

Child Care and Development Fund (CCDF) Plan  
For

New Hampshire  
FFY 2014-2015

**PART 1  
ADMINISTRATION**

**1.1 Contact Information**

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), 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)

**1.1.1 Who is the Lead Agency designated to administer the CCDF program?** Identify the Lead Agency and Lead Agency's Chief Executive Officer designated by the State/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), §98.10)

Effective Date: 01-OCT-13

Name of Lead Agency: [Department of Health and Human Services](#)

Address of Lead Agency: [129 Pleasant Street, Concord, NH 03301](#)

Name and Title of the Lead Agency's Chief Executive Officer: [Commissioner Nicholas Toumpas](#)

Phone Number: [603-271-9200](#)

Fax Number: [603-271-4912](#)

E-Mail Address: [Ntoupas@dhhs.state.nh.us](mailto:Ntoupas@dhhs.state.nh.us)

Web Address for Lead Agency (if any): <http://www.dhhs.state.nh.us/>

**1.1.2 Who is the CCDF administrator?** Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, with responsibility for administering the State/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 entity with administrative responsibilities and include contact information.** (§§98.16(a) and (c)(1))

**a) Contact Information for CCDF Administrator:**

Effective Date: 01-OCT-13

Name of CCDF Administrator: [Ellen C. Wheatley, Ph.D.](#)

Title of CCDF Administrator: [Administrator, Division for Children, Youth and Families \(DCYF\), Child Development Bureau \(CDB\)](#)

Address of CCDF Administrator: [129 Pleasant Street, Concord, NH 03301](#)

Phone Number: [603-271-8153](#)

Fax Number: [603-271-8712](#)

E-Mail Address: [ewheatley@dhhs.state.nh.us](mailto:ewheatley@dhhs.state.nh.us)

Phone Number for CCDF program information  
(for the public) (if any): [800-852-3345 ext 4242](#)

Web Address for CCDF program  
(for the public) (if any): <http://www.dhhs.state.nh.us/dcyf/cdb/index.htm>

Web Address for CCDF program policy manual  
(if any): [N/A](#)

Web Address for CCDF program administrative rules  
(if any): [http://www.gencourt.state.nh.us/rules/state\\_agencies/hec6900.html](http://www.gencourt.state.nh.us/rules/state_agencies/hec6900.html)

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

Name of CCDF Co-Administrator: [N/A](#)

Title of CCDF Co-Administrator:

Address of CCDF Co-Administrator:

Phone Number:

Fax Number:

E-Mail Address:

Description of the role of the Co-Administrator:

[N/A](#)

## **1.2 Estimated Funding**

### **1.2.1 What is your expected level of funding for the first year of the FY 2014 - FY 2015 plan period?**

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2013 through September 30, 2014. (§98.13(a)).

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FY 2014 Federal CCDF allocation (Discretionary, Mandatory and Matching): \$ [15,880,423](#)

Federal TANF Transfer to CCDF: \$ [2,800,000](#)

Direct Federal TANF Spending on Child Care: \$ [0.00](#)

State CCDF Maintenance-of-Effort Funds: \$ [4,581,870](#)

State Matching Funds: \$ 6,081,079

**Reminder** - Lead Agencies are reminded that not more than 5 percent of the aggregate CCDF funds, including federal funds and required State Matching funds, shall be expended on administration costs (§98.52) once all FY2014 funds have been liquidated. State Maintenance-of-Effort funds are not subject to this limitation.

**1.2.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF Matching and maintenance-of-effort (MOE) requirements described in 98.53(e) and 98.53(h)?** Check all that apply.

Territories not required to meet CCDF Matching and MOE requirements should mark

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N/A here

**Note:** The Lead Agency must check at least public and/or private funds as matching, even if pre-kindergarten (pre-k) funds also will be used.

Public funds 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 source of funds:

[General Revenue Funds](#)

If known, identify the estimated amount of public funds the Lead Agency will receive:

Private Donated Funds to meet the CCDF Matching Fund requirement. Only private 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 number of entities designated to receive private donated funds and provide name, address, contact and type:

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

State expenditures for Pre-K programs to meet the CCDF Matching Funds requirement.

If checked, provide the estimated percentage of Matching Fund requirement that will be met with pre-k expenditures ( not to exceed 30%):

If percentage is more than 10% of the Matching fund requirement, describe how the State will coordinate its pre-k and child care services:

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for Matching Funds requirement:

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

State expenditures for Pre-K programs to meet the CCDF Maintenance of Effort (MOE) 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 98.53(h)(1).

Estimated percentage of MOE Fund requirement that will be met with pre-k expenditures ( not to exceed 20%):

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

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for MOE Fund requirement:

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

**1.2.3 Describe the activities for which quality funds (including targeted quality funds for infants and toddlers, school-age children, and resource and referral) will be used in FY 2014 - 2015. Note: Funding estimate is limited to FY 2014** In as much detail possible, list the activities that will be funded, the estimated amount of CCDF quality funds that will be used for each activity, and how these activities relate to the Lead Agency's overall goal of improving the quality of child care for low-income children.

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<b>Estimated Amount of CCDF Quality Funds For FY 2014</b>	<b>Activity (Lead Agency should include description of quality activities that cover FY 2014 and also information about activities for FY 2015, if available)</b>	<b>Purpose</b>	<b>Projected Impact and Anticipated Results (if possible)</b>
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Infant/Toddler  
Targeted Fund  
\$249,066

A. Tuition assistance for child care staff to take college courses in early childhood education - For both FFY 2014 and 2015

B. Contract with consultants to review the revised Early Learning Standards and determine the quality of the Standards and their alignment with the kindergarten Common Core Standards - For FFY 2014 only

C. Print and disseminate the revised Early Learning Standards - For FFY 2014 only

D. Create interactive web-based training modules for the Early Learning Standards - For FFY 2015 only

A. The purpose of this activity is to improve infant/toddler child care teacher and director competence.

B. The purpose of this activity is to assure that the revised Early Learning Standards have the highest level of quality regarding depth of constructs, difficulty of indicators, appropriateness of progression across age groups and determine the degree of alignment with the kindergarten Common Core Standards.

C. The purpose of this activity is to disseminate the revised Early Learning Standards to all licensed and license-exempt child care providers, public school kindergarten teachers, family resource centers, home visitors, early childhood education faculty in institutions of higher education, and other early childhood partners.

D. The purpose of this activity is to increase the number of cross-sector early childhood professionals who are trained to competently use the Early Learning Standards in their work with young children and their families

A. As a result of enrolling in a two-year or four-year institution of education credit-bearing course in infant and toddler education and/or teaching young children with special needs, 50 child care teachers will provide higher quality learning and development experiences to infants and toddlers and/or children with special needs and their families. Low income infants and toddlers will benefit from teachers with increased knowledge and skills.

B. The professional review of the revised Early Learning Standards will assure that the revised Early Learning Standards have the highest level of quality regarding depth of constructs, difficulty of indicators, appropriateness of progression across age groups and determine the degree of alignment with the kindergarten Common Core Standards. Child care and elementary school teachers, as well as family resource centers and home visitors will have high quality Early Learning Standards that will retain their utility for at least 5 years.

C.1 As a result of using the revised Early Learning Standards, child care teachers, family resource centers and home visitors will:

- a. Competently track child learning and development;
  - b. Choose developmentally appropriate curricula;
  - c. Evaluate their own areas of strength and weaknesses in working with young children; and
  - d. Support parents to improve their parenting knowledge and skills.
- C2. As a result of child

care teachers and home visitors using the revised Early Learning Standards, children in their programs will experience success in school and throughout their lives. Low income children will benefit from teachers with enhanced knowledge and skills regarding child learning and development expectations.

C3.As a result of using the revised Early Learning Standards in their early childhood education courses, NH institutions of higher education will:

- a. Improve student competency regarding understanding and tracking early childhood learning and development and choosing developmentally appropriate curricula;
- b. Improve student competency to support parents to improve their parenting knowledge and skills; and
- c. Evaluate their faculty regarding their areas of strength and weakness regarding teaching early childhood learning and development.

D. As a result of producing a set of interactive web-based training modules, a wide variety of professional as well as parents of young children will have increased knowledge regarding early learning and development that they will use to the benefit of the young children in their care. Low income children will benefit from receiving services from professionals across sectors that understand and can competently use the Early Learning Standards.

<p>School-Age/Child Care Resource and Referral Targeted Funds \$44,403</p>	<p>Schoolage child care technical assistance - For both FFY 2014 and 2015</p>	<p>The purposes of this activity are to:</p> <ol style="list-style-type: none"> <li>1. Increase the number of afterschool child care spaces;</li> <li>2. Provide training to child care staff in school-age child care programs; and</li> <li>3. Provide targeted technical assistance to school-age child care programs.</li> </ol>	<ol style="list-style-type: none"> <li>1. As a result of targeted technical assistance, there will be 350 additional afterschool child care spaces.</li> <li>2. As a result of receiving training, 1,200 school age child care staff will demonstrate increased competency in their work with children and families.</li> <li>3. As a result of targeted technical assistance, 250 school age child care programs will provide higher quality learning and development experiences to children and families. Low income children will benefit from the targeted technical assistance, which is intended to improve early learning environment, curricula and teaching, provided to their child care program.</li> </ol>
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Quality Expansion  
Targeted Funds  
\$430,067

A. Preventing child care expulsion through on-site and phone consultation - For FFY 2014 and 2015

B. Market rate survey - For FFY 2014 and 2015

C. Early childhood mentorship program - For FFY 2014 and 2015

D. Staff to administer quality initiatives - For FFY 2014 and 2015

E. QRIS incentive payments to child care programs - For FFY 2014 and 2015

A. The purposes of this activity are to:

1. Prevent child care programs from expelling children due to disability or behavior issues;
2. Increase child care teacher competencies; and
3. Reduce child care teacher turnover associated with working with children with disability or behavior issues.

B. The purposes of this activity are to:

1. Provide data and analysis regarding the fees charged to families by NH licensed child care providers; and
2. Provide data and analysis regarding NH child care program operations.

C. The purpose of this activity is to provide mentorship to child care teachers and directors to improve their knowledge and skills in self-selected targeted topics.

D. The purpose of this activity is to assure that highly qualified staff administer NH's child care quality improvement initiatives

E. The purpose of this activity is to support child care programs to improve the quality of services to children and families in their care and maintain improvements while remaining sustainable.

A1. As a result of consultation, 300 child care teachers will competently meet the needs of young children with special needs in their care and will maintain their current employment.

A2. As a result of consultation to child care teachers, 300 young children with challenging behaviors and other special needs will be retained in their child care program.

A3. As a result of consultation to child care teachers, 2,400 young children will benefit from their teacher's increased competence to individualize curricula, environment and daily schedule. Low income children will benefit from teachers who are better able to individualize the environment, curricula and direct interactions to meet their needs.

B. As a result of having a complete picture of the child care market, DCYF will set adequate payment rates for child care scholarship\* and will make other appropriate policy decisions. Low income children will benefit when reimbursement rates for child care scholarship are sufficient for their parents to be able to afford high quality child care.

C. As a result of 10 hours of mentorship, 16 child care teachers and directors will demonstrate improved knowledge and skills in at least one aspect of their work with children and families in their care. Low income children will benefit from child care directors and teachers who have additional specialized competencies.

D. As a result of engaging 4 highly qualified staff at

the DCYF CDB, the following initiatives will be competently administered: professional competencies development and dissemination; professional development system development; professional registry development; infant/toddler professional leadership development; afterschool quality improvement; QRIS redesign and implementation; Early Learning Standards dissemination and evaluation; Strengthening Families consultation; health-fitness-nutrition improvement in child care programs; health and safety improvement in child care programs; and disaster/emergency recovery. Low income children will benefit from the increased quality of their child care programs.

E. As a result of QRIS incentive payments, child care programs will:

- E1. Provide teacher compensation/ benefits at levels sufficient to recruit and retain highly qualified teachers;
- E2. Provide mentorship, consultation and/or coaching to teachers to improve their knowledge and skills;
- E3. Provide high quality learning and development experiences to the children and families in their care;
- E4. Invest in continuous quality improvement to sustain and increase quality. As a result of QRIS incentive payments to child care programs, children will experience high quality support for learning and development that leads to success in school and throughout their lives; and
- E5. Also, as a result of

			<p>QRIS incentive payments to child care programs, families receiving child care scholarship will enroll their child in a high quality child care program.</p> <p>*In NH, CCDF child care subsidy is called the Child Care Scholarship Program</p>
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Quality Funds (not including Targeted Funds)

\$1,173,735

- A. Tuition assistance for child care staff - For FFY 2014 and 2015
- B. Child care resource and referral programs (CCRR) - For FFY 2014 and 2015
- C. Sustainability support to Spark NH - For FFY 2014 only

- A. The purposes of this activity are to:
  - 1. Improve child care teacher and director competence; and
  - 2. Prepare experienced professionals to become early childhood program technical assistance professionals
- B. The purposes of this activity are to:
  - 1. Provide families with education regarding and referrals for child care;
  - 2. Provide training opportunities to child care staff; and
  - 3. Provide targeted technical assistance to child care programs.
- C. The purpose of this activity is to financially support Spark NH while it continues to seek sustainability funding in the private sector.

- A1. As a result of enrolling in credit-bearing courses from two-year and four-year institutions of higher education, 225 child care teachers and directors will provide higher quality learning and development experiences to children and families in their care. Low income children will benefit from teachers with increased knowledge and skills.
- A2. As a result of enrolling in a credit bearing course for experienced early childhood education professionals, 15 professionals will be prepared to provide a variety of types of technical assistance to child care programs.
- B1. As a result of assistance from CCRR, 4,500 families will choose quality child care programs and eligible families will apply for child care scholarship.
- B2. As a result of training through CCRR, 5,500 child care staff will demonstrate increased competency in their work with children and families.
- B3. As a result of targeted technical assistance from CCRR, 100 child care programs will improve their ability to provide high quality learning and development experiences to children and families. Low income children will benefit from the increased quality of their child care programs.
- C. As a result of providing financial support to sustain Spark NH while it continues to seek sustainability funding in the private sector, multiple cross-sector coordination and quality improvement initiatives will continue.

### 1.2.4 Will the Lead Agency distribute quality funds to counties or local entities?

Note: This question is to obtain information on whether the Lead Agency retains decision making responsibilities regarding the quality dollars at the State/Territory level or if funds are distributed to local entities

Does the State maintain decisions at the State level, or are funds distributed to locals that have some decisions on how funds are spent.

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- No, the Lead Agency will not distribute any quality funds directly to local entities
- Yes, all quality funds will be distributed to local entities
- Yes, the Lead Agency will distribute a portion of quality funds directly to local entities.  
Estimated amount or percentage to be distributed to localities

Other.  
Describe:

### 1.3 CCDF Program Integrity and Accountability

Program integrity is defined to include efforts that ensure effective internal controls over the administration of CCDF funds. The Lead Agency is responsible for monitoring programs and services, ensuring compliance with the rules of the program, promulgating rules and regulations to govern the overall administration of the plan and oversee the expenditure of funds by sub-grantees and contractors. (§ 98.11(b)) Accountability measures should address administrative error, which includes unintentional agency error, **as well as address** program violations, both unintentional and intentional, that may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

**1.3.1. Describe the strategies the Lead Agency will utilize to ensure effective internal controls are in place.** The **description** of internal controls may include, but is not limited to a description of processes to ensure sound fiscal management, to identify areas of risk or to establish regular evaluation of control activities.

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Describe:

## Provider Billing and Payment

o The web-billing system, for providers authorized to submit invoices via a web application, prevents providers from; submitting invoices for children who are not yet or no longer eligible, entering erroneous names and identification numbers, and mailing invoices incorrectly, thus reducing the number of rejected payment claims. Services for more than 85% of children receiving child care scholarship are billed via the web-billing system.

o DCYF requires that anyone who will be billing via the web application attend a training with DCYF. This three-hour training includes information on both the functionality of the web application and proper billing practices. This training is held at least monthly.

o The Data Management Unit scans and reviews paper invoices. Invoices that are not properly signed by provider and parent, are incomplete or in error in other ways are rejected. Currently, paper bills are submitted for only 15% of the children receiving child care scholarship.

o The billing and payment computer system interfaces with the eligibility computer system to assure that providers are not paid for children who are not eligible or paid a higher amount than for which children are eligible.

o Staff responsible for provider relations associated with billing and payment conduct telephone screenings to identify providers at high risk for improper billing and payment. These providers are required to submit their attendance records to facilitate a billing audit.

o Staff identify and reduce errors and potential fraud in the billing and payment system by producing regular "red flag reports" regarding billing and payment issues which place child care providers or parents receiving child care scholarship at high risk for error or fraud. Through comparisons of billing and attendance records, staff identify isolated errors or patterns of improper billing behavior, for example provider program closings such as for holidays and snow days, or hours of operation such as billing for more than 12 hours in a day.

o In addition to administrative rules that support DCYF's child care scholarship program integrity and internal controls, upon enrollment, the provider currently receives two resources that explicitly delineate the program's billing and payment requirements, as well as a resource for training regarding billing and payment rules and policies:

- The NH Child Care Provider Billing and Payment Handbook:

(<http://www.dhhs.nh.gov/dcyf/cdb/documents/providerhandbook.pdf>);

- The Provider Agreement: (<http://www.dhhs.nh.gov/dcyf/cdb/documents/provideragreement.pdf>); and

- An invitation to the provider billing and payment training webinar

(<http://www.dhhs.nh.gov/dcyf/cdb/documents/billingpayment.pdf>). For providers that do not have internet access, the local CCRR program will host them to participate in the training webinar and DCYF will also schedule individual training appointments in Concord, NH.

o Beginning in FFY 2014, all child care providers who apply to be enrolled in the child care scholarship program will be required to attend a one-day pre-enrollment training that will include; instructions regarding and opportunities to complete all enrollment forms, and billing and payment training, plus information regarding web-billing training, and fingerprinting. This will significantly reduce the number of enrollment form and process errors and, thus, the number of days between enrollment application and enrollment. In addition, thorough in-person billing and payment training before enrollment will reduce improper billing and payment.

o DCYF has a toll free phone number for providers to call with any billing and payment questions or issues.

o DCYF runs regularly scheduled reports to identify providers at high risk of improper billing. The Child Care Improper Billing and Payment Assistant reviews the cases and, upon identifying improper billing, pursues providers including recouping money as needed.

o When improper billing is identified, DCYF sends a letter to the provider identifying the improper billing issue(s) and the correction(s) needed to bill properly. The child care provider is required to attend the billing and payment training webinar referenced above. DCYF recoups funds when the improper billing resulted in an overpayment of \$50 or more and the provider is required to resubmit the billing invoice(s) that was/were in error. The Child Care Improper Billing and Payment Specialist will conduct a billing and payment audit 90 days after the improper billing issue is resolved to assure that the provider continues to bill correctly.

## Family Eligibility

o As part of the eligibility process, child care scholarship is authorized at a specific level of service; full-time, half-time or part-time, based on the parent(s)'s hours of work activity. When child care providers submit invoices, the payment system will only pay for the maximum authorized level of service or less. A provider cannot be paid at a full-time rate of service for a child authorized for half-time or part-time level of service.

o Division of Client Services (DCS) District Office supervisory staff perform quality assurance reviews on all new eligibility staff eligibility determinations for the first 60 days and random reviews every 45 days thereafter.

o DCS has created a central scanning unit of staff that receive eligibility documentation and scan it into an electronic file. This has reduced missing eligibility documentation.

o DCYF collaborates with the DCS to identify and pursue parents who have provided false/misleading information and should not be eligible, who have failed to update their caseworker regarding changes in their situation or who have been abusing child care scholarship, for example keeping their child in child care for 50 hours in a week when they have only participated in an approved work activity for 12 hours.

o DCYF collaborates with DCS to produce and analyze a monthly report that identifies parents that have a verified exception to the Temporary Assistant for Needy Families (TANF) work activity requirement. If one of the cases on the report has received an exception or child care scholarship in error, DCYF informs DCS of the need to update the case record, which may include closing child care eligibility.

o Regarding the ACF-402 Error Rate Review, DCYF coordinates with the Division of Program Improvement and Integrity and DCS to assess policies and procedures that may contribute to errors and to recommend changes as needed. DCYF revised several sections of Administrative Rule He-C 6910 to align with eligibility rules that DCS eligibility staff follow for other programs such as TANF, Medicaid and Supplemental Nutrition Assistance Program (SNAP). These rule revisions, approved in April 2012, support eligibility staff to prevent eligibility errors.

