched in 2010 and revised in 2013. The revision of the NHAPDS included new levels within the credential lattice, allowing for more individuals to enter the system. Additionally, the revision provides for better alignment with the New Hampshire Child Care Licensing Rules and the increased requirement for professional development at all levels. Education and training continue to be vital in the growth and quality improvement of our professional workforce. The NH system is voluntary and is based on the following criteria:

- Core Knowledge Areas - the bodies of knowledge that frame the afterschool field;
- Education and specialized coursework;
- Work experience; and
- On-going professional trainingand activities.

g) Provide the Web link to the state/territory's early learning and developmentalguidelines.

https://www.dhhs.nh.gov/dcyf/cdb/documents/nh-early-learning-standards.pdf

6.3.2 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 are being accessed electronically and printed copy by a wide variety of audiences, including families, child care providers, 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:

1. Using NH Early Learning Standards in the care and education of young children
2. Factors that may impact development
3. Developmental screening resources
4. What to do if you have a concern about a child's development

Copies of the NH Early Learning Standardswere given to all faculty teaching, and students enrolled in, early childhood 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.

Several faculty members have shared comments with the BCDHSC on how the Standards have been incorporated:

- Students “frequently reference the standards to help them pick goals and objectives that are developmentally (or individually) appropriate for the child/children they are working with.”
- “The students have to compare and contrast 10 standards and observe at an environment to see what they can see that meets the standards and what would need to adjusted if it would not meet the standards.”
- “Students develop their child portfolios in all domains using standards from the NH Early Learning Standards."
- Students “are required to complete in-class assignments to introduce them to why the standards were created and how as teachers they can use the standards to design developmentally appropriate curriculum.”
- The “standards are used to generate weekly lesson plans for which they implement, document, and reflect upon with children during their 9-hour per week practicum.”
- “The ELS are integrated into all of our ECE courses. They are utilized for many in-class activities in face-to-face classes, and for discussion board forums and individual activities in 100% online courses. The ELS provide the framework for major lesson planning assignments in Curriculum, Practicum I, and Practicum II.”
- At one university, the ELS are distributed to all students during their first ECE course. The ELS “supplements {the} course textbook [and are] used to illustrate concepts of developmental milestones and cultural influences on development. Students read, discuss developmental progressions in class and compare examples with what they’ve observed.”
- In an *Inclusive Early Childhood Education* course, the ELS are “used as a supplemental text. Students review front and back matter related to developmental delays and talk about how to use the standards as a resource for developmental monitoring.”
- In a *Language and Literacy Development in Young* Children course, “Students focus on language and literacy development standards and draw on standards in planning activities to promote language and literacy development in children birth through 5.”
- In a *Culturally Responsive Early Care and Education* course, “Students read and discuss the sections on Cultural Influences on Development and Learning and Duel Language Learners to deepen their understanding about how to support children’s home culture and dual language development.“
- In an *Infant and Toddler Care and Education* course, “Students review ELS, focusing on ages birth through 3. Students plan learning experiences designed to help toddlers practice and reinforce concepts and skills described in the ELS.”

- In an *Early Childhood Practicum* course, “Students in settings serving infants, toddlers, or preschool-age children review the developmental progressions for the age group that they are teaching and use the standards to plan learning experiences.“

Other professionals who have received printed copies of the NH Early Learning Standards include, but are not be limited to, Head Start/Early Head Start and Early Head Start/Child Care Partnerships; Early Supports and Services (early intervention) program staff; NH public school developmental preschool program staff in several school districts; DCYF-contracted family resource center staff, as well as staff in non-contracted family resource centers; DCYF Child Welfare staff; and trainers and TA providers who work with early childhood program staff.

Lastly, the BCDHSC webinar entitled, *Introduction to the Early Learning Standards* has been screened for 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).

Effective Date: 10/01/2018

7 Support Continuous Quality Improvement

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). 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 Plan, states and territories will describe the types of activities supported by qualityinvestments over the 3-year period (658G(b); 98.16(j)).

2. ACF will collect annual data on how much CCDF funding is spent on quality activities usingthe expenditure report (ACF-696). 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 separate annual QualityProgress Report that will include a description of activities to be 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

-- Improving on the development or implementation of early learning and developmental guidelines

-- Developing, implementing, or enhancing a tiered quality rating and improvement system 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 setaside 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.

This section covers the quality activities needs assessment and 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

Spark NH, the governor-appointed Early Childhood Advisory Council, published the results of a comprehensive, statewide needs assessment in October 2014, which addressed the areas of health, early learning and family support relative to expectant parents and young children from birth through 3rd grade and their families (available at: http://sparknh.com/site/assets/files/1026/need_assessment_11-20-14.pdf). The needs assessment results have informed the work of the BCDHSC for almost four years. In 2017, the

RAND Institute conducted a study (described below), which will guide the work of the Council and the BCDHSC over the next several years.

A RAND Study, *The Economic Returns from Investing in Early Childhood Programs in the Granite State* (2017), analyzed the costs and benefits of investing in evidence based early childhood programs in NH. The study, which was supported by several philanthropic

organizations, identified state-wide challenges and gaps in services within early childhood in NH. The RAND Study may be accessed at: https://www.rand.org/pubs/research_briefs/RB9952.html.

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 continuous quality improvement. 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 recently requested 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 included 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 has received more than 160 responses to date with a high percentage being very positive. Many providers indicated they have benefited from child care referrals to families. Most have found, the training opportunities, including statewide conferences and leadership collaboratives, to be a great support for their professional development requirements. Phone and onsite technical assistance have also been accessed by many providers. A significant number of responses included the website resources as being a

highly desirable and useful benefit. The Child Care Aware of NH website serves as NH's consumer education website.