## Collaborations Across DHHS Programs

o DCYF continues its cross-systems Improper Child Care Payments Task Force (including the Bureau of Integrity and Improvement, Special Investigations Unit, Child Care Licensing Unit (CCLU), and DCS, plus the DCYF Bureaus of Organizational Learning and Quality Improvement, and Child Development) to:

- Enhance the culture of accountability within internal agencies;
- Analyze program operations to determine where the system has potential for improper payments;
- Use this analysis to reduce the capacity for any area of the system to be duplicative and/or error prone; and
- Use and share relevant information across agencies within DHHS to prevent improper payments.

o DHHS managers review and evaluate audit findings, determine and take corrective action and use consultations to achieve and maintain improvements.

o DCYF engages in sharing information regarding child care provider improper billing and payment, as well as improper or illegal operation with the CCLU, TANF, SNAP, Medicaid and the Child and Adult Care Food Program (CACFP).

## Engaging the Community

o DCYF engages the child care community in preventing and reporting suspected fraud or improper payments including child care providers reporting both suspected recipient fraud and any overpayments they may receive;

o The DCYF Child Development Bureau Child Care Improper Billing and Payment Specialist coordinates with stakeholders to prevent improper billing in the child care community.

## Internal Controls For Contracts

o For quality fund activities, DCYF employs the following controls:

- DCYF contracts services and activities described in Part 3 of the Federal Plan;
- DCYF monitors contractors through the requirement of quarterly reports, which must include data to demonstrate achievement of or progress toward performance measures. An evaluation of these data is then tied to contract payment;
- DCYF conducts a minimum of one annual programmatic and financial site visit to audit the contractor's

documentation that supports their quarterly reports;

o In the contract signed by each contracting agency, the agency must certify that DCYF's guidelines are followed.

o Contractors are selected through a competitive bidding process for a 2-year cycle. If they achieve all performance measures and State and Federal requirements, they can be renewed for one additional two-year cycle.

**1.3.2. Describe the processes the Lead Agency will use to monitor all sub-recipients.** Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. (98.11 (a) (3))

**Definition:** A sub-recipient (including a sub-contractor and or sub-grantee) is a non-Federal entity that expends Federal awards (contract or grant) received from another entity to carry out a Federal program, but does not include a vendor nor does it include an individual who is a beneficiary of such a program. OMB Circular A-133 Section 210 provides additional information on the characteristics of a **sub-recipient and vendor** ([http://www.whitehouse.gov/omb/circulars/a133\\_compliance\\_supplement\\_2010](http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2010)). The description of monitoring may include, but is not limited to, a discussion of written agreements, fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified, and establishing performance indicators or measures related to improper payments.

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Describe:

N/A - NH does not have sub-recipients

**1.3.3. Describe the activities the Lead Agency will have in place to identify program violations and administrative error to ensure program integrity using the chart below.** Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to **areas identified through the Error Rate Review** process (98.100). Check which activities, if any, the Lead Agency has chosen to conduct.

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Type of Activity	Identify Program Violations	Identify Administrative Error
Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Share/match data from other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Run system reports that flag errors (include types)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review of attendance or billing records	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Audit provider records	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conduct quality control or quality assurance reviews	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct on-site visits to providers or sub-recipients to review attendance or enrollment documents	<input type="checkbox"/>	<input type="checkbox"/>
Conduct supervisory staff reviews	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct data mining to identify trends	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Train staff on policy and/or audits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other. Describe		
Continue to convene the Improper Billing and Payment Task Force, which allows DHHS to maximize the coordination among State programs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Continue to utilize the Central Document Scanning Unit for Eligibility Files, which prevents document loss and maximizes the ability to maintain all relevant documents in the correct files.		
None	<input type="checkbox"/>	<input type="checkbox"/>

**For any option the Lead Agency checked in the chart above other than none, please describe:**

DCYF and the DCS, which administers client eligibility for all assistance programs, have access to each others' databases to identify and research eligibility, billing and payment issues. DCYF engages in sharing information regarding child care provider improper billing and payment, as well as improper or illegal operation with the CCLU, TANF, SNAP, Medicaid and the CACFP.

- DCYF accesses the Social Security Administration.
- DCYF runs and assesses regularly scheduled reports to identify providers at high risk of improper billing.
- The Child Care Improper Billing and Payment Specialist reviews attendance and billing records on cases referred for suspected improper billing and payment and pursues providers including recouping money as needed.
- DCYF produces "red flag" reports that identify billing at high risk for billing errors or fraud including:
- Holiday and weather-related program closing.

- Billing for more than 12 hours in a day.
- School-age children authorized for full time level of service during weeks that school is in session.
- TANF recipients who are certified as permanently disabled for purposes of not meeting work participation requirements but who have been authorized for child care scholarship.
- More than eight weekly bills where the time in and out of care are the same every day.
  - The DCS conducts staff reviews regarding eligibility determination.
- The Child Care Billing and Payment Training webinar is accessible to all stakeholders.
- Several CDB and DCS staff as well as CCRR program staff and CCLU staff have attended the training webinar to improve their knowledge regarding the child care scholarship billing and payment program.

**If the Lead Agency checked none, please describe what measures the Lead Agency has or plans to put in place to address program integrity:**

**1.3.4. What strategies will the Lead Agency use to investigate and collect improper payments due to program violations or administrative error?** Check and describe in the chart below which strategies, if any, the Lead Agency will use for each of the following areas: Unintentional program violations (UPV), intentional program violations (IPV) and/or fraud, and administrative error as defined in your State/Territory. **The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud (98.60(i)).**

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Strategy	UPV	IPV and/or Fraud	Administrative Error
Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: \$ 50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement). Describe:			
DCYF regularly coordinates with and refers cases to DCS, the CCLU Child and Adult Care Food Program (CACFP) and the Special Investigations Unit to pursue child care scholarship issues that may impact more than one program.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recover through repayment plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reduce payments in the subsequent months	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recover through State/Territory tax intercepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recover through other means. Describe:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recover through lump sum repayment			
Establish a unit to investigate and collect improper payments. Describe composition of unit:			
DCYF has 1.5 full-time equivalent staff persons for investigating and collecting improper billing and payments. In addition, the DHHS Special Investigations Unit investigates when a finding of fraud is expected and collects improper payments made based on fraud.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A			
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For any option the Lead Agency checked in the chart above other than none, please describe:**

- o New Hampshire law prohibits State agencies from recouping funds from families or providers when there was an administrative error.
- o To coordinate with and refer to other State/Territory agencies, referral policies are maintained and updated through the Improper Child Care Payments Task Force described in 1.3.1.
- o To recover improper payments through a repayment plan or through reduced payments during subsequent months, the Special Investigations Unit develops agreements with the provider and manages the repayment accounting.

**1.3.5. What type of sanction, if any, will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?**

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None

Disqualify client.

If checked, please describe, including a description of the appeal process for clients who are disqualified

Disqualify provider.

If checked, please describe, including a description of the appeal process for providers who are disqualified

***He-C 6910.22 Disqualification.***

(a) A provider shall be disqualified from participation as a child care provider if:

- (1) The provider is convicted of fraud by the court pursuant to RSA 167:17-b;
- (2) The provider does not meet the criteria in (1) above, but has been found to have committed fraud by an investigation conducted by DHHS pursuant to RSA 161:2, XV;
- (3) The provider's child care license or permit was denied or revoked;
- (4) The health or safety of a child is endangered as a result of the provider's care, as detailed in RSA 170-E:4, II, RSA 170-E:7, He-C 4002.09(j)(2)-(4), or He-C 6920.07 and 6920.08;
- (5) The provider has provided false or misleading statements to DCYF regarding, but not limited to, the following:
  - a. Physical or mailing address;
  - b. Living with a parent or a child;
  - c. Who is living within the residence; or
  - d. Prior to enrollment, failure to disclose if any person in the household has been convicted of a crime as described in (4) above or found to have committed child abuse or neglect in accordance with RSA 169-C;
- (6) The provider has provided false or misleading billing documentation, including, but not limited to, the following:
  - a. Billing for child care services not rendered; or
  - b. Billing for child care services provided:
    1. While knowing the parent was not in the approved employment related activity;

2. By another person or provider; or
  3. While not in compliance with child care licensing requirements under He-C 4002;
- (7) The provider has either:
- a. Not provided the supporting billing documentation as required by He-C 6910.19(n); or
  - b. The provider has provided information on that supporting billing documentation that is false or misleading;
- (8) The provider does not meet the criteria in (2) above, but has been determined to have made billing errors after the provider has received a letter in accordance He-C 6910.19(q) and the provider:
- a. Did not attend the mandated training; or
  - b. Attended the mandated training and continued to submit the billing invoices incorrectly;

(9) The provider has failed to comply with any of the elements of the provider agreement in He-C 6910.20(b)(7)-(8).

(b) The provider shall be disqualified in accordance with (a) above from participation as a child care provider or to receive any state funds under that program for a period of not less than 5 years, if any of the following have occurred:

(1) The provider has committed fraud, as defined in He-C 6910.03(q) in any program administered by DHHS; or

(2) The provider has had his/her child care license or permit denied or revoked pursuant to RSA 170-E:12, V.

(c) The opportunity found in He-C 4002.11 shall not apply to a provider who has been disqualified due to fraud.

(d) The provider who has been disqualified in accordance with (a) above shall be sent a written letter from DHHS regarding the disqualification as follows:

(1) The letter shall be sent via mail to the provider informing him/her that the date of the disqualification shall be effective 30 calendar days from the date of the letter;

(2) The letter shall include the reason(s) for the disqualification; and

(3) The letter shall include information about the provider's right to appeal the disqualification in accordance with He-C 200.

(e) The effective date of the disqualification shall be either:

(1) The effective date shown in the disqualification notification as described in (d)(1); or

(2) If the basis for the disqualification is (a)(4) above, then the disqualification shall be effective immediately upon notification.

(f) If the provider opted to continue to receive child care scholarship payment during an appeal, and the disqualification 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/her disqualification.

(g) If the hearings officer finds in favor of the provider, then the disqualification shall not take effect.

- Prosecute criminally
- Other.

Describe.

**1.3.6 Based on responses provided from Question 14 in the most recent ACF-402 report, please describe those actions the Lead Agency has taken or plans to take to reduce identified errors in the table below.** Territories not required to complete the Error Rate Review should mark

N/A here

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<b>Activities identified in ACF-402</b>	<b>Cause/Type of Error (if known)</b>	<b>Actions Taken or Planned</b>	<b>Completion Date (Actual or planned) (if known)</b>
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<p>1. Electronic client files and supervisory and quality control review</p> <p>2. Electronic client files and supervisory and quality control review</p> <p>3. Supervisory and quality control review, rule changes, and eligibility computer system change</p> <p>4. Rule changes, eligibility computer system change, and supervisory</p> <p>5. Supervisory and quality control review, generate monthly reminder reports</p>	<p>1. Documentation: missing earned income and self-employment documentation</p> <p>2. Documentation: missing application and redetermination forms</p> <p>3. Incorrect determination of client level of service. The eligibility error audit was conducted soon after all of the child care scholarship policies were radically changed and eligibility staff had difficulty applying the changes correctly for several months</p> <p>4. Non-documentation: Income</p> <p>a. Eligibility staff workload</p> <p>b. Eligibility staff determine eligibility using the policies of the programs they use most often, specifically SNAP and TANF, and fail to apply the policies for child care scholarship, a smaller program</p> <p>5. Non-documentation: No Activity When clients are eligible for both TANF's NHEP program and child care scholarship, they have two case workers at DFA. When a client is sanctioned or closed, one of the case workers needs to close child care eligibility</p>	<p>1.a. Migration to electronic client files with a central scanning unit to assure that all submitted documentation is added to the electronic file</p> <p>1.b. Supervisory and quality control review</p> <p>2.a. Migration to electronic client files with a central scanning unit to assure that all submitted documentation is added to the electronic file</p> <p>2.b. Supervisory and quality control review</p> <p>3. a. DCYF State CDB Administrator provided a child care scholarship policy review to all District Office supervisors. District Office supervisors provided a child care scholarship policy review to all eligibility staff.</p> <p>3.b. Change administrative rules to automatic 1 hour commute time per work day. Change computer system to automatically calculate one hour of commute time as part of determining level of service</p> <p>4.a. Change administrative rules regarding child care scholarship eligibility determination to:</p> <ul style="list-style-type: none"> <li>ζ Align with SNAP</li> <li>ζ Allow for mail in, internet and telephone application and document submission</li> </ul> <p>b. DCYF State CDB Administrator provided a child care scholarship policy review to all District Office supervisors. District Office supervisors provided a child care scholarship policy review to all eligibility staff.</p> <p>5.a. DCYF State CDB Administrator provided a child care scholarship policy</p>	<p>1.a. Winter 2012</p> <p>1.b. Spring 2011 and ongoing</p> <p>2.a. Winter 2012</p> <p>2.b. Spring 2011 and ongoing</p> <p>3.a. Spring 2011 and ongoing</p> <p>3.b The administrative rule changes were approved in April 2012. The changes that did not require changes to the computer systems became effective May 7, 2012. The changes that require changes to the computer system will become effective when the computer changes are released in March 2014. The automated commute time calculation will become effective when the computer changes are released in March 2014</p> <p>4.a. Spring 2012</p> <p>b. Spring 2011 and ongoing</p> <p>5.a. Spring 2011 and ongoing</p> <p>b. Spring 2011</p>
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		<p>review to all District Office supervisors.  District Office supervisors provided a child care scholarship policy review to all eligibility staff.  5.b. Generate monthly report that lists cases sanctioned or closed to assure one of the case workers closes child care scholarship.</p>	

**1.4 Consultation in the Development of the CCDF Plan**

Lead Agencies are required to *consult* with appropriate agencies in the development of its CCDF Plan (§98.12, §98.14(a),(b), §98.16(d)).

**Definition:** *Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments. (§§98.12(b), 98.14(a)(1))

**1.4.1 Identify and describe in the table below who the Lead Agency consulted with in the development of the CCDF Plan (658D(b)(2), §§98.12(b), 98.14(b)).**

Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan
<input checked="" type="checkbox"/> <p><b>Representatives of general purpose local government (required)</b></p> <p>This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.</p>	<p>The DCYF, CDB Administrator met with the NH Town Welfare Administrators Association to discuss the CCDF Federal Plan and ways in which DCYF and the Town Welfare Administrators might collaborate.</p>
<p><b>For the remaining agencies, check and describe (optional) any which the Lead Agency has chosen to consult with in the development of its CCDF Plan.</b></p>	



State/Territory agency responsible for public education

This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.

The Spark NH (NH's early childhood advisory council) Policy Committee aligned the most recent strategic plans of 22 State agencies and private statewide organizations, agencies and programs in a matrix format, including the 2012-2013 CCDF Federal Plan. DCYF used this document, in addition to the direct conversations and meetings described below, in the development of the 2014-2015 CCDF Federal Plan.

The NH Department of Education (DOE) Early Childhood Specialist (ECS) participates in Spark NH and multiple DCYF initiatives. DCYF consulted with the ECS regarding quality initiatives, goals and objectives.

The NH DOE 21Century Community Learning Centers Program Specialist and a DCYF, CDB Program Specialist participate in the Mott Foundation funded New Hampshire Afterschool Network. DCYF consulted with the 21st Century Program Specialist regarding quality initiatives for school age child care programs.

DCYF convenes a quarterly roundtable meeting with the early childhood education department chairs at the institutions of higher education, during which the Federal Plan was discussed and input solicited.



State/Territory agency responsible for programs for children with special needs

This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs

The DOE Preschool Special Education Specialist (Part B Section 619), the DHHS Family-Centered Early Supports and Services Coordinator (Part C), and a representative of the Bureau of Special Medical Services participate in DCYF quality initiatives. In addition, they serve on Spark NH and participate in Spark committees in which the Federal Plan was discussed and input solicited.



State/Territory agency responsible for licensing (if separate from the Lead Agency)

The DHHS, CCLU Chief participates in multiple DCYF quality initiatives in which the Federal Plan was discussed and input solicited. In addition, the CCLU Chief and CDB Administrator participated in discussions and planning regarding President Obama's early learning initiatives and the proposed changes in CCDF regulations.



State/Territory agency with the Head Start Collaboration grant

DCYF administers both the Head Start State Collaboration and CDB. The Administrators of both programs meet regularly and work to align their Federal plans. Both serve on Spark NH as well as Spark NH committees in which the Federal Plan was discussed and input solicited. In addition, the Head Start State Collaboration and CDB Administrators participated in discussions and planning regarding President Obama's early learning initiatives and the proposed changes in CCDF regulations.



Statewide Advisory Council authorized by the Head Start Act

Spark NH membership:

- DCYF, CDB
- DCYF Head Start State Collaboration
- Children's Alliance of NH
- NH Part C/Part B 619 Interagency Coordinating Council
- NH Association for Infant Mental Health
- Early Learning NH – an early childhood advocacy agency
- DOE Early Childhood Office
- DOE Preschool Special Education Part B 619 Office
- NH School Principals Association
- NH Endowment for Health – a philanthropic agency
- A representative of the early childhood education and development services community
- Parent Information Center – a parent advocacy agency
- NH Institutions of Higher Education
- New Futures – a substance abuse advocacy agency
- Child Care Advisory Council - a council legislatively enacted to advise the CDB

- Head Start Directors Association
- NH Head Start Parent Advisory Council
- Family-Centered Early Supports and Services - the Part C agency
- DHHS Maternal and Child Health Section
- Family Support NH - the network of family resource centers

DCYF requested that the Spark NH Policy Committee convene a CCDF Federal Plan Task Force to meet monthly from July 2012 to May 2013. The Task Force included the Policy Committee Chairs – the Director of Early Learning NH and a Head Start Director – as well as representation from child care programs, the Child Care Loan Program of the NH Community Loan Fund, the early childhood special education consultation to child care contractor, Child Care Aware® of New Hampshire (The Child Care Resource and Referral Network, whose membership contracts with CDB), NH Afterschool Network (NHAN) and Maternal and Child Health. The Task Force: developed the Federal Plan input surveys that were distributed via SurveyMonkey, which had 491 parent and 278 professional respondents; provided input into the plan development; and reviewed comments from the Federal Plan hearings.

<input checked="" type="checkbox"/> Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services	The Preschool Technical Assistance Network (PTAN), which provides services to public schools and child care programs through contracts with the DOE and DCYF, participated on the Spark NH Policy Committee Federal Plan Task Force.
<input checked="" type="checkbox"/> State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	DCYF and the CACFP coordinator reviewed and updated health-related goals in the Federal Plan.
<input checked="" type="checkbox"/> State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	DCYF and the Maternal and Child Health supervisor for the State Early Childhood Comprehensive System Grant (ECCS), home visiting and Healthy Child Care NH reviewed and updated health-related and early learning standards revision goals in the Federal Plan. In addition, representatives from the Maternal and Child Health Section and DCYF, CDB Administrator participated in discussions and planning regarding President Obama's early learning initiatives and the proposed changes in CCDF regulations.
<input checked="" type="checkbox"/> State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health)	DCYF is administering NH's children's mental health Federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant. DCYF Administrators discussed the Federal Plan including children's mental health. In addition, the DCYF, CDB Administrator met with the NH Association for Infant Mental Health to develop cross-sector professional development goals for the Federal Plan.
<input checked="" type="checkbox"/> State/Territory agency responsible for child welfare	DCYF is the child welfare agency. The administrators of child development, child protection and family and community services meet regularly to discuss alignment of goals and initiatives to assure that the CCDF Federal Plan aligns with the DCYF Practice Model.
<input checked="" type="checkbox"/> State/Territory liaison for military child care programs or other military child care representatives	Child Care Aware® of New Hampshire liaisons with the military regarding child care. The DCYF, CDB Administrator contracts with the individual child care resource and referral programs and engaged them in discussions regarding the development of the Federal Plan.
<input checked="" type="checkbox"/> State/Territory agency responsible for employment services/workforce development	DCYF works with the NH Employment Program (NHEP), a bureau of the Division of Family Assistance (DFA), and with the Division of Client Services (DCS) to discuss initiatives and goals for child care scholarship.

<input checked="" type="checkbox"/> <p>State/Territory agency responsible for Temporary Assistance for Needy Families (TANF)</p>	<p>TANF is administered by DFA, so, as stated previously, DCYF, DFA and DCS meet regularly to discuss initiatives and goals for child care scholarship. In addition, the DFA Director, TANF Specialist and DCYF, CDB Administrator participated in discussions and planning regarding President Obama's early learning initiatives and the proposed changes in CCDF regulations</p>
<input type="checkbox"/> <p>Indian Tribes/Tribal Organizations</p> <p><input checked="" type="checkbox"/> N/A: No such entities exist within the boundaries of the State</p>	<p>N/A</p>
<input checked="" type="checkbox"/> <p>Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21</p>	<p>1. DCYF is working with BUILD and other Federal Office of Child Care Technical Assistance Contractors regarding quality initiatives and goals. As part of technical assistance, DCYF discussed initiatives and goals for the Federal Plan.</p> <p>2. The Mott Statewide Afterschool Network, NHAN, is now in its second full year. The NHAN executive board, which includes DCYF, CDB staff, works closely with Mott to identify network goals, which, to the extent possible, are reflected in the Federal Plan.</p> <p>3. NH was one of the first seven pilot States for Strengthening Families and, as a Partner State, we continue to work with the Center for the Study of Social Policy and other Strengthening Families States to develop policy changes and implementation plans to improve the capacity of child care programs to work more closely and effectively with families. The partnership with the Center for the Study of Social Policy continues to include discussions regarding the CCDF Federal Plan. DCYF continues to participate in the Strengthening Families State Leadership Team, at which the Federal Plan is discussed.</p>



Provider groups, associations or labor organizations

One of the CCDF Federal Plan public hearings was at the April 2013 NH Child Care Advisory Council (CCAC) meeting. CCAC is a legislatively enacted body that consists of the following membership: Public Health: NH Maternal and Child Health Section, including the ECCS, Home Visiting and Healthy Child Care New Hampshire; DOE 21st Century Schools Program; DHHS Division of Family Assistance - TANF, SNAP and Medicaid; Head Start Directors Association; Parents whose children are enrolled in child care; Agencies that promote inclusion for children with special needs; Statewide Professional Organizations: Early Learning NH, NH Association for the Education of Young Children, SERESC Preschool Technical Assistance Network (PTAN), and Early Education and Intervention Network (EEIN); NH Legislature; Foundations/Trusts: NH Community Loan Fund of the Community Loan Fund; Child Care Aware<sup>(R)</sup> of NH; Business/Private Sector - NH Business and Industry Council; School-age child care technical assistance program; NH State institutions of higher education; and NH Foster and Adoptive Parent Association. In January 2013, DCYF provided Federal Plan development information and the opportunity to provide input into the development of the 2014-2015 CCDF Federal Plan to all child care providers and parents who have internet access through SurveyMonkey surveys regarding development of quality initiatives to meet parent and provider needs. In addition to selecting their response to multiple-choice questions, respondents were given the option to provide narrative responses.

In addition, DCYF met with Early Learning NH's child care provider network to solicit input and feedback regarding the Federal Plan. Early Learning NH is an early childhood advocacy organization for which child care provider issues are a significant focus.

In April, DCYF held the first of two public hearings at the regularly scheduled CCAC meeting and used the testimony in the development of the final version of the Federal Plan.

<input checked="" type="checkbox"/> Parent groups or organizations	The Parent Information Center and the State Head Start Parent Advisory Council participate in Spark NH and Spark committees in which the Federal Plan was discussed.
<input checked="" type="checkbox"/> Local community organization, and institutions (child care resource and referral, Red Cross)	DCYF meets regularly with Child Care Aware® of New Hampshire to discuss parent resource and referral as well as quality initiatives. A representative of Child Care Aware® of New Hampshire participated on the Spark NH Policy Committee CCDF Federal Plan Task Force. In addition, the Child Care Aware® of New Hampshire leadership and DCYF, CDB Administrator participated in discussions and planning regarding President Obama's early learning initiatives and the proposed changes in CCDF regulations.
<input type="checkbox"/> Other	

**1.4.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan.** (658D(b)(1)(C), §§98.14(C)). At a minimum, the description should include:

Effective Date: 01-OCT-13

a) Date(s) of notice of public hearing: [03/25/2013](#)

**Reminder** - Must be at least 20 days prior to the date of the public hearing.

b) How was the public notified about the public hearing? [Publication on the DHHS website, the website and email lists for Spark NH, Child Care Aware® of New Hampshire, child care licensing, Early Learning NH and the New Hampshire Association for the Education of Young Children.](#) c) Date(s) of public hearing(s): [04/30/2013](#)

**Reminder** - Must be no earlier than 9 months before effective date of Plan (October 1, 2013).

d) Hearing site(s) [CCAC meeting, 2 Delta Drive, Concord, NH and DHHS auditorium, Brown Building, 129 Pleasant Street, Concord, NH with live webinar available throughout the state](#)

e) How was the content of the Plan made available to the public in advance of the public hearing(s)? [The Federal Plan draft was published on the DHHS website, Spark NH website and sent via email on April 1, 2013](#)

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? [The Spark NH Policy Committee CCDF Federal Plan Task Force reviewed public comments and developed recommendations regarding modification of the Federal Plan.](#)

**1.4.3. Describe any strategies used by the Lead Agency to increase public consultation on the Plan or access to the public hearing.** For example, translating the public hearing notice into multiple languages, using a variety of sites or technology (e.g., video) for the public hearing, holding the hearing at times to accommodate parent and provider work schedules.

Effective Date: 01-OCT-13

The April 30th Federal Plan hearing was held at 6:30 p.m., so that child care providers and parents would be able to attend, with the option to attend the hearing in person or via webinar. In addition, on April 12th, the NH Child Care Advisory Council hosted a public hearing for the Federal Plan. The April 12th Federal Plan hearing was held on Thursday during the early afternoon, which was a convenient time for a variety of early childhood professionals to attend. Also, for those who were not able to attend either public hearing, on the DHHS website where the Federal plan draft was posted, a link to a Survey Monkey was provided so that stakeholders and the general public had access to a forum to provide input and feedback on the Federal plan.

## **1.5. Coordination Activities to Support the Implementation of CCDF Services**

Lead Agencies are required to *coordinate* with other Federal, State, local, Tribal (if applicable) and private agencies providing child care and early childhood development services

**Definition** - *Coordination* involves child care and early childhood and school-age development services efforts to work across multiple entities, both public and private (such as in connection with a State Early Childhood Comprehensive System (SECCS) grant or the State Advisory Council funded under the Head Start Act of 2007). (658D(b)(1)(D), §§98.12(a), 98.14(a)(1))

Note: Descriptions of how governments are organized for each State are provided at: [http://www2.census.gov/govs/cog/all\\_ind\\_st\\_descr.pdf](http://www2.census.gov/govs/cog/all_ind_st_descr.pdf).

**1.5.1. Identify and describe in the table below with whom the Lead Agency coordinates in the delivery of child care and early childhood and school-age services (§98.14(a)(1)).**

Effective Date: 01-OCT-13

<b>Agency/Entity (check all that apply)</b>	<b>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</b>	<b>Describe the goals or results you are expecting from the coordination</b>
<input checked="" type="checkbox"/> <p>Representatives of general purpose local government</p> <p>This may include, but is not limited to:</p> <p>representatives from counties and municipalities, local education representatives, or local public health agencies.</p>	<p>NH Town Welfare Administrators Association and the Child Care Aware<sup>(R)</sup> of NH will exchange informational material to provide to parents of children under 13 years who use either entity's services.</p>	<p>Coordination between DCYF and the Town Welfare Administrators Association will result in parents of children birth through 12 years who access town welfare offices receiving information regarding and the application for child care scholarship, and contact information for their local CCRR program, as well as parents accessing CCRR receiving information regarding town welfare services.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for public education <b>(required)</b></p> <p>This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.</p>	<p>DCYF participates with the DOE Office of Early Childhood, on Spark NH and DCYF quality initiatives. DCYF and DOE Office of Early Childhood collaborate on early childhood grant proposals and initiatives. In addition, DCYF and DOE Office of Early Childhood meet regularly. DCYF and the coordinator of the DOE 21st Century Schools Program participate in NHAN.</p> <p>DCYF meets quarterly with the chairs of the early childhood education programs in institutions of higher education.</p>	<p>Coordination between DCYF and the DOE Office of Early Childhood will result in alignment of state education efforts for children birth through 3rd grade. This alignment includes collaboration on Spark NH committees. Coordination between DCYF and DOE will result in dissemination of the NH Early Learning Standards to elementary schools throughout the state.</p> <p>Coordination between DCYF and NHAN will result in release of the updated Afterschool Professional Credential, coordination of training to afterschool professionals around the state, and a recommended tool or tools for afterschool programs to use as a self-assessment for quality enhancement. NHAN will coordinate with DCYF's afterschool contractor on the accessibility of afterschool programs. Coordination between DCYF and the roundtable of early childhood education department chairs in institutions of higher education will result in integrating the NH Early Learning Standards into early childhood education college courses and increased use of Caring for Our Children in their curriculum.</p>

<input checked="" type="checkbox"/>	<p>Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services <b>(required)</b></p>	<p>DCYF contracts with the Preschool Technical Assistance Network(PTAN) to provide consultation to child care programs.</p> <p>DCYF contracts with the Early Education and Intervention Network (EEIN) to provide mentorship to early childhood professionals.</p>	<p>Coordination between DCYF and PTAN will result in decreased incidence of child care expulsion for children with special needs, increased child care provider competence in adapting the child care center environment and individualizing the early learning curriculum to meet the needs of young children with special needs, and reduction in staff turnover related to challenging behavior and disabilities.</p> <p>Coordination between DCYF and EEIN will result in increased early childhood teacher competence regarding meeting the needs of young children with special needs in group settings.</p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for public health <b>(required)</b></p> <p>This may include, but is not limited to, the agency responsible for immunizations and programs that promote children's emotional and mental health</p>	<p>DCYF, CACFP, the Maternal and Child Health Section, Special Medical Services and the DHHS Obesity Prevention Program meet regularly to develop, implement and evaluate early childhood nutrition, physical activity and wellness initiatives.</p> <p>DCYF and the NH Association for Infant Mental Health (NHAIMH) coordinate regarding professional competencies and credentials.</p>	<p>Coordination between DCYF, CACFP, Maternal and Child Health, Special Medical Services and the Obesity Prevention Program will result in dissemination and evaluation of the impact of early childhood nutrition, physical activity and wellness initiatives such as Let's Move! Child Care, I Am Moving I Am Learning, the Nutritional and Physical Activity Self-Assessment Child Care (NAP SACC) and Early Sprouts to child care providers and parents to prevent childhood obesity.</p> <p>Coordination between DCYF and the NHAIMH will result in a crosswalk between infant/toddler professional competencies and early childhood and family mental health competencies. In addition, this coordination will result in shared administration of early childhood education and early childhood mental health credentials.</p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for employment services / workforce development <b>(required)</b></p>	<p>The NH Employment Program (NHEP) is participating in the DCYF policy review initiative, hosting CCRR staff at District Offices to provide information to parents attending the mandatory NH Employment Program (NHEP) orientation and exploring opportunities for employment counselors to implement the Strengthening Families Framework.</p>	<p>Coordination between DCYF, DCS, DFA and NHEP will result in clear, easily implemented policy statements. This coordination will also result in improved family access to child care scholarship.</p> <p>DCYF contracts with CCRR programs to provide child care consumer education to the parents attending NHEP mandated orientation to assure that families participating in NHEP can access child care services to meet their needs. Collaboration between DCYF and NHEP will also result in Employment Counselors implementing the Strengthening Families Framework in their case management system.</p>

<input checked="" type="checkbox"/>	State/Territory agency responsible for providing Temporary Assistance for Needy Families (TANF) including local human service agencies( <b>required</b> )	DFA and DCS are participating in the DCYF policy review initiative.	Coordination between DCYF, DCS, DFA and NHEP will result in clear, easily implemented policy statements. This coordination will also result in improved family access to child care scholarship.
<input type="checkbox"/>	Indian Tribes/Tribal Organizations (required) <input checked="" type="checkbox"/> <input type="checkbox"/> N/A: No such entities exist within the boundaries of the State	N/A	N/A

**For the remaining agencies, check and describe (optional) any with which the Lead Agency has chosen to coordinate early childhood and school-age service delivery**

<input checked="" type="checkbox"/>	State/Territory agency with the Head Start Collaboration grant	DCYF administers both the Child Development Bureau and the Head Start State Collaboration Office. Coordination occurs frequently through meetings and emails.	Coordination will result in alignment in Head Start Collaboration and CDB Federal Plans, where appropriate, and in continued wrap-around services for children in Head Start who need full day child care. Additionally, the Head Start State Collaboration Office, the Head Start State Training and Technical Assistance Office and CDB will co-sponsor joint professional development activities.
<input type="checkbox"/>	State/Territory agency responsible for Race to the Top - Early Learning Challenge (RTT-ELC) <input checked="" type="checkbox"/> <input type="checkbox"/> N/A: State/Territory does not participate in RTT-ELC		

<input checked="" type="checkbox"/>	<p><b>State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)</b></p>	<p>DCYF and the Department of Education CACFP program coordinate regarding child care provider participation in both the child care scholarship and CACFP programs. DCYF, CACFP, Maternal and Child Health, Special Medical Services and the DHHS Obesity Prevention Program meet regularly to develop, implement and evaluate early childhood nutrition, physical activity and wellness initiatives that reduce the incidence of obesity in young children in child care.</p>	<p>Coordination between DCYF and the CACFP program will result in increased child care provider enrollment in both the child care scholarship program and CACFP program, as well as decreased improper billing and payment in both programs. In addition, coordination between DCYF, CACFP, Maternal and Child Health, Special Medical Services and the Obesity Prevention Program regarding initiatives to reduce the incidence of obesity in young children in child care will result in an increased number of child care centers enrolled and implementing one or more of the initiatives below, and evaluation of the impact of early childhood nutrition, physical activity and wellness initiatives. Child care providers will use these initiatives, Let's Move! Child Care, I Am Moving I Am Learning, NAP SACC and Early Sprouts to provide obesity prevention education to parents and children enrolled in their child care program.</p>
<input checked="" type="checkbox"/>	<p><b>State/Territory agency responsible for programs for children with special needs</b></p> <p>This may include, but is not limited to:  <b>State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs</b></p>	<p>DCYF participates with the coordinators of both the Part C and Part B Section 619 programs in the ICC, CCAC and Spark NH to assure that the needs of children with special needs who are in child care are met.</p>	<p>Coordination between Part C, Part B Section 619 and DCYF will result in improved collaboration among child care programs, Family-Centered Early Supports and Services programs (Part C) and public schools to meet the needs of young children with special needs and increase the number of children with disabilities being successfully served in community child care programs. In addition, braided funding will continue to support training and mentorship for child care providers working with young children with special needs participating in child care programs. In addition, coordination between the coordinator of the preschool special education Part B/619 program and DCYF will result in the NH Early Learning Standards being compliant with Federal 508 rules.</p>

<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant</p>	<p>DCYF and the Maternal and Child Health Section coordinate activities regarding the home visiting program, Healthy Child Care NH, and ECCS. DCYF, the Maternal and Child Health Section, CACFP, Special Medical Services and the Obesity Prevention program collaborate on obesity prevention initiatives.</p>	<p>Coordination between DCYF and the Maternal and Child Health Home Visiting Program will result in alignment between the home visiting and child care scholarship program plans including distribution of the revised NH Early Learning Standards. Collaboration between DCYF and the Maternal and Child Health Section will also result in alignment of initiatives among the ECCS, Healthy Child Care NH, home visiting and CCDF Federal Plans. These initiatives include developmental screening, medication administration training for child care providers and home visitors.</p> <p>In addition, coordination between DCYF, CACFP, Maternal and Child Health, Special Medical Services and the Obesity Prevention Program regarding initiatives to reduce the incidence of obesity in young children in child care will result in dissemination and evaluation of the impact of early childhood nutrition, physical activity and wellness initiatives such as Let's Move! Child Care, I Am Moving I Am Learning and Little Sprouts to child care providers and parents to prevent childhood obesity.</p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for child welfare</p>	<p>DCYF administers the Child Protection and Child Development Bureaus and, therefore, communication is frequent and ongoing through meetings and emails.</p>	<p>The development of the DCYF Practice Model has enhanced the inclusion of primary child abuse and neglect prevention programs such as child care and Head Start in discussions with child protection stakeholders. There will be increased coordination around both primary and secondary child abuse and neglect prevention.</p>
<input checked="" type="checkbox"/>	<p>State/Territory liaison for military child care programs or other military child care representatives</p>	<p>Several DCYF bureaus are coordinating with Easter Seals of NH for meetings regarding the needs of military families.</p>	<p>There is only one military child care programs in NH. Child Care Aware® of New Hampshire liaisons with the military regarding child care. Coordination between DCYF and Easter Seals of NH will assure that children of military families have access to array of services to meet their needs.</p> <p>Early Learning NH, a private non-profit early childhood advocacy agency, offers discounts to military families for its annual professional development conference.</p>
<input checked="" type="checkbox"/>	<p>Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21</p>	<p>DCYF is working with BUILD and other Office of Child Care Technical Assistance Contractors regarding quality initiatives and goals. DCYF participates in the NHAN, which is now a Mott Statewide Afterschool Network. DCYF and the NH Children's Trust, Inc. collaborate to participate in the Strengthening Families National Network to sustain NH as a Partner State.</p>	<p>Coordination between DCYF and Office of Child Care Technical Assistance Contractors regarding quality initiatives and goals will result in better outcomes regarding QRIS, Early Learning Standards and the Professional Development System.</p> <p>The Mott Statewide Afterschool Network, NH Afterschool Network (NHAN), is now in its 2nd full year. The NHAN executive board works closely with Mott to identify network goals, which, to the extent possible, are reflected in the Federal Plan. Coordination between DCYF and the Mott Statewide Afterschool Network will result in the release and implementation of the updated afterschool Credential, coordination of training to Afterschool professionals around the state, and a recommended tool or tools for programs to use as a self-assessment for quality.</p> <p>Coordination of DCYF and NH Children's Trust, Inc will result in a closer relationship with the Center for the Study of Social Policy and other Strengthening Families States to develop policy changes and implementation plans to improve the capacity of child care programs to work more closely and effectively with families through use of the seven Strengthening Families program strategies to increase families' capacity regarding the five Protective Factors known to prevent child abuse and neglect.</p>

<input checked="" type="checkbox"/>	Local community organizations (child care resource and referral, Red Cross)	DCYF contracts with child care resource and referral programs and collaborates with the Child Care Aware® of New Hampshire, the CCR&R Network.	Coordination between DCYF and Child Care Aware® of New Hampshire will result in ongoing successful child care referrals for parents, enhanced targeted technical assistance for child care programs and high quality training opportunities for child care providers.
<input checked="" type="checkbox"/>	Provider groups, associations or labor organizations	DCYF will continue to connect with the new leadership of the NHAEYC to collaborate on quality enhancement initiatives. DCYF coordinates with Early Learning NH regarding administering Spark NH and child care provider needs.	Coordination between DCYF and NHAEYC will result in an array of trainings for infant/toddler professionals.  DCYF and Early Learning NH will continue to coordinate regarding administering Spark NH. In addition, Early Learning NH convenes a bimonthly meeting of early childhood professionals working in or on behalf of center-based child care programs. Continued coordination will result in the development and implementation of a State Early Childhood Strategic Plan and child care scholarship policies that are ever more child-focused, family-friendly and fair to providers.
<input checked="" type="checkbox"/>	Parent groups or organizations	DCYF participates with the Parent Information and Referral Center in Spark NH.  DCYF partners with NH Children's Trust, Inc. to disseminate the Strengthening Families approach to preventing child abuse and neglect.	Coordination between DCYF and Parent Information and Referral Center will result in enhanced referrals to Parents as Teachers and other resources for parents, as well as increased referrals to the child care scholarship program. Coordination between DCYF and Children's Trust, Inc will result in enhanced child care capacity to implement Strengthening Families.
<input type="checkbox"/>	Other		

**1.5.2. Does the State/Territory have a formal early childhood and/or school-age coordination plan?** Lead Agencies are not required to have an early childhood nor a school-age coordination plan, but the State/Territory may have such plans for other purposes, including fulfilling requirements of other programs.