Some of the comments from providers included:

- "Always available for support – great staff!"
- "I am very impressed and appreciative of the staff – so helpful!"
- "Excellent services and website!"
- "It is incredibly helpful to have one easy to navigate site . . . assistance is a click or call away. Amazing resource to providers."
- "5 stars all around"
- "Offering very valuable assistance both in groups and individuals"
- "Child Care Aware of NH has been an incredibly beneficial resource to our program to provide quality education and care!!"
- Child Care Aware of NH has supported my work by: "tech support, trainings, answering questions quickly. Very kind and caring individuals. Don't know what I would do without them!!"
- "Child Care Aware of NH is a wonderful resource for child care centers"
- "Thank you for all you do. Child Care Aware of NH makes a difference in the life of providers and the children in their care."

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7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

As result of the feedback received, Child Care Aware of NH now offers more all-day and Saturday trainings to meet the needs of the workforce. Feedback is also used to help plan future services and to maintain program consistency and integrity. Child Care Aware of NH routinely engages in continuous quality improvement activities. ACROSS NH also uses the feedback to inform the trainings to be offered in the next training cycle.

As a result of the Spark NH needs assessment, a Framework for Action was developed. The Framework for Action is available at: http://sparknh.com/resources/framework-for-action/ One key theme in the RAND study was the overwhelming evidence that high quality early childhood programs, including publicly funded preschools, produce short- and long-term benefits for young children. The BCDHSC is working to ensure that NH's QRIS includes

reliable and valid measures of quality. Additionally, this information will be utilized to inform policy makers about the need for high quality early childhood programs in NH, including state-funded preschool.

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7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

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- [x] Supporting the training and professional development of the child care workforce If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [x] Other funds

  Describe:

  NH's philanthropic community has provided considerable funds to support the child care workforce.

- [x] Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

- [x] Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ]

Other funds Describe:

- [x] Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

- [x] Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

- [x] Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

- [x] Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

- [ ] Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.
  - [ ] CCDF funds
  - [ ] Other funds

  Describe:

☑ Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☑ Other funds

Describe:

NH's philanthropic community.

☐ 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. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply

☑ CCDF funds

☐ Other funds

Describe:

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest 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 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

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a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

☑ 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
Describe:

The BCDHSC invests in the training, professional development and post-secondary education of the child care workforce as part of a progression of professional development activities through contracts with Child Care Aware of NH, ACROSS NH, Preschool Technical Assistance Network (PTAN), and ProSolutions. The Early Childhood Tuition Assistance (ECTA) grant is contracted through Granite State College (GSC). GSC awards some of the funds to the NH Community College System so coursework can be accessed statewide, either in person or through an online coursework model. Training opportunities are offered in a variety of different modalities including face-to-face, webinar and online training.

Child Care Aware of NH offers professional development opportunities that incorporate the social, emotional, physical and cognitive development of children including: "Child Care Basic: 1, 2, 3 Grow With Me", "Introduction to Brain Gym- With a twist", "Using Picture Books to Promote Early Childhood Mathematics", "Yoga for the Young Child", "Contrasting Profiles and how to Adjust to Temperament", and Sign Language Trainings.

ECTA coursework that incorporates the social, emotional, physical and cognitive development includes Child Growth and Development, Child Health, Safety & Nutrition and many other early childhood courses.

The ProSolutions module, Child Development for Children Ages Birth to Thirteen (13) Years, also addresses this topic.

The Endowment for Health invested in NH's initiative to become the 28th Pyramid Model state with the national Pyramid Model consortium, supporting the development of the State Leadership Team and access to Pyramid Model training for providers, as well as funding Communities of Practice to work with child care and other programs in their communities on Pyramid Model "readiness activities," including the Benchmarks of Quality.

☑ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health 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 2.5.) Describe:

Child Care Aware of NH, PTAN, ACROSS NH, and ECTA offer professional development opportunities on implementing positive behavior support strategies. They include the following:

Child Care Aware of NH: "Child Care Basic: Social-Emotional Development of Young Children," "Child Care Basic: What are You Trying to Say? Behavior is an Attempt to

Communicate," "Children in the Shadow" (regarding childhood fears and anxieties), "Get Away from Me: Helping Children to Learn to Deal with Anxiety and Stress," "Helping Kids Get Along: Fostering Children's Social and Emotional Competence," "Working with Challenging Behaviors," "A Different Look at Challenging Behaviors," "Calling All Learners: Creating A Inclusive and Respectful Classroom Culture," "Infant Mental Health: What it is and Why it is important," and "Meaningful Connections: Build Resilience, Social and Emotional &Mindful Learning."

PTAN and Child Care Aware of NH: "Trauma-Informed Early Childhood Services"

PTAN: "Child Engagement: Promoting Success and Preventing Challenging Behavior," and "Pro-Social Skills: Averting Challenging Behaviors." A more detailed description of the training offered by PTAN can be found in Section 2.5.

ACROSS NH: "Afterschool - Affecting Youth's Social and Emotional Development," "Afterschool - The Basics of Behavior Management: Working from the Positive," "Afterschool - Behavior Management, Afterschool- Building Positive Relationships Through Games," and "Afterschool - Behavior Strategies for Typical Behavior."

ECTA coursework: "Positive Guidance Techniques" and "Positive Behavior Guidance."

☑ 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

Describe:

Child Care Aware of NH: "Child Care Basic: Strengthening Families, Strengthening Care."

☑ 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.