Effective Date: 01-OCT-13

Yes. If yes,

a)  
Provide the name of the entity responsible for the coordination plan(s):  
Spark NH (NH's early childhood advisory council)

b)  
Describe the age groups addressed by the plan(s):

c)  
Indicate whether this entity also operates as the State Advisory Council (as authorized under the Head Start Act of 2007):

Yes

No

d)

Provide a web address for the plan(s), if available:

www.Sparknh.org

No

**1.5.3. Does the State/Territory have a designated entity(ies) responsible for coordination across early childhood and school-age programs?** (658D(b)(1)(D), §98.14(a)(1)) Check which entity(ies), if any, the State/Territory has chosen to designate.

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State/Territory-wide early childhood and/or school-age cabinet/advisory council/task force/commission.

If yes, describe entity, age groups and the role of the Lead Agency

State Advisory Council (as described under the Head Start Act of 2007).

If yes, describe entity, age groups and the role of the Lead Agency

Spark NH, which supports pregnant women and children birth through 3rd grade and their families, is a public/private partnership originally funded through the Office of Head Start ARRA grant. The Spark NH Director and Early Learning NH, continue to seek funding to sustain the Director position. Spark NH membership consists of individuals representing public and private agencies across a spectrum of early childhood programs, disciplines and interests. DCYF administers two of the positions required by the Head Start Act to be represented on the state early childhood advisory council and at least one of them serves at any given time on the Spark NH Executive Committee as is required in the Spark NH By-Laws. Please see the membership list under 1.4.1.

Local Coordination/Council

If yes, describe entity, age groups and the role of the Lead Agency

Other

Describe

None

**1.5.4 Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private sector involvement in meeting child care needs? (§98.16(d))**

Effective Date: 01-OCT-13

Yes .

If yes, **describe** these activities or planned activities, including the tangible results expected from the public-private partnership:

Spark NH, the NH State Advisory Council, consists of public and private agency members working in partnership. Spark NH completed a comprehensive coordinated plan for early childhood to provide accessible, high quality, and sustainable services, with a goal to reach all children and families as early as possible with needed services and supports. To develop this plan, Spark NH reviewed 22 public and private agency statewide strategic plans, identified and prioritized major activities and barriers, and created key stakeholder involvement opportunities to ensure a final plan that represents the many perspectives within our state. This plan emphasizes genuinely including and effectively accommodating children with special needs. The targeted population is a continuum from prenatal through 3rd grade. Through utilizing and enhancing public-private partnerships, the plan seeks to ensure stability and continuity of services, and to ease access for families and transitions for children. Respect and cultural sensitivity are key to successful implementation of this plan, as all services and supports need to reflect and respect the strengths, needs, values, languages, cultures and communities of children and families. In this plan, leadership from families is a key principle, as we value parents as decision makers and leaders. The plan is intended to catalyze and maximize public and private investment and foster innovation for high quality programs and services. Early childhood programs and services in this plan include: early learning and development services, which include nurturing relationships, safe environments, and enriching experiences that foster learning and development; health and mental health services, which include comprehensive services that promote children's physical, developmental, and mental health; and family leadership and support, which include resources, experiences, and relationships that strengthen families, engage them as leaders, and enhance their capacity to support children's wellbeing. The plan addresses essential functions of a comprehensive coordinated plan including; leadership and governance, communications and public awareness, planning and policy development, quality early childhood programs and services, funding and sustainability, and workforce and professional development.

No

**1.6. Child Care Emergency Preparedness and Response Plan**

It is recommended, but not required, that each Lead Agency develop a plan to address preparedness, response, and recovery efforts specific to child care services and programs. Plans should cover the following areas: 1) planning for continuation of services to CCDF families; 2) coordination with other State/Territory agencies and key partners; 3) emergency preparedness regulatory requirements for child care providers; 4) provision of

temporary child care services after a disaster; and 5) rebuilding child care after a disaster. For further guidance on developing Child Care Emergency Preparedness and Response Plans see the Information Memorandum (CCDF-ACF-IM-2011-01) located on the Office of Child Care website at: <http://www.acf.hhs.gov/programs/occ/resource/im-2011-01>

**1.6.1. Indicate which of the following best describes the current status of your efforts in this area. Check only ONE.**

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**Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.

**Developed.** A plan has been developed as of **[insert date]:** and put into operation as of **[insert date]:** , if available. Provide a web address for this plan, if available:

**Other.**  
**Describe:**

Revising: A plan for continuation of services to CCDF families was developed as of 07/01/2008 and was put into operation as of 12/01/2008. Since 2010, DCYF has engaged in coordination efforts with multiple state and local government entities. By 2011, DCYF's CDB, in collaboration with CCLU and Child Care Aware ® of New Hampshire completed and disseminated a comprehensive guide to emergency preparedness for child care programs and implemented a child care program peer-to-peer mentor program to rapidly increase the number of child care programs fully prepared for an emergency. Since then, DCYF has engaged in multiple intensive efforts to develop a child care recovery and rebuilding plan integrated with local and state infrastructure rebuilding plans. Despite approaching the issue from multiple perspectives and identifying a large number of potential partners, DCYF has been unable to establish an integrated child care recovery and rebuilding plan. DCYF will continue to engage multiple partners to develop a recovery plan that is integrated with the plans for: DHHS; child care licensing; public school districts; CRRR programs; and community services, and will address the five core elements as outlined in the ACF Office of Child Care Information Memorandum framework.

**1.6.2. Indicate which of the core elements identified in the Information Memorandum are or will be covered in the Lead Agency child care emergency preparedness and response plan. Check which elements, if any, the Lead Agency includes in the plan.**

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Planning for continuation of services to CCDF families

- Coordination with other State/Territory agencies and key partners
- Emergency preparedness regulatory requirements for child care providers
- Provision of temporary child care services after a disaster
- Restoring or rebuilding child care facilities and infrastructure after a disaster
- None

**PART 2**

**CCDF SUBSIDY PROGRAM ADMINISTRATION**

**2.1 Administration of the Program**

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 other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b), §98.11(a))

**2.1.1. Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level?** Identify the level at which the following CCDF program rules and policies are established.

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- Eligibility rules and policies (e.g., income limits) are set by the:
  - State/Territory
  - Local entity.

If checked, identify the type of policies the local entity(ies) can set

- Other.  
Describe:

- Sliding fee scale is set by the:
  - State/Territory
  - Local entity.

If checked, identify the type of policies the local entity(ies) can set

Other.

Describe:

Payment rates are set by the:

State/Territory

Local entity.

If checked, identify the type of policies the local entity(ies) can set

Other.

Describe:

**2.1.2. How is the CCDF program operated in your State/Territory?** In the table below, identify which agency(ies) performs these CCDF services and activities.

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### Implementation of CCDF Services/Activities

Agency (Check all that apply)

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

### Implementation of CCDF Services/Activities

Who determines eligibility?

**Note:** If different for families receiving TANF benefits and families not receiving TANF benefits, please describe:

Agency (Check all that apply)

CCDF Lead Agency

TANF agency

Other State/Territory agency.

Describe:

Local government agencies such as county welfare or social services departments

Child care resource and referral agencies

Community-based organizations

Other.

Describe:

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

**Agency (Check all that apply)**

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

[The DHHS CCLU has a website that provides information regarding child care providers designed for parents to use in their search for a child care provider for their child.](#)

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe:

**Who issues payments?**

**Agency (Check all that apply)**

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe:

**Describe to whom is the payment issued (e.g., parent or provider) and how are payments distributed (e.g., electronically, cash, etc)**

[Payment is issued to the provider, and is issued either by paper check or electronic funds transfer.](#)

**Other. List and describe:**

**2.2. Family Outreach and Application Process**

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a)-(e). **Note** - For any information in questions 2.2.1 through 2.2.10 that differs or will differ for families receiving TANF, please describe in 2.2.11.

**2.2.1. By whom and how are parents informed of the availability of child care assistance services under CCDF?** (658E(c)(2)(A), §98.30(a)) Check all agencies and strategies that will be used in your State/Territory.

- CCDF Lead Agency
- TANF offices
- Other government offices
- Child care resource and referral agencies
- Contractors
- Community-based organizations
- Public schools
- Internet

(provide website): <http://www.dhhs.state.nh.us/dcyf/cdb/eligibility.htm>

- Promotional materials
- Community outreach meetings, workshops or other in-person meetings
- Radio and/or television
- Print media
- Other.

Describe:

**2.2.2. How can parents apply for CCDF services?** Check all application methods that your State/Territory has chosen to implement.

- In person interview or orientation
- By mail
- By Phone/Fax
- Through the Internet

(provide website): <https://nheasy.nh.gov/>

- By Email
- Through a State/Territory Agency
- Through an organization contracted by the State/Territory
- Other.

Describe:

**2.2.3. Describe how the Lead Agency provides consumer education to parents applying for CCDF assistance to promote informed choices about the quality of care provided by various providers in their communities.**

Lead Agencies must certify that the State/Territory will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices (658E (c)(2)(G), §98.33).

For example, memorandums of understanding with resource and referral agencies to provide consumer education to families applying for CCDF assistance, providing parents with provider lists showing licensing history and/or Quality Rating and Improvement System (QRIS) ratings, or informational brochures that address importance of quality and different care options available.

At the time of application, parents are given the contact information for the CCRR programs who are contracted to provide referrals to families seeking child care. The referral process includes comprehensive consumer education, according to standards set forth by Child Care Aware® of America, and can be conducted in person, via email or phone. The goal is to provide the family with a minimum of three providers that meet the family's specific needs and preferences for child care. This includes, but is not limited to the age of child needing care, providers in geographic locations where the need for care is designated by the family and the type of care desired. During the referral process, CCRR specialists discuss licensing and quality issues and direct families to the DHHS Child Care Licensing Search website, <http://childcaresearch.dhhs.nh.gov/Mylicense%20Verification/Search.aspx?facility=Y>, where information regarding a licensed provider's licensing history can be accessed. The referral list provided to families includes information about NH's QRIS, including Licensed-Plus or Accreditation (NH's two QRIS levels above licensing) and the programs' QRIS designation, if applicable, and directs families to a list of programs that have achieved the Licensed-Plus designation at <http://www.dhhs.nh.gov/dcyf/licensedplus/providers.htm> and of NAEYC accredited programs at <http://naeyc.org/academy/accreditation/search>. Additional written information is also provided to families when the referral list is either mailed or emailed to them. A referral search for child care and consumer education can also be accessed on the Child Care Aware® of New Hampshire website at <http://nh.childcareaware.org/>. The CCRR specialists also attend the New Hampshire Employment Program (NHEP) mandatory orientations to meet parents face-to-face and to discuss child care search and quality issues, and are available to provide referrals at the end of the orientation meeting.

#### **2.2.4. Describe how the Lead Agency will support child care programs to increase the likelihood that CCDF-served children receive higher quality care as defined in your State/Territory.**

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For example, methods used to promote upward movement in quality rating and improvement system, methods used to encourage high quality programs to participate in the subsidy program such as tiered reimbursement, or incentives used to support high quality programs in rural, suburban, urban, and low-income communities.

DCYF provides monthly cash incentives to child care programs that participate in the voluntary QRIS, have achieved a quality designation and are providing services to children receiving child care

scholarship. The incentives are based on a percentage of child care scholarship services payments and are tiered based on the level of quality designation achieved. The Licensed-Plus quality designation providers list is on the DHHS website (listed above). Licensed-Plus programs receive a certificate to display in their program and may utilize the logo for marketing.

**2.2.5. Describe how the Lead Agency promotes access to the CCDF subsidy program? Check the strategies that will be implemented by your State/Territory.**

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Provide access to program office/workers such as by:

Providing extended office hours

Accepting applications at multiple office locations

Providing a toll-free number for clients

Email/online communication

Other.

Describe:

Using a simplified eligibility determination process such as:

Simplifying the application form (such as eliminating unnecessary questions, lowering the reading level)

Developing a single application for multiple programs

Developing web-based and/or phone-based application procedures

Coordinating eligibility policies across programs.

List the program names: TANF, SNAP, Medicaid and Children's Medicaid

Streamlining verification procedures, such as linking to other program data systems

Providing information multi-lingually

Including temporary periods of unemployment in eligibility criteria for new applicants (job search, seasonal unemployment).

Length of time: 40 days in a rolling 6-month period

(Note: this period of unemployment should be included in the Lead Agency's definition of working, or job training/educational program at 2.3.3).

Other.

Describe:

Other.

Describe:

None

**2.2.6. Describe the Lead Agencies policies to promote continuity of care for children and stability for families.** Check the strategies, if any, that your State/Territory has chosen to implement.

Effective Date: 01-OCT-13

Provide CCDF assistance during periods of job search.

Length of time: [40 days in a rolling 6-month period](#)

Establish two-tiered income eligibility to allow families to continue to receive child care subsidies if they experience an increase in income but still remain below 85% of State median income (SMI)

Synchronize review date across programs

List programs:

[TANF, SNAP, Medicaid and Children's Medicaid.](#)

Longer eligibility re-determination periods (e.g., 1 year).

Describe:

[Children receiving employment related child care scholarship have a 12-month eligibility period, but children receiving preventive/protective child care scholarship have a 6-month period of eligibility, based on the needs of the biological and, if applicable, foster family.](#)

Extend periods of eligibility for families who are also enrolled in either Early Head Start or Head Start and pre-k programs.

Describe:

Extend periods of eligibility for school-age children under age 13 to cover the school year.

Describe:

Minimize reporting requirements for changes in family's circumstances that do not impact families' eligibility, such as changes in income below a certain threshold or change in employment

Individualized case management to help families find and keep stable child care arrangements.

Describe:

Using non-CCDF Funds to continue subsidy for families who no longer meet eligibility, such as for children who turn 13 years of age during the middle of a program year

Other.

Describe:

None

**2.2.7. How will the Lead Agency provide outreach and services to eligible families with limited English proficiency?** Check the strategies, if any, that your State/Territory has chosen to implement.

Effective Date: 01-OCT-13

Application in other languages (application document, brochures, provider notices)

Informational materials in non-English languages

Training and technical assistance in non-English languages

Website in non-English languages

Lead Agency accepts applications at local community-based locations

Bilingual caseworkers or translators available

Outreach Worker

Other.

Describe:

None

**If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered :**

Spanish and Nepali. The DHHS website has a translation function for 66 languages. The Language Bank is a telephone service that has translators available for more than 60 languages, with additional languages being pursued.

**2.2.8. How will the Lead Agency overcome language barriers with providers?** Check the strategies, if any, that your State/Territory has chosen to implement.

Effective Date: 01-OCT-13

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- Other.

A community support person provides translation of verbal training. DCYF staff provides in-person onsite training with the aid of a community support volunteer.

None

**If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered:**

For training and technical assistance, we access translators for Spanish and Somali. The DHHS website has a translation function for 66 languages. The Language Bank has translators available for more than 60 languages, with additional languages being pursued.

**2.2.9. Describe how the Lead Agency documents and verifies applicant information using the table below. (§98.20(a))**

Effective Date: 01-OCT-13

Check the strategies that will be implemented by your State/Territory. **Attach** a copy of your parent application for the child care subsidy program(s) as **Attachment 2.2.9** or provide a web address, if available: <https://nheasy.nh.gov/login>

The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
<input checked="" type="checkbox"/> Applicant identity	<p>(a) The name of each member of the assistance group shall be verified by one or more of the following documents:</p> <ol style="list-style-type: none"> <li>(1) His/her birth certificate;</li> <li>(2) His/her marriage certificate;</li> <li>(3) His/her divorce decree, if the name to be used subsequent to a divorce is changed;</li> <li>(4) His/her driver's license or other identification which contains a picture of the individual; or</li> <li>(5) For a legal name change, the court documentation showing the legal name of the individual and the date the name change took effect;</li> </ol>

Household composition

c) At a minimum, the following information shall be provided by the applicant at the time of application for each member of the assistance group:  
(1) His/her full name, including maiden name, if applicable, and any other names used previously;  
(2) His/her date and place of birth;  
(3) His/her social security number if the applicant chooses to provide it;  
(4) His/her current address;  
(5) 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's relationship to the child

(d) The relationship of any adult in the assistance group to the child(ren) in the assistance group shall be verified by one or more of the following:  
(1) The child's birth record containing the name(s) of his/her parent(s);  
(2) The adult's birth record;  
(3) A marriage certificate containing the names of the parties who were married, including any maiden or previous names used;  
(4) Any additional birth or marriage records necessary to show the relationship of the child(ren) to the adult(s) in the assistance group;  
(5) For a legal guardian, the court documentation indicating the relationship of the adult to the child as that of a legal guardian; or  
(6) 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, etc.)

a) The name of each member of the assistance group shall be verified by one or more of the following documents:

- (1) His/her birth certificate;
- (2) His/her marriage certificate;
- (3) His/her divorce decree, if the name to be used subsequent to a divorce is changed;
- (4) His/her driver's license or other identification which contains a picture of the individual; or
- (5) For a legal name change, the court documentation showing the legal name of the individual and the date the name change took effect;

(b) The date and place of birth of each member of the assistance group shall be verified by one or more of the following documents:

- (1) His/her birth certificate;
- (2) His/her baptismal certificate; or
- (3) His/her US passport;

(c) When a person 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 shall be submitted to verify date and place of birth and citizenship status:

- (1) His/her certificate of citizenship or naturalization; or
- (2) The following US Immigration and Naturalization Service (INS) forms or documentation:
  - a. INS Form I-551, Permanent Resident card;
  - b. INS Form I-327, 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, Job Training or Educational Program

(d) Each applicant requesting a child care scholarship shall be engaged in one or more of the following:

- (1) Employment;
- (2) Job search;
- (3) Participating in training or education which is preparatory to employment, including any internet training or education, subject to the limitations found in He-C 6910.12; or
- (4) Participating in one or more approved NHEP activities indicated on an employability plan as described in He-W 637.

(f) To be considered employed, an applicant shall be:

- (1) Receiving any form of payment or in-kind compensation for his/her work; or
- (2) On a medical leave of absence of 6 weeks or less, which has been verified in accordance with He-C 6910.08(l)-(m).