Describe:

Child Care Aware of NH: "Child Care Basic: Developing Cultural Competency in the Early Childhood Environment," "Child Care Basic: Emergent Curriculum for Emerging Learners," "Standards of Practice" trainings.

ECTA: All community colleges and one four-year Institution of Higher Education have embedded the NH Early Learning Standards in their early childhood course work.

☑ 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:

Child Care Aware of NH: "Understanding Homelessness and Its Impacts on Children and Families," "Child Care Basic: Strengthening Families, Strengthening Care," and "Child Abuse and Neglect."

☑ Using data to guide program evaluation to ensure continuous improvement Describe:

Child Care Aware of NH: "NAPSACC" (Nutrition and Physical Activity SelfAssessment for Child Care), "NH Workforce Specialized Competencies," and "Standards of Practice."

☑ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment Describe:

Child Care Aware of NH: "Understanding Homelessness and its Impacts on Children and Families," "Working with Homeless Youth" and "Introduction to Bridges Out of Poverty."

☑ Caring for and supporting the development of children with disabilities and developmental delays Describe:

Child Care Aware of NH: "Child Care Basic: Providing Inclusive Care," "How Do I Meet All of These 'Special Needs,'" "Watch Me Grow: Ages and Stages," "Learn the Signs: Act Early," and "Watch Me Grow 101."

ECTA Coursework includes: "Young Children with Exceptionalities," "Children's Individual & Special Needs," and "Young Children's Special Needs."

☑ Supporting the positive development of school-age children Describe:

ACROSS NH offers a variety of training topics that support the positive development of school age children. Some topics were listed above regarding social-emotional development.Additional topics include "Developmentally Appropriate Practices for Afterschool," "Engaging Enrichments," "Establishing Routines," "Fostering Appropriate Relationships in Afterschool," and a variety of trainings about developing appropriate curriculum for afterschool programs.

☑ Other

Describe:

Child Care Aware of NH: "Childhood Lead Poisoning in NH: What EC Educators Need to Know," and "Intentional Environments for Infants and Toddlers;" Various trainings about the NH Professional Registry, the NH Early Childhood Credential, and the NH Specialized Workforce Competencies; as well as topics such as "Quality Emergency Operations Plans," "Making the Hours Count - Providing Meaningful Training for Your Staff," "Learning Spaces that Work," and "Surviving Multi-generation Staff and Creating Strong Teams."

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. Check all that apply

- ☑ Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
- ☐ Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant postsecondary education opportunities
- ☑ Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education ☑
- Other Describe:

The BCDHSC has begun the process of partnering with T.E.A.C.H. to provide T.E.A.C.H. scholarships for students in NH. The BCDHSC will collaborate with multiple private foundations, including Endowment for Health and the NH Charitable Foundation, as well as with the Community Development Block Grant program, to bring this program to NH. It is anticipated that this program will launch in 2019

7.3.2 Describe the measureable indicators of progress relevant to this use of funds 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 the State of New Hampshire, the BCDHSC has identified multiple ways to measure qualitative progress, including, but not limited to:

- 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 License Plus 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;
- 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;
- Interest and participation in the development of the QRIS program and all of its components
- Attendance and feedback from the NH Early Learning Standards;
- Achievement of NH Credential in Early Learning program
- 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;
- 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 SPARK NH, PTAN, NH Charitable Trust, 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 seek 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. The summary of these qualitative activities and their impact will be documented in the *An Overview of Early Childhood Quality Improvements in the State of New Hampshire Report,* within the next two years due in 2020 and in the Quality Performance Report due in 2019.

Current data related to these measures can be found at https://www.dhhs.nh.gov/dcyf/cdb/index.htm

Effective Date: 10/01/2018

7.4 Quality Rating and Improvement System (QRIS)

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

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

Effective Date: 10/01/2018

☐ No, but the state/territory is in the QRIS development phase. If no, skip to

7.5.1.

☐ No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.

☑ 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.

Currently, there are 3 levels in NH's QRIS: Licensed; Licensed Plus; and national accreditation. Information about NH' QRIS can be accessed at: https://www.dhhs.nh.gov/dcyf/cdb/quality.htm.

Licensed Plus is a document-based system that is reviewed by the BCDHSC Credentialing Specialist, and the status is awarded by the Bureau. The link for Licensed Plus is: https://www.dhhs.nh.gov/dcyf/licensedplus/index.htm.

The QRIS system supports Licensed Plus and nationally accredited programs through quality incentive payments to programs serving children receiving NH Child Care Scholarship. Incentive payments are administrated through the NH Bridges system at DCYF and are monitored by the BCDHSC. The QRIS Task Force has been working on a plan for a revised and enhanced QRIS that includes observation and documentbased components, as well as a timeline for implementation. The final revisions to the QRIS will take into account feedback from throughout the state garnered via QRIS listening sessions over the past three months.

☐ 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.

☐ Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds 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.

7.4.2 QRIS participation

a) Are providers required to participate in the QRIS?

- [x] Participation is voluntary
- [ ] Participation is mandatory for providers serving children 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 andcare participate in the state/territory's QRIS? Check all that apply

- [x] Licensed child care centers
- [x] Licensed family child care homes
- [ ] License-exempt providers
- [x] Early Head Start programs
- [x] Head Start programs
- [ ] State prekindergarten or preschool programs
- [ ] Local district-supported prekindergarten programs
- [x] Programs serving infants and toddlers
- [x] Programs serving school-age children
- [x] Faith-based settings
- [ ] Tribally operated programs
- [ ] Other

Describe:

7.4.3 Support and assess 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. 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). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

Effective Date: 10/01/2018

- [ ] 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.
  - [ ] 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] 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] 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).
  - [ ] Programs that meet all or part of state/territory school-age quality standards.
  - [x] Other.

Describe:

Licensed Plus has a second option for Head Start Programs and programs that are in the process of NAEYC accreditation.For this option, programs submit documentation of meeting Head Start Performance Standards and/or documentation that they are in the accreditation process instead of documentations of the 16 of the 22 standards for Licensed Plus (11 mandatory, 5 optional). All programs need to provide documentation of training in NH's Early Learning Standards.

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

Effective Date: 10/01/2018

- [ ] No
- [x] Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - [x] Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

- [ ] Embeds licensing into the QRIS
- [ ] State/territory license is a "rated" license
- [ ] Other.

Describe:

7.4.5 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

Effective Date: 10/01/2018

- [ ] No
- [x] Yes. If yes, check all that apply
  - [ ] One time grants, awards, or bonuses.
  - [x] Ongoing or periodic quality stipends
  - [ ] Higher subsidy payments
  - [x] Training or technical assistance related to QRIS.
  - [x] Coaching/mentoring.
  - [ ] Scholarships, bonuses, or increased compensation for degrees/certificates
  - [ ] Materials and supplies
  - [ ] Priority access for other grants or programs
  - [ ] Tax credits (providers or parents)
  - [ ] Payment of fees (e.g., licensing, accreditation)
  - [ ] Other

Describe:

7.4.6 Describe the measureable indicators of progress relevant to this use of funds 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 BCDHSC utilizes the National Association for the Education of Young Children's (NAEYC) website listing of current accredited programs to monitor program accreditation

status. For Licensed Plus, participating programs renew their status every three years using a document-based system. The number of programs that increase or decrease their quality rating is tracked through the NH Bridges System. Programs that hold Licensed Plus or accredited status receive a monthly quality incentive based upon the amount of scholarship paid to the program during the previous month. Annually, accredited and Licensed Plus programs are asked to report to the BCDHSC through Survey Monkey on how the quality incentive payments were used to support quality initiatives in their programs. The BCDHSC will include program assessment measures within the new QRIS.

Effective Date: 10/01/2018

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the 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. 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.

7.5.1 What activities 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? Check all that apply and describe

Effective Date: 10/01/2018

☐ 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:

☐ Establishing or expanding the operation of community- or neighborhood-based family child care networks.

Describe:

☑ 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 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 relative to infants and toddlers including, but not limited to, infant and toddler development, developmental screening, and infant mental health are also offered. 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. Face-to-face SIDS training is frequently offered to child care providers. 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.

☑ 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.

☑ 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 of Developmental Services, which includes Part C, 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.

☑ 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 will include an Infant 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.

☑ Developing infant and toddler components within the state/territory's child care licensing regulations

Describe:

The NH Child Care Licensing Rules(https://www.dhhs.nh.gov/oos/cclu/documents/hec4002.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.

☑ Developing infant and toddler components within the early learning and developmental guidelines Describe:

The NH Early Learning Standards contain domains of infant and toddler development, which are broken down into the following age groups:

0-9 months,

9-18 months

18-24 months,

24-30 months

30 months to 3 years of age

. Included within each age group are five developmental domains, strands (broad developmental categories), constructs (identified key concepts essential to learning and development) and indicators of progress. The NH Early Learning Standards help families and early childhood professionals to better understand infant/toddler development as it progresses.

☑ 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, socialemotional 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.

☐ 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:

N/A

☑ Coordinating with child care health consultants.

Describe:

Healthcare professionals from DHHS Public Health were 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.

☑ Coordinating with mental health consultants.

Describe:

Early childhood mental health consultants were 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 socialemotional and behavioral challenges in child care programs.

☐ Other Describe:

7.5.2 Describe the measureable indicators of progress relevant to this use of funds 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). A wide variety of these measures are alraedy in place, fully or partially, while others are slated to be launched during this new Plan cycle. 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 License Plus 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;
- Participation rates in child wellness related activities from medical care to socialization activities, especially those focused on I/T;
- Increased I/T early intervention program participation;
- Number of families and providers will 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;
- Interest and participation in the development of the 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 SPARK NH, PTAN, NH Charitable Trust, 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 Tutition 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: 10/01/2018

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand 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, communitybased, 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.

7.6.1 Describe the measureable indicators of progress relevant to this use of funds 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: 10/01/2018

7.7 Facilitating Compliance With State Standards

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? 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.

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: 10/01/2018

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

Effective Date: 10/01/2018

- [ ] No
- [x] Yes. If yes, which types of providers can access this financial assistance?
  - [ ] Licensed CCDF providers
  - [ ] Licensed non-CCDF providers
  - [x] License-exempt CCDF providers
  - [ ] Other

Describe:

7.7.3 Describe the measureable indicators of progress relevant to this use of funds 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 NACCRRAware Training and Technical Assistance Module; 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, 4,327 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.

Effective Date: 10/01/2018

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

NHmeasures the quality and effectiveness of child care programs and services using our QRIS. Child Care Licensing Rules provide the basic health and safety requirements to lay the foundation for the child care programs. Licensed Plus offers standards that are a level above the NH licensing rules. It recommended that programs that are License Plus caliber should be aligned with the NAEYC standards as a benchmark for best practices and measurable outcomes. Within our current Licensed Plus system, using the Environmental Rating Scale (ERS) as a self-assessment is an optional standard to programs. For the revised QRIS, we will include a formal ERS observation as a tool to measure quality. Within

our current Licensed Plus system, the Strengthening Families self-assessment tool is also an optional standard, which will also be included as a proposed component of the enhanced system.