(g) Families not receiving FANF financial assistance who are participating in work study or internship shall:

- (1) Be considered to be employed; and
- (2) Have any income received from the work study or internship counted as part of the family's monthly gross earned income in the determination of assistance in accordance with He-C 6910.09(e)(5)b;

(g) To be eligible for a child care scholarship when both parents reside with the child(ren), the following shall apply:

- (1) Both parents shall comply with (d) above; or
- (2) One parent shall comply with (d) above and the other shall qualify as a parent with a disability in accordance with He-C 6910.08(i).

(h) When an individual is employed solely as a license-exempt child care provider, his/her child(ren) shall not be eligible for a child care scholarship.

(i) For individuals providing care as a license-exempt provider in the child's home, if the individual's employer, who is not a license-exempt child care provider, does not permit the individual to care for the provider's children simultaneously with the employer's children, the provider may be eligible to receive a child care scholarship for the care of his or her own children following the submission of verification required in He-C 6910.08(p).

(n) When a parent is participating in a job search, acceptable verification that an individual is participating in job search shall be:

- (1) Proof of receipt of unemployment compensation benefits;
- (2) A personal summary page from the NH department of employment security's job match; or
- (3) The verifications described in He-W 637.03(g);

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

- (1) That the parent is enrolled in the program;
- (2) That the program shall lead to a degree or certificate at the associate's level or less in a

specific field of employment;  
(3) The duration of the program; and  
(4) The class schedule, including hours of class attendance;  
(c) A parent who is not receiving FANF financial assistance shall be eligible for a child care scholarship during the training program or course of study when the training program or course of study:  
(1) Prepares the parent for employment;  
(2) Leads to a degree or certificate in a specific field of employment;  
(3) Does not exceed 2 years of study in a lifetime;  
(4) Is not a single course apart from a degree or certificate program; and  
(5) Does not result in a degree or certificate at the bachelor's level or higher;  
(d) For the parent receiving FANF financial assistance and not participating in the NHEP work program, the training program or course of study:  
(1) Shall comply with the requirements in (c)(1) through (4) above; and  
(2) May result in a degree or certificate at the associate's or bachelor's level;  
(b) Families in which an adult member is participating in education and training as a part of his or her approved NHEP activities pursuant to He-W 637.22 and 637.23 shall be eligible for child care services for a total of 2 years in a lifetime.  
(f) Families in which a parent is engaged in basic and alternative educational activities, which lead to a high school diploma or equivalent, or increase literacy levels, shall be eligible for a child care scholarship contingent upon the parent's ongoing satisfactory progress as defined in He-C 6910.03(ak) in one of the following programs:  
(1) High school diploma program;  
(2) General Educational Development (GED) program;  
(3) Remedial or basic education program; or  
(4) English as a second language;  
(s) When a parent is engaged in a training or educational activity, as described in He-C 6910.12(f), acceptable verification of satisfactory progress shall be a report card or signed and dated statement from an organization or agency, or the educational or training facility, indicating that the parent is meeting the minimum standards as defined in He-C 6910.03(ak).  
(a) Families in which an adult member is participating in NHEP shall be eligible for a child care scholarship if the adult is in compliance with the program requirements pursuant to He-W 637.

Income

(f) Monthly gross income of each member of the assistance group shall be verified in accordance with He-W 744.03 and as follows:  
(1) For self-employment, a parent's current profit and loss statement or the entire IRS tax filing from the previous year, as described in He-C 6910.05(c); and  
(2) Any contributions of moneys 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;

	<p>(g) When a child under age 13 has a significant disability, parents shall obtain information for documenting a child's disability on form 2628, titled "Verification for a Child with a Disability" (April 2012) per He-C 6910.06(b)(3) and a signature from one of the following:</p> <ol style="list-style-type: none"> <li>(1) An area agency family-centered early supports and services program;</li> <li>(2) The child's school district or special education services; or</li> <li>(3) The child's attending physician, physician's assistant, advance practice registered nurse, or licensed mental health professional;</li> </ol> <p>(h) When a child, age 13 through 17, has a significant disability for which child care is necessary to maintain the safety of the child or others, acceptable verification per He-C 6910.06(c) shall be a signed and dated statement from an attending physician, physician's assistant, advance practice registered nurse, or licensed mental health professional:</p> <ol style="list-style-type: none"> <li>(1) Indicating the child's condition; and</li> <li>(2) Specifying the child's need for supervision;</li> </ol>
<input checked="" type="checkbox"/> Other. Describe:	
<p>Child with a Disability  Child with a Disability age 13-17  Parent with a Disability  Need for sleep when working during the night</p> <p>Medical leave of Absence from Work  Medical Leave of Absence from Job Training or Education</p> <p>Parent is seeking employment and housing on the same day</p> <p>Person is providing in-home care and the employer will not allow the provider to provide care simultaneously for his/her own child</p> <p>Parent has been unable to locate suitable child care timely after working with a CCR&amp;R program</p> <p>Parent has been unable to locate child care timely due to a hospital stay</p>	<p>(i) When a parent in a 2-parent household claims that he/she has a disability, acceptable verification shall be a signed and dated statement from an attending physician, physician's assistant, advance practice registered nurse, or licensed mental health professional indicating:</p> <ol style="list-style-type: none"> <li>(1) The medical condition, disease, or disability of the adult;</li> <li>(2) The expected duration of the condition, disease, or disability; and</li> <li>(3) That the adult is unable to work and to care for and supervise his/her child(ren) because of the condition, disease, or disability;</li> </ol> <p>(k) When a parent works at least 4 hours on a night shift between 10:00 pm and 6:00 am, acceptable verification shall be a signed and dated statement from the parent's employer, or, if self-employed,</p> <ol style="list-style-type: none"> <li>(2) A signed and dated statement from a physician or licensed mental health professional describing the reason for the leave of absence and that the expected duration of the leave shall not exceed 6 weeks;</li> <li>(1) A signed and dated statement from the employer stating that the employer has approved the leave of absence and that the individual shall be able to immediately return to his/her job at the end of the leave of absence; and the parent's customer, stating the hours of the shift that the individual works each week;</li> </ol>
	<p>(m) If an individual is on a medical leave of absence from a training or education program, the following verifications shall be required:</p> <ol style="list-style-type: none"> <li>(1) A signed and dated statement from the institution where the individual attends the training or educational program stating that the leave of absence is approved and that the individual shall be able to immediately re-enter the training or educational program at the end of the leave of absence; and</li> </ol>

(2) A signed and dated statement from a physician or licensed mental health professional describing the reason for the leave of absence and that the expected duration of the leave shall not exceed 6 weeks;

(o) When a parent is seeking employment and housing on the same day, acceptable verification shall be the same as in (n) above and a statement from the director or head of the homeless shelter or temporary housing indicating what attempts to locate housing the applicant or recipient has made. Temporary housing shall be any non-permanent living arrangement as described in the McKinney Vinto Homeless Assistance Act, 42 U.S.C. 11301;

(p) 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 6910.06(i), the individual shall 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;

(q) For individuals seeking child care through a child care resource and referral agency pursuant to He-C 6910.10(n)(1), acceptable verification shall be a letter from the child care resource and referral agency stating that the parent has been working with them and child care has not been identified for that specific child;

(r) When a child or parent has had an in-patient hospital stay within the past 30 days as described in He-C 6910.10(n)(2), acceptable verification shall be the discharge statement, hospital record, or a statement from the attending physician;

(l) If an individual is on a medical leave of absence from work, the following verifications shall be required:

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

Effective Date: 01-OCT-13

Time limit for making eligibility determinations.

Describe length of time Family Service Specialists (FSS) are required to make a determination within 30 days of the receipt of the application.

Track and monitor the eligibility determination process

Other.

Describe

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

None

**2.2.11. Are the policies, strategies or processes provided in questions 2.2.1 through 2.2.10 different for families receiving TANF? (658E(c)(2)(H) & (3)(D), §§98.16(g)(4), 98.33(b), 98.50(e))**

Effective Date: 01-OCT-13

Yes.

No.

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

The regulations at §98.33(b) require the Lead Agency 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 under 6 years of age. Lead Agencies must coordinate with TANF programs to ensure, pursuant 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 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: 01-OCT-13

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency [The DHHS Division of Family Assistance](#)

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

- "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 RSA 170E, and providing care that is representative of the quality of child care provided to other children in the community.](#)

- "reasonable distance": [Means the distance of the available child care provider from the individuals' residence and then to their 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": [Means that the child care provider is license-exempt and was not able to successfully pass the background check required in RSA 170E:7 related to the State central registry and criminal records check, or the child care provider was not able to meet the conditions](#)

specified in the employment-related child care program rules He-C 6910.20.

• "affordable child care arrangements": Ensure equal access and can be maintained without undue financial hardship to the family.

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

In writing

Verbally

Other.

Describe:

### **2.3. Eligibility Criteria for Child Care**

In order to be eligible for services, children must (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income is less than 85 percent of the State's median income for a family of the same size; and (3) reside with a parent or parents who is working or attending job training or an educational program; or (4) be receiving or needs to receive protective services. (658P(3), §98.20(a))

#### **2.3.1. How does the Lead Agency define the following eligibility terms?**

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*residing with -*

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

*in loco parentis -*

A person who is acting in place of the 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.

#### **2.3.2. Eligibility Criteria Based Upon Age**

Effective Date: 01-OCT-13

a) The Lead Agency serves children from 6 weeks weeks to one day before the child's 13th birthday. years (may not equal or exceed age 13).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

Yes, and the upper age is [one day before the child's 19th birthday](#). (may not equal or exceed age 19).

Provide the Lead Agency definition of *physical or mental incapacity* -

[Physical or mental incapacity limits the ability to care for themselves, as they would cause harm to themselves or others without supervision, as verified by the child's attending health or mental health provider, area agency director or school special education director.](#)

No.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

Yes, and the upper age is [one day before the child's 19th birthday](#). (may not equal or exceed age 19).

No.

### 2.3.3. Eligibility Criteria Based Upon Work, Job Training or Educational Program

Effective Date: 01-OCT-13

a) How does the Lead Agency define "working" for the purposes of eligibility? Provide a narrative description below, including allowable activities and if a minimum number of hours is required.

**Reminder** - Lead Agencies have the flexibility to include any work-related activities in its definition of working, including periods of job search and travel time. (§§98.16(f)(3), 98.20(b))  
*working-*

[Working means that the parent is participating in an activity that is designed to assist them in entering, reentering or remaining in the workforce, including paid internships, employment, job search, training leading to employment or activities approved by the NH Employment Program, such as workplace training, barrier resolution or job readiness. Employment hours include commute time related to the approved work activity and rest time for the parent who works any four or more hours between 10 pm and 6 am.](#)

[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 receiving unemployment benefits. Job search is allowed for 40 days in a rolling 6 month period.](#)

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program? (§§98.16(g)(5), 98.20(b))

Yes.

If yes, how does the Lead Agency define "attending job training or educational program" for the purposes of eligibility? Provide a narrative description below.

**Reminder** - Lead Agencies have the flexibility to include any training or education-related activities in its definition of job training or education, including study time and travel time.

*attending job training or educational program -*

Job training is defined as education that is preparatory to employment including classroom and internet training. Commute time is allowed and study time is included up to the equivalent of hours spent in the classroom. Scheduled short term breaks are allowed up to 30 days in a 12-month period. Long-term breaks, such as summer breaks are not considered towards job training. Child care can be paid as training for a verified medical leave of up to 6 weeks, if the person is returning to the same training program once the leave ends.

Basic education, including high school, GED, alternative basic education, and English as a Second Language are allowed as long as the parent is making satisfactory progress as determined by the training or educational facility with regards to the person's proficiency in the activity and ability to complete the activity in a timely manner.

No.

### 2.3.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

Effective Date: 01-OCT-13

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

Yes.

If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a narrative description below.

**Reminder** - Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases. Lead Agencies may elect to include homeless children and other vulnerable populations in the definition of protective services.

**Note** - If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for CCDF purposes these children are considered to be in protective services and should be included in this definition.

## *protective services*

Protective Child Care is a court-ordered service authorized by a DCYF social worker. It may be provided 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: 3XII-a. 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. In addition, preventive child care may be authorized for children who remain in the parent's home and child care is provided to prevent child abuse or neglect. Families create a case plan with their local Family Resource Center for short term child care to address issues that lead to abuse and neglect.

No.

b) Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.

No.

### **2.3.5. Income Eligibility Criteria**

Effective Date: 01-OCT-13

a) How does the Lead Agency define "income" for the purposes of eligibility? Provide the Lead Agency's definition of "income" for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

*income -*

The total monthly monies received before taxes and other deductions.

b) Which of the following sources of income, if any, will the Lead Agency exclude or deduct from calculations of total family income for the purposes of eligibility determination? Check any income the Lead Agency chooses to exclude or deduct, if any.

Adoption subsidies

Foster care payments

Alimony received or paid

Child support received

Child support paid

Federal nutrition programs

Federal tax credits

State/Territory tax credits

Housing allotments, Low-Income Energy Assistance Program (LIHEAP) or energy

assistance

- Medical expenses or health insurance related expenses
- Military housing or other allotment/bonuses
- Scholarships, education loans, grants, income from work study
- Social Security Income
- Supplemental Security Income (SSI)
- Veteran's benefits
- Unemployment Insurance
- Temporary Assistance for Needy Families (TANF)
- Worker Compensation
- Other types of income

not listed above:

Americorps VISTA

- None

c) Whose income will be excluded, if any, for purposes of eligibility determination? Check anyone the Lead Agency chooses to exclude, if any.

- Children under age 18
- Children age 18 and over - still attending school
- Teen parents
- Unrelated members of household
- All members of household except for parents/legal guardians
- Other.

Describe:

Any income from grandparents, when three generations are living in the same household, from a non-parent specified legal guardian who is the child(ren)'s caretaker and their spouse, unless they are utilizing the child care scholarship for their own child, and from a dependent child who is a full time student attending primary or secondary school or its equivalent.

- None

d) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

**Reminder** - Income limits must be provided in terms of State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. (§98.20(a)(2)). FY 2013 poverty guidelines are available at <http://aspe.hhs.gov/poverty/13poverty.shtml>.

			<b>IF APPLICABLE</b> <b>Income Level if lower than 85% SMI</b>
--	--	--	---

Family Size	(a) 100% of State Median Income (SMI)(\$/month)	(b) 85% of State Median Income (SMI)(\$/month) [Multiply (a) by 0.85]	(c) \$/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	3,979	3,382	2,394	60
2	5,204	4,423	3,232	62
3	6,428	5,464	4,069	63
4	7,653	6,505	4,907	64
5	8,877	7,546	5,744	65

e) Will the Lead Agency have "tiered eligibility" (i.e., a separate income limit at re-determination to remain eligible for the CCDF program)?

Yes.

If yes, provide the requested information from the table in 2.3.5d and **describe below**:

**Note:** This information can be included in the table below.

No.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month)[Multiply (a) by 0.85]	IF APPLICABLE Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI[Divide (c) by (a), multiply by 100]
1				
2				
3				
4				
5				

f) SMI Year FFY 2012 and SMI Source <http://www.acf.hhs.gov/programs/ocs/resource/state-medianincome-estimate-for-ffy-2012>

g) These eligibility limits in column (c) became or will become effective on:  
July 1, 2013

### 2.3.6. Eligibility Re-determination

Effective Date: 01-OCT-13

Does the State/Territory follow OCC's 12 month re-determination recommendation? (See Program Instruction on Continuity of Care

<http://www.acf.hhs.gov/programs/occ/resource/im2011-06>

Yes

No. If no, what is the re-determination period in place for most families?

6 months

24 months

Other.

Describe:

Length of eligibility varies by county or other jurisdiction.

Describe:

**b) Does the Lead Agency coordinate or align re-determination periods with other programs?**

Yes. If yes, **check programs that the Lead Agency aligns eligibility periods with and describe the redetermination period for each.**

Head Start and/or Early Head Start Programs.

Re-determination period:

Pre-kindergarten programs.

Re-determination period:

TANF.

Re-determination period: 6 months

SNAP.

Re-determination period: 6 months

Medicaid.

Re-determination period: 6 months

SCHIP.

SCHIP.

Re-determination period: 6 months

Other.  
Describe:

NH CCDF administrative rules state that redetermination for child care subsidy is 12 months. Parents who are only eligible for child care subsidy submit a re-application form every 12 months. Parents eligible for and receiving the support of multiple benefit programs must complete the re-application form for those programs every 6 months. For those families, the child care subsidy redetermination date will align with their other programs. On the re-application form, the family is asked if they still need child care. If they indicate that they don't need child care, their eligibility is closed. If they indicate that they do need child care, their eligibility stays open unless they are over income or the parent is not not involved in employment, training/education or job search.

No.

c) Describe under what circumstances, if any, a family's eligibility would be reviewed prior to redetermination. For example, regularly scheduled interim assessments, or a requirement for families to report changes.

Families are required to report changes within 10 days, which may result in a change in eligibility status or level.

d) Describe any action(s) the State/Territory would take in response to any change in a family's eligibility circumstances prior to re-determination

State may increase or decrease a family's co-pay based on income, or end eligibility based on non-participation in an approved employment-related activity or an increase income that exceeds 250% of the Federal Poverty Level.

e) Describe how these policies are implemented in a family-friendly manner that promotes access and continuity of care for children. (See Information Memorandum on Continuity of Care for examples <http://www.acf.hhs.gov/programs/occ/resource/im2011-06> ).

New Hampshire now utilizes a 12-month maximum redetermination period and aligns eligibility with other programs so that families avoid multiple redetermination dates. Families may maintain eligibility for employment or training activities for a medical leave of 6 weeks or less as long as they are returning to the same job or training activity. Redetermination applications are abbreviated applications and may be submitted in person, online, via phone, fax or email. Online applications are web-based and can be accessed from any computer with internet access, opening the possibility that child care providers could help families fill out the redetermination application. Child care providers receive documentation regarding the family's child care eligibility including information regarding the end of the family's certification period, so child care providers are able to remind families when this date is approaching. Face-to-face interviews are only required in some circumstances. Clients do not have to provide verification for items that have not changed since the initial determination of eligibility, such as identity, date and place of birth, or relationship to children.

f) Does the Lead Agency use a simplified process at re-determination?

Yes.

If yes, describe:

The state utilizes a simplified review form for redetermination, which may be completed on paper, fax, through NH Easy online, or through a telephone interview. Verification requirements include only work activity and income.

No.

### 2.3.7. Waiting Lists

**Describe the Lead Agency's waiting list status. Select ONE of these options.**

Effective Date: 01-OCT-13

Lead Agency currently does not have a waiting list and:

All eligible families *who apply* will be served under State/Territory eligibility rules

Not all eligible families *who apply* will be served under State/Territory eligibility rules

Lead Agency has an active waiting list for:

Any eligible family who applies when they cannot be served at the time of application

Only certain eligible families.

Describe those families:

Waiting lists are a county/local decision.

Describe:

Other.

Describe:

## 2.3.8. Appeal Process for Eligibility Determinations

Effective Date: 01-OCT-13

Describe the process for families to appeal eligibility determinations:

Families may file an appeal in writing within 30 days of notice of ineligibility to the DHHS Appeals Unit. Families may choose within 10 days of the notice to continue to receive child cares scholarship pending the results of the appeal. If the DHHS eligibility decision is upheld by the Appeals Unit, the family will be responsible for repaying the amount paid on behalf of the child from the date on the notification of termination or on the date indicated on the redetermination letter until the decision was rendered.

## 2.4. Sliding Fee Scale and Family Contribution

The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care (658E(c)(3)(B) §98.42).

**2.4.1. Attach a copy of the sliding fee scale as Attachment 2.4.1.** Will the attached sliding fee scale be used in all parts of the State/Territory?