Effective Date: 10/01/2018

7.8.2 Describe the measureable indicators of progress relevant to this use of funds 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. Theyinclude, but are not limited to:

- 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 License Plus 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;
- 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;
- Interest and participation in the development of the QRIS program and all of its components
- Attendance and feedback from the NH Early Learning Standards;
- Achievement of NH Credential in Early Learning program
- 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;
- 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 SPARK NH, PTAN, NH Charitable Trust, 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 will be documented in the *An Overview of Early Childhood Quality Improvements in the State of New Hampshire Report,* within the next two years due in 2020 and in the forthcoming Quality Performance Report for the Office of Child Care due in 2019.

Current data related to these measures can be found at https://www.dhhs.nh.gov/dcyf/cdb/index.htm

7.9 Accreditation Support

7.9.1 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?

Effective Date: 10/01/2018

☐ Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes

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

☐ 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:

☐ 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:

☐ Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

☐ Focused on child care centers Describe:

☐ Focused on family child care homes Describe:

☐ No, but the state/territory is in the accreditation development phase

☐ Focused on child care centers

Describe:

☐ Focused on family child care homes Describe:

☑ No, the state/territory has no plans for accreditation development

7.9.2 Describe the measureable indicators of progress relevant to this use of funds 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

Effective Date: 10/01/2018

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, 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 healthusing 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.

Effective Date: 10/01/2018

7.10.2 Describe the measureable indicators of progress relevant to this use of funds 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

Beginning with the revised QRIS start-up activities (SFY 2020) and roll out activities (SFY 2021), multiple measureable indicators of progress will be established 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) and staff qualifications. 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, which will include data on progress indicators.

Effective Date: 10/01/2018

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable 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 10,000 printed copies of the Developmental Guidelines 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; NH Department of Education staff; attendees at the 2016 DOE Educators' Summer Summit; and trainers and TA providers who work with early childhood program staff. Additionally, printed copies were made available at annual Celebration of Early Childhood Professionals events, and a display copy was available at the Governorsponsored Collective Vision for Early Childhood Education in NH event, which included policy makers (including the Governor and First Lady), business leaders, state and local organization representatives, and family representatives.

Licensed Plus: The Southern New Hampshire Services (SNHS) Quality Investment Initiative, funded by the NH Charitable Foundation, has worked with over 30 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 around the Early Learning Standards.

Webinar Training: More than 500 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 1,550 professionals have attended 102 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.

Training and TA Institutes and events: Child Care Aware of NH presented a Training and TA Institute on the NH Early Learning Standards for trainers, consultants, directors, and other EC leaders who use the Early Learning Standards in their work doing mentoring and supporting others. Additionally, a "Train the Trainer" event was held for trainers on how to provide the Standards of Practice training series. Child Care Aware of NH held a special event at which Gaye Gronlund, author of *Make Early Learning Standards Come Alive*, presented a one day of training for child care program staff regarding the implementation of the Early Learning Standards in their classrooms.

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7.11.2 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 schoolaged children, which may include consumer and provider education activities, and also describe the measureable 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:
Additionally the State of New Hampshire provides these activities/programs to improve the quality of child services for children ages birth to age 12:

The NH Professional Development System

The NH Professional Development Systemis 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. The BCDHSC processes 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: http://nh.childcareaware.org/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

In fall 2016, NH officially became the national Pyramid Model Consortium's 28th Pyramid Model State. NH's effort was launched with a one-year, $20,000 planning grant from the Endowment for Health (written by the BCDHSC Bureau Chief in partnership with the NH Department of Education) 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 will continue 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 socialemotional 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.

Governor's Collective Vision for Early Childhood Education in NH

In summer 2017, Governor Chris Sununu and First Lady Valerie Sununu launched the "Governor's Collective Vision for Early Childhood Education in NH" initiative, a multipart series of meetings to inform policy and state investment in early childhood. BCDHSC staff has fully engaged in this initiative by working with the planning committee; participating in three, day-long meetings (August, October and December) with the Governor and First Lady and approximately 80 legislators, public school administrators and teachers, and early childhood leaders from public and private organizations throughout the state; recruiting/co-presenting with a Head Start parent on Head Start/family support; co-facilitating a break out session on early childhood systems with the Department of Education Deputy Commissioner; and contributing

information on NH's QRIS and the NH Early Childhood and After School Professional Development System in a break out session.

Early Childhood Governance Task Force

Spark NH, Early Childhood Advisory Council, recently received a grant from the Endowment for Health to support a series of meetings of NH early childhood leaders to reach consensus on the kind of governance that would best support young children and families in the Granite State. Spark NH is leading this work, with technical support from Harriet Dichter, an expert on early childhood governance from the State Capacity Building Center and National Center on Early Childhood Quality. This unique and exciting opportunity is designed to help facilitate changes to fulfill Spark NH's mission to provide leadership that promotes a comprehensive, coordinated, sustainable early childhood system that achieves positive outcomes for young children and families, investing in a solid future for the Granite State, as well as to realize its vision that all NH children and their families are healthy, learning, and thriving now and in the future. The BCDHSC Bureau Chief serves as the chair of the Council and Executive Committee, while Bureau staff participates on Workforce and Professional Development and Policy Committees.

NH Department of Education State Personnel Development Grant

In fall 2017 the NH Department of Education received a State Personnel Development Grant (SPDG) from the U.S. Department of Education to build state/local capacity to implement the Early Childhood Pyramid Model. The grant, which was written in collaboration with the Pyramid Model State Leadership Team, will provide over $770,000 per year for up to five years for this effort, including professional development such as training and coaching for early childhood professionals (child care, Head Start, public school, etc.), data system development/expansion, and other activities.

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 License Plus 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 staewide compliance with the feederal Health and Safety Training requriemnet;
- 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;
- Interest and participation in the development of the QRIS program and all of its components;
- Attendance and feedback from the NH Early Learning Standards;
- 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;
- 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;
- Participation in the emergency readiness plan training and devlopmnet proess 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

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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 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. Check all that apply:

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☑ Train on policy manual

Describe:

Within the Bureau of Child Development and Head Start Collaboration (BCDHSC) (Bureau), 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 Bureau'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 also 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.

☑ Train on policy change notices

Describe:

Within the BCDHSC the 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.

☑ Ongoing monitoring and assessment of policy implementation

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.

☑ 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.

8.1.2 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:

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☑ 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 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.

☑ 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 monitors 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 regularly reviews 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 department 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.

☑ 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.

☑ 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.

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

Effective Date: 10/01/2018

☑ Conduct a risk assessment of policies and procedures Describe:

Beginning in January of 2019, the BCDHSC will conduct a quarterly Risk and Reward assessment of each component of the CCDF Plan and align the results with the mitigating effort/activity or policy/procedure that applies. This activity will help 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 will be consulted to fully expand the risk and reward picture.

☑ 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.

☑ 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 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.

☑ 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 staffer. This "project plan" is developed with internal and external stakeholder input and approved by the BCDHSC Bureau Chief and, as deemed necessary, the Division Chief, Associate Commissioner, etc. Throughout the project activities, the BCDHSC Project Lead reports to and seeks input from the BCDHSC CCDF Co-administrators (the BCDHSC 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.

8.1.4 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.

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a) Check and describe all activities that the Lead Agency conducts to identify andprevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

- ☑ 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

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 orredetermination review. More frequently the match or shared data can help expedite the eligibility for the Child Care Scholarship Program and even allow District Office staff to recommend the child care option to the family before they even consider applying. In the event that fraud is detected in one subsidy program, the District Office will pull the account and assess the status of all other subsidies. In the case that Child Care Scholarship Program funds are being utilized or can be utilized, the Bureau enrollment specialist and provider relations specialist are notified. A potential audit of the affected provider is triggered and the provider is notified.

- ☑ Run system reports that flag errors (include types).

Describe:

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 selfemployment. 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.

☑ Review enrollment documents and attendance or billing records Describe:

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.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

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.

☑ Audit provider records.

Describe:

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.

☑ Train staff on policy and/or audits.

Describe:

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.

☑ Other Describe:

DHHS uses the National Directory of New Hire Information to automatically crosscheck 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.

b) Check and describe all activities the Lead Agency conducts to identify unintentionalprogram 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.

☑ 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 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.

☑ Run system reports that flag errors (include types).

Describe:

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.
If the violation is repeated, then additional actions will be undertaken. A full description of this process is available upon request.

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 selfemployment. 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.

☑ Review enrollment documents and attendance or billing records

Describe:

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 billingrecords 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.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

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.

☑ Audit provider records.

Describe:

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.

☑ Train staff on policy and/or audits.

Describe:

All Bureau and District Office staffare 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.

☑ Other Describe:

DHHS uses the National Directory of New Hire Information to automatically crosscheck employment information.Client income can be cross-checked through the work number at the NH Employment Security for Unemployment Compensation office or through a data exchange withthe Social Security Administration for Social Security Income or State Supplemental Income. NH Vital Records is used to cross-check birth records.

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.

☑ 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 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.

☑ Run system reports that flag errors (include types).

Describe:

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.

☑ Review enrollment documents and attendance or billing records Describe:

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.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

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 Coadministrator a committee to examine the issue and generate solutions to address the issue(s).

☑ Audit provider records.

Describe:

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.

☑ Train staff on policy and/or audits.

Describe:

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.

☑ Other Describe:

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.

8.1.5 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.

Effective Date: 10/01/2018

a) Check and describe all activities 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. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☑ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount Describe:

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.

The DHHS Special Investigations Unit (SIU) in SFY2018-to-date convicted two clients, totaling $9055.95 in claim overpayment; established a claim for seven clients, totaling $12,879.07, and settled a claim for thirteen clients, totaling $50,840.69.

☑ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

When provider fraud has been identified and substantiated by a BCDHSC internal auditand 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.

☑ Recover through repayment plans.

Describe:

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 thelegal 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 agreedupon 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 inhouse DHHS Specialist tasked with follow-up.

☑ Reduce payments in subsequent months.

Describe:

In theevent 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.

☐ Recover through state/territory tax intercepts.

Describe:

☐ Recover through other means.

Describe:

☑ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

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 DHH- 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.

☑ Other Describe:

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 DHHSadministered 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.

b) Check 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:

☑ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount Describe:

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.

☑ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

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 misleadingthe Lead Agency on their plans, formally informally for making restitution of the unintentional program violation.
2. When repayment may have an impact on another state agency.
3. When retraining, analysis or audit of the case reveals the provider or client hasdeficits in understanding, operational skills, monitoring, etc. that may be remedied by training, intervention or monitoring.

☑ Recover through repayment plans.

Describe:

Repayment plans for providers can be initiated by theBCDHSC 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 8.1.5 a. 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.

☑ Reduce payments in subsequent months.

Describe:

Reduction of payments in subsequent months is the initial method utilized to recover funds due to unintentional program violations.

In theevent 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.

☐ Recover through state/territory tax intercepts.

Describe:

☐ Recover through other means.

Describe:

☑ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

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 8.1.5(a).