Effective Date: 01-OCT-13

Yes.

Effective Date: [July 1, 2013](#)

No. If no, attach other sliding fee scales and their effective date(s) as **Attachment 2.4.1a, 2.4.1b**, etc.

2.4.2. What income source and year will be used in creating the sliding fee scale? (658E(c)(3)(B)) Check only one option..

Effective Date: 01-OCT-13

State Median Income,

Year:

Federal Poverty Level,

Year: [2013](#)

Income source and year varies by geographic region.  
Describe income source and year:

Other.  
Describe income source and year:

**2.4.3. How will the family's contribution be calculated and to whom will it be applied?** Check all that the Lead Agency has chosen to use. (§98.42(b))

Effective Date: 01-OCT-13

Fee as dollar amount and

- Fee is per child with the same fee for each child
- Fee is per child and discounted fee for two or more children
- Fee is per child up to a maximum per family
- No additional fee charged after certain number of children
- Fee is per family

Fee as percent of income and

- Fee is per child with the same percentage applied for each child
- Fee is per child and discounted percentage applied for two or more children
- No additional percentage applied charged after certain number of children
- Fee per family
- Contribution schedule varies by geographic area.

Describe:

Other.  
Describe:

**If the Lead Agency checked more than one of the options above, describe:**

**2.4.4. Will the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))**

Effective Date: 01-OCT-13

Yes,  
and describe those additional factors:

No.

**2.4.5. The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size. (§98.42(c)). Select ONE of these options.**

**Reminder** - Lead Agencies are reminded that the co-payments may be waived for only two circumstances - for families at or below the poverty level or on a case-by-case basis for children falling under the definition of "protective services" (as defined in 2.3.4.a).

Effective Date: 01-OCT-13

ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

NO families with income at or below the poverty level for a family of the same size ARE required to pay a fee.

The poverty level used by the Lead Agency for a family of 3 is:

SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

The Lead Agency waives the fee for the following families:

## **2.5. Prioritizing Services for Eligible Children and Families**

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies

may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B), §98.44)

**2.5.1. How will the Lead Agency prioritize child care services to children with special needs or in families with very low incomes?** (658E(c)(3)(B), §98.44) Lead Agencies have the discretion to define *children with special needs* and *children in families with very low incomes*. Lead Agencies are not limited in defining *children with special needs* to only those children with physical or mental disabilities (e.g., with a formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA)). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children as examples of *children with special needs*.

Effective Date: 01-OCT-13

How will the Lead Agency prioritize CCDF services for:	Eligibility Priority (Check only one)	Is there a time limit on the eligibility priority or guarantee?	Other Priority Rules
<p>Children with special needs</p> <p><b>Provide the Lead Agency definition of <i>Children with Special Needs</i>:</b></p> <p>The child's attending medical or mental health professional, school district or an area agency Family-Centered Early Supports and Services (Part C) program, verifies that the child has a diagnosed medical, physical, developmental or emotional disability of sufficient severity to require additional support in child care.</p> <p>Children receiving preventive or protective child care scholarship.</p>	<p><input type="checkbox"/> Priority over other CCDF-eligible families</p> <p><input type="checkbox"/> Same priority as other CCDF-eligible families</p> <p><input type="checkbox"/> Guaranteed subsidy eligibility</p> <p><input checked="" type="checkbox"/> Other.</p> <p>Describe:</p> <p>Priority is the same for children with a verified disability as for other CCDF-eligible children. Children receiving or within 90 days of transitioning off preventive or protective care receive guaranteed eligibility.</p>	<p><input checked="" type="checkbox"/> Yes.</p> <p>The time limit is:</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;"> <p>90 days for those exiting preventive or protective child care.</p> </div> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Different eligibility thresholds.</p> <p>Describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input checked="" type="checkbox"/> Higher rates for providers caring for children with special needs requiring additional care</p> <p><input checked="" type="checkbox"/> Prioritizes quality funds for providers serving these children</p> <p><input checked="" type="checkbox"/> Other.</p> <p>Describe:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Child care providers serving children with special needs programs may receive specialized consultation to their program at no cost.</p> </div>

<p>Children in families with very low incomes</p> <p><b>Provide the Lead Agency definition of Children in Families with Very Low Incomes:</b></p> <p>Families whose income is at or below 100% of the Federal Poverty Level.</p> <p>Families who are receiving TANF or are within 3 months of transitioning off TANF.</p>	<p><input type="checkbox"/> Priority over other CCDF-eligible families</p> <p><input type="checkbox"/> Same priority as other CCDF-eligible families</p> <p><input type="checkbox"/> Guaranteed subsidy eligibility</p> <p><input checked="" type="checkbox"/> Other.</p> <p>Describe:</p> <p>Families whose income is at or below 100% of the Federal Poverty level who are not receiving or within 3 months of transitioning off of TANF would be placed on the high priority wait list, where they will be released twice as quickly as those families on the non-priority wait list.</p> <p>Families who are receiving TANF or are within 3 months of transitioning off TANF are guaranteed to receive child care scholarship.</p>	<p><input checked="" type="checkbox"/> Yes.</p> <p>The time limit is:</p> <div style="border: 1px solid black; padding: 2px;"> <p>90 days for those transitioning off of TANF</p> </div> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Different eligibility thresholds.</p> <p>Describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Waiving co-payments for families with incomes at or below the Federal Poverty Level</p> <p><input checked="" type="checkbox"/> Other.</p> <p>Describe:</p> <div style="border: 1px solid black; padding: 5px;"> <p>When there is a child care scholarship wait list, families whose income is at or below 100% of the Federal Poverty Level are placed on the high priority wait list where they will be released twice as quickly as those families on the non-priority wait list.</p> </div>
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**2.5.2. How will CCDF funds be used to provide child care assistance to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF?** (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4)) **Reminder** - CCDF requires that not less than 70 percent of CCDF Mandatory and Matching funds be used to provide child care assistance for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF.

Effective Date: 01-OCT-13

- Use priority rules to meet the needs of TANF families (describe in 2.5.1 or 2.5.3.)
  - Waive fees (co-payments) for some or all TANF families who are below poverty level
  - Coordinate with other entities (i.e. TANF office, other State/Territory agencies, and contractors)
  - Other.
- Describe:

**2.5.3. List and define any other eligibility conditions, priority rules and definitions that will be established by the Lead Agency.** (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

**Reminder** - Lead Agencies are reminded that any eligibility criteria and terms provided below must comply with the eligibility requirements of §98.20 and provided in section 2.2. Any priority rules provided must comply with the priority requirements of §98.44 and provided in section 2.4.1.

Effective Date: 01-OCT-13

## **Term(s) - Definition(s)**

Describe:

TERM: Single parent on Military Service Orders or Deployment.

DEFINITION: Single parent is in the military and is receiving child care scholarship and is placed on orders outside New Hampshire or deployed for more than 30 days, during a time when there is a child care scholarship wait list.

The child of such parent will be released from the wait list, under the following circumstances:

- (1) The parent's child care scholarship is closed and the parent appoints a legal guardian for his/her child(ren).
- (2) The legal guardian applies for child care scholarship and is placed on the wait list until a determination is made on the legal guardian's eligibility to receive assistance; and
- (3) The legal guardian is found eligible to receive the child care scholarship and the child(ren) is released from the wait list.

When the single parent returns from orders or deployment and assumes guardianship of his/her child, the child shall be released from the wait list under the following circumstances:

- (1) The legal guardian's child care scholarship is closed;
- (2) The parent reapplies to receive child care scholarship, and the child is placed on the wait list until a determination is made on the parent's eligibility to receive assistance; and
- (3) The single parent is found eligible to receive the child care scholarship, and at this time the child is released from the wait list.

## **2.6. Parental Choice In Relation to Certificates, Grants or Contracts**

The parent(s) of each eligible child who receives or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate.  
(658E(c)(2)(A), §98.15(a))

### **2.6.1. Child Care Certificates**

Effective Date: 01-OCT-13

a) When is the child care certificate (also referred to as voucher or authorization) issued to parents? (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

Before parent has selected a provider

After parent has selected a provider

Other.

Describe:

b) How does the Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (§98.30(e)(2))

Certificate form provides information about choice of providers

Certificate is not linked to a specific provider so parents can choose provider of choice

Consumer education materials (flyers, forms, brochures)

Referral to child care resource and referral agencies

Verbal communication at the time of application

Public Services Announcement

Agency

Website:

Community outreach meetings, workshops, other in person activities

Multiple points of communication throughout the eligibility and renew process

Other.

Describe:

c) What information is included on the child care certificate? **Attach a copy of the child care certificate as Attachment 2.6.1.** (658E(c)(2)(A)(iii))

Authorized provider(s)

Authorized payment rate(s)

Authorized hours

Co-payment amount

Authorization period

Other.

Describe:

Family case number, each child's name and unique Recipient ID (RID) number, and other information regarding child care scholarship including:

- DHHS will not pay child care reimbursement to any provider operating illegally or after a final decision has been made to revoke, deny or suspend that child care provider's license or permit;
- The family is expected to share the cost of child care services. The cost share is based on income and family size. The cost share is to be paid to the child care provider each week. The child care provider may have additional charges depending on their rates for services and their policies;

- The provider is required to bill weekly. If the provider does not bill and is not paid within the first 90 days of when the child is linked, the child's eligibility will be closed and the provider will not be paid for any child care services provided to your child;
- If at any time your provider does not bill correctly and that leads to not being paid for services provided with the past 90 days, the child's eligibility will be closed and the provider will not be paid for any child care services provided to your child since the last date of service paid;
- If the child is determined eligible at Step 6 or 7, DHHS will only pay for licensed child care providers. If the parent chooses a license-exempt child care provider, the parent will be responsible for the entire cost; and
- If the child is under 6, DHHS will not pay for child care at a license-exempt facility.

d) What is the estimated proportion of services that will be available for child care services through certificates?

100%

## 2.6.2. Child Care Services Available through Grants or Contracts

Effective Date: 01-OCT-13

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b)). **Note:** Do not check "yes" if every provider is simply required to sign an agreement in order to be paid in the certificate program.

Yes.

If yes, **describe** the type(s) of child care services available through grants or contracts, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts:

No. If no, skip to 2.6.3

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following? Check the strategies, if any, that your State/Territory chooses to implement.

Increase the supply of specific types of care

Programs to serve children with special needs

Wrap-around or integrated child care in Head Start, Early Head Start, pre-k, summer or other programs

Programs to serve infant/toddler

School-age programs

Center-based providers

- Family child care providers
- Group-home providers
- Programs that serve specific geographic areas
- Urban
- Rural
- Other.

Describe:

- Support programs in providing higher quality services
- Support programs in providing comprehensive services
- Serve underserved families.

Specify:

- Other.

Describe:

c) Are child care services provided through grants or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

Yes.

No,

and **identify** the localities (political subdivisions) and services that are not offered:

d) How are payment rates for child care services provided through grants/contracts determined?

e) What is the estimated proportion of direct services that will be available for child care services through grants/contracts?

**2.6.3. How will the Lead Agency inform parents and providers of policies and procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds? (658E(c)(2)(B), §98.31))** Check the strategies that will be implemented by your State/Territory.

Effective Date: 01-OCT-13

- Signed declaration
- Parent Application
- Parent Orientation
- Provider Agreement
- Provider Orientation
- Other.

Describe:

The NH Child Care Licensing Unit administrative rules state: "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". All CCRR programs provide parents seeking child care with information regarding their right to have access to their child at any time. A checklist of quality indicators, including child care policies welcoming families into the program, 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 New Hampshire (Network) website.

**2.6.4. 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(g)(2), 98.30(e)(1)(iv))** Will the Lead Agency limit the use of in-home care in any way?

Effective Date: 01-OCT-13

- No
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all limits the Lead Agency will establish.
  - Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act
  - Restricted based on provider meeting a minimum age requirement
  - Restricted based on hours of care (certain number of hours, non-traditional work hours)
  - Restricted to care by relatives
  - Restricted to care for children with special needs or medical condition
  - Restricted to in-home providers that meet some basic health and safety requirements
  - Other.

Describe:

Providers must pass state criminal record, national FBI fingerprint, and child abuse and neglect central registry background checks.

**2.6.5. Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32)**

Effective Date: 01-OCT-13

The Child Care Licensing Unit investigates complaints against licensed child care agencies and investigates complaints of illegal, unlicensed child care agencies by sending a licensing coordinator to do an on-site visit, if the allegation is a violation of a critical rule. Non-critical rule violation allegations are investigated by telephone. Complaints may be filed by parents, staff, neighbors, social service agencies, law enforcement, or any other individual or organization with first hand knowledge of a child care licensing rules violation. A Statement of Findings is completed for every substantiated complaint against a licensed child care agency. Statements of Findings detail the violations found and are available to the public upon request from Child Care Licensing Unit. In addition, the DHHS website provides the results for complaints against and inspections of all licensed child care programs at <http://childcaresearch.dhhs.nh.gov/Mylicense%20Verification/Search.aspx?facility=Y>.

**2.7. Payment Rates for Child Care Services**

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish adequate payment rates for child care services that ensure eligible children equal access to comparable care.

**2.7.1. Attach a copy of your payment rates as Attachment 2.7.1. Will the attached payment rates be used in all parts of the State/Territory?**

Effective Date: 01-OCT-13

Yes. Effective Date: July 1, 2013

No. If no, attach other payment rates and their effective date(s) as **Attachment 2.7.1a, 2.7.1b, etc.** , etc.

**2.7.2. Which strategies, if any, will the Lead Agency use to ensure the timeliness of payments?**

Effective Date: 01-OCT-13

Policy on length of time for making payments.  
Describe length of time:

Track and monitor the payment process

Other.

Describe:

DHHS has updated the invoice processing system to increase the timeliness of payments.

None

### 2.7.3. Market Rate Survey

Lead Agencies must complete a local Market Rate Survey (MRS) no earlier than two years prior to the effective date of the Plan (no earlier than October 1, 2009). The MRS must be completed prior to the submission of the CCDF Plan (see Program Instruction CCDF-ACF-PI-2009-02 <http://www.acf.hhs.gov/programs/occ/resource/pi-2009-02> for more information on the MRS deadline).

Effective Date: 01-OCT-13

a) Provide the month and year when the local Market Rate Survey(s) was completed (§98.43(b)(2)): 11/2011

b) Provide a summary of the results of the survey.

The summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

#### Summary of New Hampshire's 2011 Market Rate Survey

##### Overview:

The 2011 Market Rate survey was sent via postal mail to a comprehensive list of 1016 licensed child care providers in New Hampshire serving children 6 weeks through 12 years. The survey included 42 questions about the specific date: 11/2/2011. The final completion rate of the survey was 63.29%, exceeding the goal of a 60% response rate. This is down from the greater than 90% response rate for previous surveys due to a 50% decrease in the funding of the Market Rate Survey contract, which decreased the opportunities for follow-up and incentives. The survey yielded usable responses from 570 programs.

##### Program Types:

Of programs with usable responses, the highest percentage was Centers (44%), followed by Family Homes (15%), Family Group Care (13%), Nursery Schools/Preschools (13%), and School Age (11%). Head Start is offered in 4% of licensed programs participating in the survey. Three in five (60.39%) licensed facilities listed themselves as proprietary.

##### Schedules:

Over half (58%) of NH programs offer parents full and part-time options, an increase from 2007 (54%). Licensed care provided to children outside of traditional hours (Mon-Fri from 6 am–6 pm) dipped from 3% in 2007 to 2%.

##### Enrollment and Attendance:

Mean Licensed Capacity among NH programs was 45 children, while the reported average (Mean) Enrollment was 37 children. Mean desired capacity was 43. Actual attendance was about 84% of enrollment, down from 88% in 2007; 80% of children enrolled were full fee paying children, an increase

from 2007 (75%).

#### Child Care Scholarship:

Three of five licensed programs (63%) noted an arrangement with DHHS to receive scholarships for eligible children, which remained basically unchanged from 2009 (62%), but up, compared to 2007 (51%) and 2005 (46%).

#### Methodology:

This final report presents a snapshot, a brief moment in time, of the market rates on a single Wednesday, November 2, 2011. The data analyzed and trends identified can only consider information from those programs that responded to the survey. The 2011 Market Rate Survey, like its predecessors from 1999 through 2009, asked providers to share data regarding their fees as currently charged (e.g., Hourly, daily, weekly or other). A conversion of rates was only utilized for the very few programs charging Other (primarily annual) rates; these were converted to monthly rates. This report does not reflect the true costs of child care. Providers were guaranteed anonymity. Only project staff members reviewed individual surveys; individual surveys were not shared with DHHS.

#### Regional Variations:

The Final Report contains several graphs and tables showing regional rate variations based on child age, type of facility and geographic location. Excluding Child Care Resource and Referral (CCRR) regions for which there was an insufficient response, the highest rates were in the Southern area and the lowest in the Littleton area, with the exception of care for 5- and 6-year olds. For that age group the lowest rates were in the Laconia area. The single greatest variation between CCRR areas was for Infant care (6 weeks to 12 months): the Southern area's mean weekly rate was \$104.45 (82%) higher than Littleton's.

#### Key Findings:

1. The number of licensed programs continued to decline, from a high of 1207 in 2001 to 1016 in 2011, a reduction of nearly 16%. For remaining programs, Mean Licensed Capacity increased from 41 (2003) and 45 (2009) to 46 (2011) children.
2. The percentage of licensed family home care continues to fall from 23% of the total in 2005 and 16% in 2009 to 15% in 2011. The percentage of center-based programs grew from 30% to 39% of total licensed care between 2007 and 2009, to 44% in 2011.
3. Licensed programs offering care after 7:00 pm, and/or overnight, or for sick children fell from 48 in 2009 to just 19 in 2011.
4. Attendance decreased almost 5% in the last four years, to 84% of enrollment. Mean enrollment has declined over the last 4 years.
5. Despite the economy, full-time tuition rates continued to increase.
6. More than 1 in 4 programs reported an increase in children receiving DHHS scholarships.
7. Four of five programs (78%) noted recent economic conditions had negative effects on their programs. Most of these (86%) noted significant negative effects.

#### Rates:

Weekly rates were the most common way of charging for full time care (75%) and daily rates most common for part-time care, except for school age children. Mean full-time weekly rates increased 4% to 5% between 2009 and 2011. Only 9% of programs responding reported they offered a Sliding Fee Scale, down from 10% in 2009 and 2001.