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.

☐ Other Describe:

c) 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.

☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

☐ Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

☐ Reduce payments in subsequent months.

Describe:

☐ Recover through state/territory tax intercepts.

Describe:

☐ Recover through other means.

Describe:

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

☑ Other Describe:

DHHS reviews cases to identify administrative errors and utilizes results to reduce such errors. NH has no authority under state law to recover funds associated with administrative errors.

8.1.6 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:

Effective Date: 10/01/2018

☑ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

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. Once the client has invoked his or her right to appeal and the process has begun (depending on the nature of the violation and when the appeal was submitted) services/subsidy may be extended for the period of the appeal process.

☑ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe:

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.

☑ Prosecute criminally.

Describe:

When provider fraud has been identified and substantiated by a BCDHSC internal auditand 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.

☑ Other.

Describe:

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: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting a time-limited waiver extension.

☑ **Appendix A.4:** National FBI fingerprint search requirements for existing staff. (See related question at 5.4.4 (b))

Describe the provision from which the state/territory seeks relief.

The State of New Hampshire seeks temporary relief from the provision requiring all existing staff to have a National Fingerprint search completed by September 30, 2018. Since July 1, 2007, NH has conducted an FBI criminal background check using fingerprints. Since October 1, 2016, anyone new or existing child care staff person, Since October 1, 2016, any new or existing child care staff person, which includes all licensed or licensed exempt providers (or potential providers) 18 years of age or older, are required to complete a criminal background check in the State of NH. This must be done with digital fingerprints. Therefore, the goal is to ensure that all current staff (under the 5 year background check renewal requirement) will have completed the process using Next Generation Identification by September 30 20219. In the event that all existing staff do not fall under the September 30th, 2019 deadline, a back-up plan has been crafted and will be inplemneted.This falls under citation : RSA 170-E:7, He-C 4002.02(e) and HeC 4002.04(m

Update Associated with COVID-19

NH is requesting a waiver to the National FBI fingerprint search requirements for existing staff due to COVID-19. The Governor's Emergency Order 18 suspended fingerprints for licensing purposes for the duration of the State of Emergency, which is still in effect. Effective Date: October 1, 2020.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Waiver of this provision will not have a negative impact on the delivery of child care services since the staff impacted are already well-vetted with their previous background checks. By not having to divert resources, human and financial, towards such a small group of providers with low probability of any unacceptable background check violations, the focus can remain on revamping other aspects of the background check requirements and further expanding the positive impact of the CCDF funded activities including, but not limited to quality child care services.

Update Associated with COVID-19

Currently there is a shortage of staff in child care programs throughout the state as a a direct result of the COVID-19 pandemic. A new waiver for this requirement during the pandemic will increase access to child care for children and their families by enabling providers to continue to care for children when they otherwise would be prohibited from doing so without FBI fingerprinting.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The health, safety and well-being of New Hampshire's children, both those served by CCDF assistance and others, are well-served by the existing background check requirements that are not just mandated by the CCDF Plan, but grew from ethical, legal and community demand for a verifiably safe and vetted child care staff. The out-of-state check provision is fortunately only one aspect of that vetting process for the Child Care Background Check Portfolio. Already in place are extensive inter-state checks, the NCIC and NSOR, and the fact that NH is part ofa tri-state background check system that automatically includes NH, VT and ME in its record search. In addition, by culture and demographic convention, a large percentage of current NH child care staff members are native and long-term NH residents and will not have relevant information in the FBI database. If this provision represented the only means of checking child care staff's outof-state background then it would leave children vulnerable. However, since several

national checks and inter-state child abuse and sex offender registries were already part of the existing system then the current background checks will continue to ensure this small group will continue to ensure safe and efficient delivery of child care in the State. This small group, that will not be cleared by the September 30th, 2018 deadline, includes less than 38% of total child care staff, with approximately only 3-4% having out-of-state work experiences during the last 5 years since their last full background checks.

Update Associated with COVID-19

The waiver request due to COVID-19 will not compromise the health, safety and wellbeing of children served through CCDF because NH continues to complete multiple background checks, including in-state criminal background checks, in-state and out-ofstate child abuse registry checks and in-state and inter-state sex offender checks.

☑ **Appendix A.7:** Interstate criminal registry or repository check for new or prospective staff. (See related question at 5.4.6 (a))

Describe the provision from which the state/territory seeks relief.

The State of New Hampshire seekstemporary relief from the initial September 30, 2018 deadline for implementation of the provision for the Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years)(98.43 (b)(3)(i)). This provision involves checking a potential or current employee's history in any state other than that in which the provider's services are to be or are currently being provided. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. In New Hampshire this includes, by definition, the state where the staff member was employed during the same 5 year period.

The State already has in place (through Law and Rule) the requirement to do initial background checks on all child care staff that are new or prospective plus existing renewal background checks every 5 years or when there is a gap of 6 months or more in the employment of same. The only delay in full implementation at this time is lack of a Law/Rule that requwhichires the state to conduct said criminal registry or repository check in states other than New Hampshire.

At present, efforts to meet the full implementation of the requirement could not be achieved by September 30, 2018. The Lead Agency' Administrators in the BCDHSC has been actively working on this requirement with the Child Care Licensing Unit and the

State Police Criminal Records Unit (NHDOS) to bring the state to full compliance. When the requirement is fully instituted, it will apply to all existing and new child care staff working in NH.