Summary prepared from the "Final Report of the New Hampshire Early Care and Education Market Rate Survey for 2011 (8/15/2012) and the Executive Summary (8/27/10) provided by Michael and Fanny Kalinowski, for Contract #1016596. Contact: M.Kalinowski@unh.edu

### **2.7.4. Describe the payment rate ceilings in relation to the current MRS using the tables below.**

<b>2.7.4a - Highest Rate Area (Centers)</b>	<b>(a) Monthly Payment Rate at the 75th percentile from the most recent MRS</b>	<b>(b) Monthly Maximum Payment Rate Ceiling</b>	<b>(c) Percentile if lower than 75th percentile of most recent survey</b>
Full-Time Licensed Center Infants (11 months)	\$1,039.20	\$873.58	50th
Full-Time Licensed Center Preschool (59 months)	\$822.70	\$736.10	50th
Full-Time Licensed Center School-Age (84 months)	\$497.95	\$368.05	50th

<b>2.7.4b - Lowest Rate Area (Centers)</b>	<b>(a) Monthly Payment Rate at the 75th percentile from the most recent MRS</b>	<b>(b) Monthly Maximum Payment Rate Ceiling</b>	<b>(c) Percentile if lower than 75th percentile of most recent survey</b>
Full-Time Licensed Center Infants (11 months)	\$1,039.20	\$873.58	50th
Full-Time Licensed Center Preschool (59 months)	\$822.70	\$736.10	50th
Full-Time Licensed Center School-Age (84 months)	\$497.95	\$368.05	50th

<b>2.7.4c - Highest Rate Area (FCC)</b>	<b>(a) Monthly Payment Rate at the 75th percentile from the most recent MRS</b>	<b>(b) Monthly Maximum Payment Rate Ceiling</b>	<b>(c) Percentile if lower than 75th percentile of most recent survey</b>
Full-Time Licensed FCC Infants (11 months)	\$757.75	\$671.15	50th
Full-Time Licensed FCC Preschool (59 months)	\$698.21	\$638.68	50th
Full-Time Licensed FCC School-Age (84 months)	\$248.98	\$216.50	50th

2.7.4d - Lowest Rate Area (FCC)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed FCC Infants (11 months)	\$757.75	\$671.15	50th
Full-Time Licensed FCC Preschool (59 months)	\$698.21	\$638.68	50th
Full-Time Licensed FCC School-Age (84 months)	\$248.98	\$216.50	50th

### 2.7.5. How are payment rate ceilings for license-exempt providers set?

Effective Date: 01-OCT-13

a) Describe how license-exempt center payment rates are set:

These rates are set at 50% of the licensed center rates.

b) Describe how license-exempt family child care home payment rates are set:

These rates are set at 70% of the licensed family home rates.

c) Describe how license-exempt group family child care home payment rates are set:

N/A

d) Describe how in-home care payment rates are set:

These rates are set at 70% of the licensed family home rates.

### 2.7.6. Will the Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for children receiving CCDF subsidies?

Check which types of tiered reimbursement, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates and amount and also indicate if the rates were set based on the MRS or another process.

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Differential rate for nontraditional 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 authorized service level and attendance for the week billed. For full-time, the rate is \$50 per week; for half-time, the rate is \$30 per week; and for part-time the rate is \$15 per week. The disability differential amounts were determined through a negotiation with child care providers who were caring for children with disabilities and are not based on the market rate survey.

Differential rate for infants and toddlers.

Describe:

The rates for infants and toddlers are based on the market rate survey. The market rate survey results demonstrated significant rate differences between infants and toddlers, and between infants, toddlers and older children. The rates are specific to infants - 6 weeks through 17 months, toddlers - 18 through 35 months, preschoolers/kindergarten - 36 through 78 months, and school-age - 79 months through 12 years.

Differential rate for school-age programs.

Describe:

While the rates for infants, toddlers and preschoolers/kindergarten are based on full-time care with calculations to create half-time and part-time rates, rates for school-age children are based on half-time rates with calculations to create full-time and part-time rates. These are based on the market rate survey results.

Differential rate for higher quality as defined by the State/Territory.

Describe:

In NH's QRIS, licensed child care providers receive payment at the 50th percentile of the most recent market rate survey, licensed-plus child care providers receive a monthly check for 5% of what they were paid for services to children receiving child care scholarship the previous month, and child care providers who are nationally accredited receive a monthly check for 10% of what they were paid for services to children receiving child care scholarship the previous month.

Other differential rate.

Describe:

None.

**Reminder** - CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. In the next three questions, Lead Agencies are asked to describe how their payment policies reflect the affordable copayments for families provision of equal access (i.e., minimizing additional fees to parents), how payment practices are implemented consistent with the general child care market to be fair to providers (see Information Memorandum on Continuity of Care for examples <http://www.acf.hhs.gov/programs/occ/resource/im2011-06> ), and the summary of facts describing how payment rates are adequate to ensure equal access to the full range of providers.

**2.7.7. What policies does the Lead Agency have regarding any additional fees that providers may charge CCDF parents? The Lead Agency...**

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Allows providers to charge the difference between the maximum reimbursement rate and their private pay rate

Pays for provider fees (e.g., registration, meals, supplies).

Describe:

Policies vary across region, counties and or geographic areas.

Describe:

Other.

Describe:

**2.7.8 What specific policies and practices does the Lead Agency have regarding the following:**

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a) Number of absent days allowed. Describe

DCYF does not pay for absentee days, but does pay for a range of hours in attendance based on the parent's approved activity. A full-time rate is paid for 31 or more hours, a half-time rate is paid for 16-30 hours, and a part-time rate is paid for 1-15 hours. This range of hours may allow for an absentee day during the week. For example, a parent who is working 40 hours per week and has commute time, may utilize an average of 45 hours of care per week, receiving the full-time rate for 31 hours or more. If the child is absent for an average day of 9 hours, the child will still have 36 hours in attendance and meet the minimum hours (31) required in a week for the full-time rate. The reason for absence need not be documented and may be a holiday, illness, weather, or other.

b) Paying based on enrollment. Describe

N/A

c) Paying on the same schedule that providers charge private pay families (e.g., hourly, weekly, monthly). Describe

DCYF pays weekly rates. According to the 2011 Market Rate Survey, 75% of all licensed providers charged weekly rates for full-time care. Most child care providers require payment before services are provided for the week. DCYF pays after services are provided as a reimbursement for services.

d) Using electronic tools(automated billing, direct deposit, EBT cards, etc.) to make provider payments. Describe

NH has a web billing system that allows providers to submit bills more quickly than paper bills, view eligible children that are linked to them, and monitor available parent job search days so they can be aware of when parents are close to or exceed their allocated job search benefits. Providers may also choose to receive their payment via direct deposit.

### **2.7.9. Describe how payment rates are adequate to ensure equal access to the full range of providers based on the Market Rate Survey.**

CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. To demonstrate equal access, the Lead Agency shall provide at a minimum a summary of facts describing: (§98.43(a))

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a) How a choice of the full range of providers, e.g., child care centers, family child care homes, group child care homes and in-home care, is made available (§98.43(a)(1)):

All child care providers are invited to enroll as child care scholarship program providers. Once they have passed the background checks and complied with applicable application processes, child care providers are enrolled for three years before needing to re-enroll. There is no enrollment limit on the number of child care providers of any type, so a family may choose a provider that is not currently enrolled and have the provider enroll. Child care providers are informed regarding the child care scholarship payment

rates for their type of program. Currently, all provider types continue to enroll in the child care scholarship program.

CCRR programs maintain databases of all licensed child care programs and license-exempt child care providers who are willing to take referrals from the CCRR program. As with families not receiving child care scholarship, families eligible for scholarship are given referrals to all programs and providers that meet their requirements for location, hours of operation, type of program, and other more personal requirements such as child care philosophy. Families are informed that they may choose family, friend or neighbor care and are given contact information regarding how their provider can enroll in the child care scholarship program.

Child care programs who enroll children who attend Head Start part day, part year programs and who are eligible for child care scholarship, through MOUs with local Head Start programs, bill DCYF to assure continuity of care for children who need full day, full year child care services. Child care programs are permitted to bill for the full-day when children attend the part-day Head Start services so that there is a guaranteed full-day space for these children when Head Start is not in session.

**b) How payment rates are adequate based on the most recent local MRS (§98.43(a)(2)):**

Payments are set at the 50th percentile for both licensed child care centers and licensed child care family homes, including group homes. Currently, 91% of children receiving child care scholarship are enrolled in licensed child care programs. This is a significant increase from 63% enrolled in licensed child care programs four years ago. Parents receiving child care scholarship are able to access licensed child care with the amount of child care scholarship they are currently receiving.

**c) How family co-payments based on a sliding fee scale are affordable (§98.43(a)(3)):**

In 2013, DCYF decreased the co-pay amount for all families, with the greatest reductions going to families at the higher income levels to support families working full-time with wages up to \$20 per hour for a family of three.

Families whose income is at or under 100% of the Federal Poverty Level comprise 60% of the total child care scholarship enrollment and will now pay 4.75% of their income in co-pay.

Families at 101-120% comprise 12% and will now pay 7.5% of their income in co-pay.

Families at 121-140 comprise 10% and will now pay 10% of their income in co-pay. A total of 82% of families receiving child care scholarship have incomes at or lower than 140% of the Federal Poverty Level, qualifying them as at risk for dependency on TANF, and pay 10% or less of their gross income as co-pay for the child care scholarship program.

The remaining 18% of families enrolled in child care scholarship have incomes from 141% to 250% of Federal Poverty Level and now will pay 12.5%-20% of their income in cost share depending on their income and family size. The co-pay for these families increases as their income increases in preparation of being able to afford the full cost of child care, but they still receive some assistance.

Throughout the full income eligibility range of families receiving child care scholarship, the assistance is greater for families with higher child care costs, especially families with two or more children. Because co-pays are based on an assessment of the family's ability to pay, these remain constant regardless of how many children in the family are enrolled in child care, how much care their children use, or the type of care that the family chooses.

d) Any additional facts the Lead Agency considered to determine that its payment rates ensure equal access, including how the quality of child care providers is taken into account when setting rates and whether any other methodologies (e.g., cost estimation models) are used in setting payment rates

The proportion of children receiving child care scholarship who are enrolled with licensed child care providers increased from 63% four years ago to 91% this year. The percent of licensed child care programs accepting children receiving child care scholarship is 63%, up from 51% in 2007. This statistic is inclusive of all licensed child care programs including part-day and part-year programs. Part-day and part-year programs do not often meet the needs of families receiving child care scholarship, so it is the full-day, full-year child care programs that are most likely to meet families' needs and accept children receiving child care scholarship.

**2.8 Goals for the next Biennium** - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the Lead Agency's goals for the administration of the CCDF subsidy program in the coming Biennium? For example, what progress does the State/Territory expect to make on continuing improved services to parents and providers, continuity of care for children, improving outreach to parents and providers, building or expanding information technology systems, or revising rate setting policies or practices).

**Note** -When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

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**Goal #1:**

Create a strategic plan for rebuilding the infrastructure of child care following a disaster, using the National Disaster Recovery Framework and Technical Assistance from the Federal Region I Office and FEMA, as well as the recovery framework from the New England Regional Catastrophic Preparedness Initiative.

**Goal #2:**

Analyze and update, where appropriate, child care policies for clarity, conciseness and accuracy in relationship to the administrative rule which was revised in 2012 to be more child-focused, family-friendly, and fair to providers, and to ensure consistent application of the policy across the field.

**Goal #3:**

Monitor the payment differential for children with special needs regarding its efficacy and utilization.

**Goal #4:**

Review health and safety standards certification of license-exempt providers, including rules, policies, forms, monitoring and training. Determine the feasibility of updating rules and policies so that increased monitoring and training are required for license-exempt child care providers. Conduct focus groups regarding the effects on children, families, employers and communities of limiting child care provider enrollment to licensed child care programs and license-exempt relative providers. Determine the capacity of licensed child care programs to serve all children receiving child care programs

**Goal #5:**

Finalize eligibility and payment computer systems changes, including testing, to automate certain eligibility and payment requirements of the child care scholarship program.

**PART 3**

**Health and Safety and Quality Improvement Activities**

**3.1. Activities to Ensure the Health and Safety of Children in Child Care (Component #1)**

This section is intended to collect information on how Lead Agencies meet the statutory and regulatory provisions related to licensing and health and safety requirements. The CCDBG statute and the CCDF regulations address health and safety primarily in two ways.

First, Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i)). Lead Agencies must describe those licensing requirements and how they are effectively enforced. Questions related to licensing requirements are in sections 3.1.1 and 3.1.2. Second, Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Questions related to CCDF Health and Safety requirements are in sections 3.1.3 and 3.1.4.

**3.1.1. Compliance with Applicable State/Territory and Local Regulatory Requirements on Licensing**

Lead Agencies shall certify that they have in effect licensing requirements applicable to

child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced.

**Definition:** Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law, necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). This does not include registration or certification requirements solely for child care providers to be eligible to participate in the CCDF program. Those requirements will be addressed in 3.1.2.

The relationship between licensing requirements and health and safety requirements varies by State/Territory depending on how comprehensive the licensing system is. In some States and Territories, licensing may apply to the majority of CCDF-eligible providers and the licensing standards cover the three CCDF health and safety requirements so the State/Territory has few, if any, providers for whom they need to establish additional CCDF health and safety requirements. In other cases, States and Territories have elected to exempt large numbers of providers from licensing which means that those exempted providers who care for children receiving assistance from CCDF will have to meet to the CCDF health and safety requirements through an alternative process outside of licensing as defined by the State/Territory. The State/Territory may also elect to impose more stringent standards and licensing or regulatory requirements on child care providers of services for which assistance is provided under the CCDF than the standards or requirements imposed on other child care providers. (§98.40(b)(1)) (658E(c)(2)(F), §98.41).

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a) Is the Lead Agency responsible for child care licensing? (§98.11(a))

Yes.

No.

Please identify the State or local (if applicable) entity/agency responsible for licensing:

b) Provide a brief overview of the relationship between the licensing requirements and CCDF health and safety requirements in your State/Territory.

[The NH State licensing requirements serve as the CCDF health and safety requirements for all licensed child care providers.](#)

c) Do the State/Territory's licensing requirements serve as the CCDF health and safety requirements?

	Center-Based Child Care	Group Home Child Care	Family Child Care	In-Home Care
		<input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care.		<input checked="" type="checkbox"/> N/A. Check if in-home care is not subject to licensing in your State/Territory.
Yes, for all providers in this category	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, for some providers in this category	Describe License-exempt center-based child care is only allowed for school-age care and care provided in a school certified by the Department of Education, even if care is provided for children younger than school age. The licensing health and safety requirements do not apply for CCDF for these providers.	Describe N/A	Describe A family child care home can be license-exempt if the provider cares for 3 or fewer children in addition to his/her own. The licensing health and safety requirements do not apply for CCDF for these providers	Describe N/A
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	Describe	Describe	Describe	Describe Child care provided in the child's home is exempt from child care licensing.

d) CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below. For each CCDF category of care, please identify which types of providers are subject to licensing and which providers are exempt from licensing in your State/Territory in the chart below. **Note: OCC recognizes that each State/Territory identifies and defines its own categories of care. 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 but consistent with your reported 801 data.**

CCDF Category of Care	CCDF Definition (§98.2)	Which providers in your State/Territory are subject to licensing under this CCDF category?	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?
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<p>Center-Based Child Care</p>	<p>Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.</p>	<p>Describe which types of center-based settings are subject to licensing in your State/Territory</p> <p>A center-based child care provider is defined as any program owned and operated by one applicant which is not licensed as a family or family group child care home and is licensed to provide any of the following types of child care:</p> <ul style="list-style-type: none"> <li>(1) Group child care center;</li> <li>(2) Infant/toddler program;</li> <li>(3) Night care program;</li> <li>(4) Preschool program;</li> <li>(5) School-age program;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>(6) Any combination thereof.</li> </ul> <p>A licensed child care center is licensed to provide child care services for fewer than 24 hours per day per child in a nonresidential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.</p>	<p>Describe which types of center-based settings are exempt from licensing in your State/Territory.</p> <p>RSA 170-E:3</p> <ul style="list-style-type: none"> <li>(a) Kindergartens, nursery schools, or any other daytime programs operated by a public or private elementary or secondary school system or institution of higher learning.</li> <li>(b) Programs offering instruction to children, including but not limited to athletics, crafts, music, or dance, the purpose of which is the teaching of a skill.</li> <li>(d) Child care services offered in conjunction with religious services attended by the parent or offered solely for the purpose of religious instruction.</li> <li>(e) Facilities operated as a complimentary and limited service for the benefit of the general public in connection with a shopping center, ski area, bowling alley, or other similar operation where parents or custodians of the serviced children are on the premises or in the immediate vicinity and are readily available.</li> <li>(f) Municipal recreation programs, including afterschool and summer recreation programs.</li> <li>(g) Any recreational program as defined in RSA 170-E:2, XI-a, including Boys and Girls Clubs, YMCA, Girls, Inc., and town recreation programs school year</li> </ul>
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<p>Group Home Child Care</p> <p>N/A. Check if your State/Territory does not have group home child care.</p> <p><input type="checkbox"/></p>	<p>Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.</p>	<p>Describe which types of group homes settings are subject to licensing</p> <p>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</p>	<p>and summer programs.</p> <p>Describe which types of group homes are exempt from licensing:</p> <p>None</p>
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<p>Family Child Care</p>	<p>Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.  <b>Reminder</b> - Do not respond if family child care home providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.</p>	<p>Describe which types of family child care home providers are subject to licensing  Family child care home” means “family day care home” as defined in RSA 170-E:2, IV(a), namely “an occupied residence in which child day care is provided for less than 24 hours per day, except in emergencies, for up to 6 children from one or more unrelated families. The 6 children shall include any foster children residing in the home and all children related to the caregiver except children who are 10 years of age or older. In addition to the 6 children, up to 3 children attending a full day school program may also be cared for up to 5 hours per day on school days and all day during school holidays.</p>	<p>Describe which types of family child care home providers are exempt from licensing:  RSA 170-E:3 (c) 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.  (h) 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.</p>
<p>In-Home Care</p>	<p>In-home child care provider is defined as an individual who provides child care services in the child's own home.  <b>Reminder</b> - Do not respond if in-home child care providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.</p>	<p><input checked="" type="checkbox"/> N/A. Check if in-home care is not subject to licensing in your State/Territory.   Describe which in-home providers are subject to licensing  N/A</p>	<p>Describe which types of in-home child care providers are exempt from licensing  Care for children that live in the home and care for children that are related to children living in the home.</p>

**Note:** In lieu of submitting or attaching licensing regulations to certify the requirements of §98.40(a)(1), Lead Agencies may provide their licensing regulations to the National Resource Center for Health and Safety in Child Care and Early Education. Please check the NRCKid's website at <http://nrckids.org/CFOC3> to verify the accuracy of your licensing

regulations and provide any updates to the National Resource Center. **Check this box to indicate that the licensing requirements were submitted and verified at NRCKid's:**



e) **Indicate** whether your State/Territory licensing requirements include any of the following four indicators for each category of care\*.

\*American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011) *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 3rd Edition.* Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Available online: <http://nrckids.org/CFOC3>

For each indicator, check all requirements for licensing that apply, if any.

Indicator	Center-Based Child Care	Group Home Child Care	Family Child Care	In-Home Care
		<input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care.		<input checked="" type="checkbox"/> N/A if the State/Territory does not license in-home care (i.e., care in the child's own home)

Do the licensing requirements include **child:staff ratios and group sizes?**

If yes, provide the ratio for age specified.

<input checked="" type="checkbox"/> Yes, Child:staff ratio requirement:	<input checked="" type="checkbox"/> Yes, Child:staff ratio requirement:	<input checked="" type="checkbox"/> Yes, Child: staff ratio requirement.	<input type="checkbox"/> Yes, Child: staff ratio requirement.
Infant ratio (11 months): 1:4	Infant ratio (11 months): 1:2	List ratio requirement by age group:	List ratio requirement by age group:
Toddler ratio (35 months): 1:6	Toddler ratio (35 months): 1:4	Infants, 1:2; toddlers, 1:4; preschoolers, 1:6, if there are no children under 36 months	<input type="checkbox"/> No ratio requirements.
Preschool ratio (59 months): 1:12	Preschool ratio (59 months): 1:6	<input type="checkbox"/> No ratio requirements.	<input type="checkbox"/> Yes, Group size requirement.
<input type="checkbox"/> No ratio requirements.	<input type="checkbox"/> No ratio requirements.	<input checked="" type="checkbox"/> Yes, Group size requirement.	<input type="checkbox"/> List ratio requirement by age group:
<input checked="" type="checkbox"/> Yes,	<input checked="" type="checkbox"/> Yes,	<input type="checkbox"/> No ratio requirements.	<input type="checkbox"/> No group size requirements.
Group size requirement Infant group size (11 months): 12	Group size requirement Infant group size (11 months): No more than 2 for every 6 children	List ratio requirement by age group: Infants, 1:2;, toddlers, 1:4; preschoolers, 1:6, if there are no children under 36 months. 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 wo are enrolled in and attending a full day school program	
Toddler group size (35 months): 18	Toddler group size (35 months): No more than 4 for every 6 children		
Preschool group size (59 months): 24			
<input type="checkbox"/> No group size requirements.			