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. NH DCYF child protection staff is currently piloting the processes for requesting/receiving this information in foster care. Further, CCLU and BCDHSC are hosting discussions with the NH DOS to determine if requests may be submitted through their department, or if individuals will need to request this information from other states and have the results returned to the state. To allow for these checks to be undertaken, new legislation has been drafted to include this requirement in RSA 170-E7. The legislation has been sent to the DHHS legislative liaison for review and identification of a sponsor, which will subsequently be presented to the legislature during the 2018 - 2019 session, and according to NH scheduling, if approved, signed into law by the Governor in June of 2019. That action would be followed by the development and approval of Rules and Policies with an implementation goal of September 30, 2019. Still under discussion is the cost burden, logistics and staffing considerations to support the implementation.

UPDATE

In August 2019, NH passed RSA 170-E:7, II(a) that allowed the state to complete interstate criminal background checks. Rules have been drafted, with a goal to submit in the second quarter of 2021.

NH is requesting temporary relief from this provision due to COVID-19. The waiver is necessary because the pandemic caused a temporary suspension of legislative activity, which has created a backlog in the rulemaking process. Effectove Date: October 1, 2020

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By allowing this waiver, the state of NH will have adequate time and planning to ensure that the provision is properly built into the State's Laws and Rules,ensuring it is not only an institutionalized mandate, but also becomes unimpeachable by its legal status. Further, the deadline extension allows for the stakeholders to take into consideration the timing, resources and staff required to complete the checks in a cost-efficient, timely and convenient method that will not compromise the integrity of the background check system.

UPDATE

The waiver and associated delay in implementation will enable NH to complete the development of a Criminal Background Check module in the NH Connections Information System (under development). As a result, service delivery will improve because the process will be less cumbersome for providers and enable them, as well as the state, to track the status of the interstate checks.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The health, safety and well-being of New Hampshire's children, both those served by CCDF assistance and others, are well-served by the existing background check requirements that are not just mandated by the CCDF Plan, but grew from ethical, legal and community demand for a verifiably safe and vetted child care staff. The out-of-state check provision is fortunately only one aspect of that vetting process for the Child Care Background Check Portfolio. Already in place are extensive inter-state checks, the NCIC and NSOR, and the fact that NH is part ofa tri-state background check system that automatically includes NH, VT and ME in its record search. Further, any current staff already submitted through the FBI who previously lived in an NFF-compliant state has satisfied this requirement. In addition, by culture and demographic convention, a large percentage of current NH child care staff members are native and long-term NH residents and will not be subject to the out-of-state check prompted by this provision. If this provision represented the only means of checking child care staff's out-of-state background then it would leave children vulnerable. However, since several national checks and inter-state child abuse and sex offender registries are already part of the existing system, allowing the state time to look at the overall role this additional provision will make in improving the safe and efficient delivery of quality child care is essential for the long term.

UPDATE

For the above-described reasons, the health, safety and well-being of New Hampshire's children will not be compromised by this waiver. In fact, the completion of the NH Connections Information System Criminal Background Check module will improve access to real-time informaton on the status of this and other provisions of the criminal background check requirements, both for NH DHH and for program directors for each of ther staff members.

☑ **Appendix A.8:** Interstate criminal registry or repository check for existing staff. (See related question at 5.4.6 (b))

Describe the provision from which the state/territory seeks relief.

The State of New Hampshire seekstemporary relief from the initial September 30, 2018 deadline for implementation of the provision for the Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years)(98.43 (b)(3)(i)). This provision involves checking a potential or current employee's history in any state other than that in which the provider's services are to be or are currently being provided. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. In New Hampshire this includes, by definition, the state where the staff member was employed during the same 5 year period.

The state already has in place (through Law and Rule) the requirement to do a renewal background check on all existing child care staff every 5 years or when there is a gap of 6 months or more in the employment of same. The only delay in full implementation at this time is lack of a Law/Rule that requires the state to conduct said criminal registry or repository check in states other than New Hampshire

At present, efforts to meet the full implementation of the requirement could not be achieved by September 30, 2018. The Lead Agency' Administrators in the BCDHSC has been actively working on this requirement with the Child Care Licensing Unit and the State Police Criminal Records Unit (NHDOS) to bring the state to full compliance. When the requirement is fully instituted, it will apply to all existing and new child care staff working in NH.

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. NH DCYF child protection staff is currently piloting the processes for requesting/receiving this information in foster care. Further, CCLU and BCDHSC are hosting discussions with the NH DOS to determine if requests may be submitted through their department, or if individuals will need to request this information from other states and have the results returned to the state. To allow for these checks to be undertaken, new legislation has been drafted to include this

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UPDATE

In August 2019, NH passed RSA 170-E:7, II(a) that allowed the state to complete interstate criminal background checks. Rules have been drafted, with a goal to submit in the second quarter of 2021.

NH is requesting temporary relief from this provision due to COVID-19. The waiver is necessary because the pandemic caused a temporary suspension of legislative activity, which has created a backlog in the rulemaking process, including CCDF and Child Care Licensing rules relative to this provision. Effective Date: October 1, 2020

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By allowing this waiver, the state of NH will have adequate time and planning to ensure that the provision is properly built into the State's Laws and Rules,ensuring it is not only an institutionalized mandate, but also becomes unimpeachable by its legal status. Further, the deadline extension allows for the stakeholders to take into consideration the timing, resources and staff required to complete the checks in a cost-efficient, timely and convenient method that will not compromise the integrity of the background check system.

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For the above-described reasons, the health, safety and well-being of New Hampshire's children will not be compromised by this waiver. In fact, the completion of the NH Connections Information System Criminal Background Check module will improve access to real-time informaton on the status of this and other provisions of the criminal background check requirements, both for NH DHHS and for program directors for each of their staff members.