Preschool group size (59 months):

Up to 12 if there are no children under 36 months.

In a family group child care home, the maximum number of children that a family group 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.



No group size requirements.



No group size requirements.

Do the licensing requirements identify specific experience and educational **credentials for child care directors?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High school/GED	High school/GED	High school/GED	High school/GED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Development Associate (CDA)	Child Development Associate (CDA)	Child Development Associate (CDA)	Child Development Associate (CDA)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State/ Territory Credential	State/ Territory Credential	State/ Territory Credential	State/ Territory Credential
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate's degree	Associate's degree	Associate's degree	Associate's degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's degree	Bachelor's degree	Bachelor's degree	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No credential required for licensing	No credential required for licensing	No credential required for licensing	No credential required for licensing
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other:	Other:	Other:	Other:
Or 60 credits, at least 24 of which are in early childhood education with specific course requirements including early childhood growth and development and child care administration and management or early childhood leadership.	The provider must be at least 18 years old. There are no other requirements unless the provider is under 21 years old and then a high school diploma or GED is required.	The provider must be at least 18 years old. There are no other requirements unless the provider is under 21 years old and then a high school diploma or GED is required.	

Do the licensing requirements identify specific educational **credentials for child care teachers?**

<input checked="" type="checkbox"/>	High school/GED	<input type="checkbox"/>	High school/GED	<input type="checkbox"/>	High school/GED
<input type="checkbox"/>	Child Development Associate (CDA)	<input type="checkbox"/>	Child Development Associate (CDA)	<input type="checkbox"/>	Child Development Associate (CDA)
<input type="checkbox"/>	State/ Territory Credential	<input type="checkbox"/>	State/ Territory Credential	<input type="checkbox"/>	State/ Territory Credential
<input type="checkbox"/>	Associate's degree	<input type="checkbox"/>	Associate's degree	<input type="checkbox"/>	Associate's degree
<input type="checkbox"/>	Bachelor's degree	<input type="checkbox"/>	Bachelor's degree	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	No credential required for licensing	<input checked="" type="checkbox"/>	No credential required for licensing	<input checked="" type="checkbox"/>	No credential required for licensing
<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
	Plus 9 early childhood education college credits including early childhood growth and development				

Do the licensing requirements specify that directors and caregivers must attain a specific number of <b>training hours per year</b> ?	<input type="checkbox"/>	At least 30 training hours required in first year	<input type="checkbox"/>	At least 30 training hours required in first year	<input type="checkbox"/>	At least 30 training hours required in first year
	<input type="checkbox"/>	At least 24 training hours per year after first year	<input type="checkbox"/>	At least 24 training hours per year after first year	<input type="checkbox"/>	At least 24 training hours per year after first year
	<input type="checkbox"/>	No training requirement	<input type="checkbox"/>	No training requirement	<input type="checkbox"/>	No training requirement
	<input checked="" type="checkbox"/>	Other:	<input checked="" type="checkbox"/>	Other:	<input checked="" type="checkbox"/>	Other:
		At least 18 hours annually		At least 18 hours annually		At least 18 hours annually

f) Do you expect the licensing requirements for child care providers to change in FY2014-2015?

Yes.

Describe:

No.

### 3.1.2 Enforcement of Licensing Requirements

Each Lead Agency is required to provide a detailed description of the State/Territory's licensing requirements and how its licensing requirements are effectively enforced. (658E(c)(2)(E), §98.40(a)(2)) The Lead Agency is also required to certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(G), §98.41(d))

**Describe the State/Territory's policies for effective enforcement of the licensing**

**requirements using questions 3.1.2a through 3.1.2e below.** This description includes whether and how the State/Territory uses visits (announced and unannounced), background checks, and any other enforcement policies and practices for the licensing requirements.

a) Does your State/Territory include **announced** and/or **unannounced** visits in its policies as a way to effectively enforce the licensing requirements?

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Yes. If "Yes" please refer to the chart below and check all that apply.

No.

CCDF Categories of Care	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
<input checked="" type="checkbox"/> Center-Based Child Care	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe: <a href="#">Initial licensing visit and consultation visits as requested by the program.</a>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:
<input checked="" type="checkbox"/> Group Home Child Care  <input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care.	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe: <a href="#">Initial licensing visit and consultation visits as requested by the program.</a>	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:

<input checked="" type="checkbox"/> Family Child Care Home	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe: Initial licensing visit and consultation visits as requested by the program.	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:
<input type="checkbox"/> In-Home Child Care  <input checked="" type="checkbox"/> N/A. Check if In-Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2b)	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe: N/A	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe: N/A

b) Does your State/Territory have any of the following procedures in place for effective enforcement of the licensing requirements? If procedures differ based on the category of care, please indicate how in the "Describe" box.

- Yes. If "Yes" please refer to the chart below and check all that apply.  
 No.

<b>Licensing Procedures</b>	<b>Describe</b> which procedures are used by the State/Territory for enforcement of the licensing requirements.
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The State/Territory requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license.



Yes.

Describe:

Initial licensing visit and consultation visits as requested by the program.



No.



Other.

Describe:

The State/Territory has procedures in place for licensing staff to inspect centers and family child care homes prior to issuing a license.



An on-site inspection is conducted.



Programs self-certify.

Describe:



No procedures in place.



Other.

Describe:

Licensing staff has procedures in place to address violations found in an inspection.



Providers are required to submit plans to correct violations cited during inspections.



Licensing staff approve the plans of correction submitted by providers.



Licensing staff verify correction of violation.



Licensing staff provide technical assistance regarding how to comply with a regulation.



No procedures in place.



Other.

Describe:

Licensing staff has procedures in place to issue a negative sanction to a noncompliant facility.



Provisional or probationary license



License revocation or non-renewal



Injunctions through court



Emergency or immediate closure not through court action



Fines for regulatory violations



No procedures in place.



Other.

Describe:

The State/Territory has procedures in place to respond to illegally operating child care facilities.



Cease and desist action



Injunction



Emergency or immediate closure not through court action



Fines



No procedures in place.



Other.

Describe:

The State/Territory has procedures in place for providers to appeal licensing enforcement actions.

<input checked="" type="checkbox"/>	Yes.
	Describe: Providers are notified that enforcement action may be appealed through the DHHS Administrative Appeals Unit.
<input type="checkbox"/>	No.
<input type="checkbox"/>	Other.
	Describe:

c ) Does your State/Territory use **background checks as a way to effectively enforce the licensing requirements?**

- Yes.If "Yes" please use refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency
- No.

CCDF Categories of Care	Types of Background Check	Frequency	Who is Subject to Background Checks?
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<input checked="" type="checkbox"/> <b>Center-Based Child Care</b>	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: <a href="#">Every 3 years</a>	<input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other. <a href="#">Students and anyone who has contact with children 4 or more hours per week.</a>
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: <a href="#">Every 3 years</a>	<input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other. <a href="#">Students and anyone who has contact with children 4 or more hours per week.</a>
	<input type="checkbox"/> Check if State/Territory background check includes fingerprints	<input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: <a href="#">Every 3 years</a>	<input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other. <a href="#">Students and anyone who has contact with children 4 or more hours per week.</a>
	<input checked="" type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: <a href="#">Every 3 years</a>	<input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other. <a href="#">Students and anyone who has contact with children 4 or more hours per week.</a>
	<input checked="" type="checkbox"/> Sex Offender Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other.

		<input checked="" type="checkbox"/> Other. Describe: Every 3 years	<input checked="" type="checkbox"/> Students and anyone who has contact with children 4 or more hours per week. <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Teaching staff <input checked="" type="checkbox"/> Non-teaching staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Other. Students and anyone who has contact with children 4 or more hours per week.
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<input checked="" type="checkbox"/> <b>Group Child Care Homes</b>	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider
<input type="checkbox"/> N/A. Check if your State/Territory does not have group home child care.		<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input checked="" type="checkbox"/> Other.	<a href="#">All residents 13 years old or older and all staff and volunteers</a>
<input type="checkbox"/> Check if the State/Territory background check includes fingerprints		Describe: <a href="#">Every 3 years</a>	
<input checked="" type="checkbox"/> FBI Criminal Background (e.g., fingerprint)		<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider
		<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.
	<input checked="" type="checkbox"/> Sex Offender Registry	<input checked="" type="checkbox"/> Other.	<a href="#">All residents 16 years old or older and all staff and volunteers</a>
		Describe: <a href="#">Every 3 years</a>	
		<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider
		<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.
		<input checked="" type="checkbox"/> Other.	<a href="#">All residents 17 years old or older and all staff and volunteers</a>
		Describe: <a href="#">Every 3 years</a>	
		<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider
		<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.
		<input checked="" type="checkbox"/> Other.	
		Describe: <a href="#">Every 3 years</a>	

			All residents 17 years old or older and all staff and volunteers
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<input checked="" type="checkbox"/> <b>Family Child Care Homes</b>	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.
	<input type="checkbox"/> Check if the State/Territory background check includes fingerprints	<input checked="" type="checkbox"/> Other.	All residents 13 years old or older and all staff and volunteers
	<input checked="" type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	Describe: Every 3 years	
	<input checked="" type="checkbox"/> Sex Offender Registry	<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider
		<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.
		<input checked="" type="checkbox"/> Other.	All residents 16 years old or older and all staff and volunteers
		Describe: Every 3 years	
		<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider
		<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.
		<input checked="" type="checkbox"/> Other.	All residents 17 years old or older and all staff and volunteers
		Describe: Every 3 years	
	<input checked="" type="checkbox"/> Initial Entrance into the System	<input checked="" type="checkbox"/> Provider	
	<input type="checkbox"/> Checks Conducted Annually	<input checked="" type="checkbox"/> Non-provider residents of the home.	
	<input checked="" type="checkbox"/> Other.		
	Describe: Every 3 years		

			All residents 17 years old or older and all staff and volunteers
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<input type="checkbox"/> <b>In-Home Child Care Providers</b>	<input type="checkbox"/> Child Abuse Registry	<input type="checkbox"/> Initial Entrance into the System	<input type="checkbox"/> Provider
<input checked="" type="checkbox"/> N/A. Check if In-Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2e)		<input type="checkbox"/> Checks Conducted Annually	<input type="checkbox"/> Non-provider residents of the home.
	<input type="checkbox"/> State/Territory Criminal Background	<input type="checkbox"/> Other.	
	<input type="checkbox"/> Check if the State/Territory background check includes fingerprints	Describe:	<input type="checkbox"/> Provider
	<input type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input type="checkbox"/> Initial Entrance into the System	<input type="checkbox"/> Non-provider residents of the home.
		<input type="checkbox"/> Checks Conducted Annually	
	<input type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> Other.	<input type="checkbox"/> Provider
		Describe:	<input type="checkbox"/> Non-provider residents of the home.
		<input type="checkbox"/> Initial Entrance into the System	
		<input type="checkbox"/> Checks Conducted Annually	
		<input type="checkbox"/> Other.	<input type="checkbox"/> Non-provider residents of the home.
		Describe:	
		<input type="checkbox"/> Initial Entrance into the System	
		<input type="checkbox"/> Checks Conducted Annually	
		<input type="checkbox"/> Other.	<input type="checkbox"/> Non-provider residents of the home.
		Describe:	

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d) Please **provide a brief overview** of the State/Territory's process for conducting background checks for child care. In this brief overview, include the following:

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d -1) The cost associated with each type of background check conducted:

- Fingerprint (live-scan or inked) and State background check: \$16.50
- NH State background check only: \$15
- Child Abuse and Neglect Registry: \$0

d-2) Who pays for background checks:

For licensed child care and license-exempt centers, either the program or individual staff/volunteer pays for fingerprinting. DHHS pays for 50% of the state background check fee and the child care program pays for the other half. (Per NH Department of Labor, the program must pay for the state background check. The federal fingerprints check are portable so either the program or the staff person can pay). For license-exempt family child care providers, DHHS pays for the state background check fee and the child care provider pays for the federal fingerprints check.

d-3) What types of violations would make providers ineligible for CCDF? Describe:

Convicted of a violent or sexually-related crime against a child, or of 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 sexually-related crime against an adult, convicted of a felony offense deemed directly or indirectly harmful to children in child day care, or being the subject of a founded complaint of child abuse or neglect.

d-4) The process for providers to appeal the Lead Agency's decision based on the background check findings. Describe:

Providers are notified that a denial based on background checks may be appealed through the DHHS Administrative Appeals Unit.

e) If not performing visits (announced or unannounced) or background checks, describe how the State/Territory will ensure that its licensing requirements are effectively enforced per the CCDF regulations? Describe (658E(c)(2)(E), §98.40(a)(2))

N/A

f) Does the State/Territory disseminate information to parents and the public, including the use of on-line tools or other "search tools," about child care program licensing status and compliance records?

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Yes.

Describe:

<http://childcaresearch.dhhs.nh.gov/Mylicense%20Verification/Search.aspx?facility=Y> When searching by town or zip code, a list of providers that includes provider name, type, town, zip code and phone number is provided. The provider name on this list is a link to further information about the provider.

The message below appears when accessing a specific provider - Program details:

A successful child care experience starts with communication between families and child care providers. Families are encouraged to talk with the child care provider about their licensing visit history and to spend time at the child care program to determine whether the child care provider is a good fit.

Details of program visits, including violations and the corrective action plans are available in the statement of findings for each visit.

Violations are issued as part of our process to help programs come into compliance with the rules that help ensure the health and safety of each child in care. A range of possibilities exists for any type of violation and there may be varying degrees of a violation. It is important to read all evidence and the program's corrective action plan. A family can learn a lot about a program by reading how they resolved an issue.

If a link to the statement of findings is not available below in the Statement of Findings section, you can request one by selecting "Request Statement of Findings" and completing the required information to process your request. **Please note the visit date(s) for the Statement of Findings you are requesting for a timely and accurate response.** If you would like information for visits prior to January 1, 2006, please contact our office at 603-271-9025.

Information about the provider includes: Provider name, address and phone number, and licensing history from 2006 to present.

No

### 3.1.3. Compliance with Applicable State/Territory and Local Regulatory Requirements on Health and Safety

Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Such requirements shall include the prevention and control of infectious diseases (including immunization), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. These health and safety requirements apply to all providers caring for children receiving CCDF services and which also may be covered by the licensing requirements. (658E(c)(2)(F), §98.41)



Check if the Lead Agency certifies that there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))

a) **Describe** the Lead Agency's health and safety requirements for prevention and control of infectious disease in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(i), §98.41(a)(1))

<b>For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.</b>				
<b>The Lead Agency requires:</b>	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
<input checked="" type="checkbox"/> Physical exam or health statement for providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical exam or health statement for children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuberculosis check for providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuberculosis check for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> Provider immunizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Child immunizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Hand-washing policy for providers and children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Diapering policy and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Providers to submit a self-certification or complete health and safety checklist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> Other. Describe: Tuberculosis check for providers—Only for those considered at high risk as determined by a licensed health care practitioner. When considered at high risk, the individual will have a TB test. If the individual has a positive TB test due to prior exposure, the results of a chest x-ray and medical assessment will be submitted. All licensed providers must meet the requirements of Child Care Licensing/DHHS Regulations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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b) **Describe** the Lead Agency's health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards, in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(ii), §98.41(a)(2))

<b>For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.</b>				
<b>The Lead Agency requires:</b>	<b>Center-based child care providers</b>	<b>Family child care home providers</b>	<b>Group home child care providers</b>	<b>In-home child care providers</b>
<input checked="" type="checkbox"/> Fire inspection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Building inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health inspection				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inaccessibility of toxic substances policy				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safe sleep policy				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco exposure reduction				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation policy				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Providers to submit a self-certification or complete health and safety checklist				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.				
Describe:				

c) **Describe** the Lead Agency's health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(iii), §98.41(a)(3)). Note: While Lead Agencies have the flexibility to define these terms, for this question, pre-service refers to any training that happens prior to a person starting or shortly thereafter (first week, etc).

'On-going' would be some type of routine occurrence (e.g., maintain qualifications each year).

<b>CCDF Categories of Care</b>	<b>Health and safety training requirements</b>	Pre-Service	On-Going
<b>Child Care Centers</b>	First Aid	Not required	During all operating hours at least one staff person, per every 20 children, who is trained and currently certified in cardiopulmonary resuscitation (CPR) and first aid by the American Red Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council or other nationally recognized organization shall be present in the program.

	CPR	Not required	During all 0perating hours at least one staff person, per 20 children, who is trained and currently certified in cardiopulmonary resuscitation (CPR) and first aid by the American Red Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council or other nationally recognized organization shall be present in the program. CPR and first aid training shall not be received via correspondence or online. There shall be at least one staff person who is currently certified in CPR present with the children at all times during any water activity, and whenever children have access to swimming pools or other bodies of water.
	Medication Administration Policies and Practices	Not required	Required for staff administering medication.
	Poison Prevention and Safety	Not required	Not required
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	Not required	Not required
	Shaken Baby Syndrome and abusive head trauma prevention	Not required	Not required
	Age appropriate nutrition, feeding, including support for breastfeeding	Not required	Not required

	Physical Activities	Not required	Not required
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	Not required	Not required
	Recognition and mandatory reporting of suspected child abuse and neglect	Not required	Not required
	Emergency preparedness and planning response procedures	Not required	Not required
	Management of common childhood illnesses, including food intolerances and allergies	Not required	Not required
	Transportation and child passenger safety (if applicable)	Not required	Not required
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	Directors must have a college course on working with children with special needs or a CDA.	Not required
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	A 3-credit college course is required for directors and both lead and associate teachers unless they have a CDA.	Not required
	Supervision of children	Not required	Not required
	Behavior management	Not required	Not required

	<p>Other</p> <p>Describe:</p> <p>1. Upon hire, all child care personnel must complete Child Care Licensing Orientation, if they have not previously completed it.</p> <p>2. Staff in licensed programs must complete a minimum number of hours of professional development in a variety of topics, however rules do not mandate each topic.</p>	<p>1. Required</p> <p>2. Not required</p>	<p>1. Not required</p> <p>2. Required</p>
<p><b>Group Home Child Care</b></p>	<p>First Aid</p>	<p>Not required</p>	<p>During all operating hours at least one staff person, per every 20 children, who is trained and currently certified in cardiopulmonary resuscitation (CPR) and first aid by the American Red Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council or other nationally recognized organization shall be present in the program.</p>

	CPR	Not required	During all 0perating hours at least one staff person, per 20 children, who is trained and currently certified in cardiopulmonary resuscitation (CPR) and first aid by the American Red Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council or other nationally recognized organization shall be present in the program. CPR and first aid training shall not be received via correspondence or online. There shall be at least one staff person who is currently certified in CPR present with the children at all times during any water activity, and whenever children have access to swimming pools or other bodies of water.
	Medication Administration Policies and Practices	Not required	Required for staff administering medication.
	Poison Prevention and Safety	Not required	Not required
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	Not required	Not required
	Shaken Baby Syndrome and abusive head trauma prevention	Not required	Not required
	Age appropriate nutrition, feeding, including support for breastfeeding	Not required	Not required

	Physical Activities	Not required	Not required
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	Not required	Not required
	Recognition and mandatory reporting of suspected child abuse and neglect	Not required	Not required
	Emergency preparedness and planning response procedures	Not required	Not required
	Management of common childhood illnesses, including food intolerances and allergies	Not required	Not required
	Transportation and child passenger safety (if applicable)	Not required	Not required
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	Directors must have a college course on working with children with special needs or a CDA	Not required
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	A 3-credit college course is required for directors and both lead and associate teachers unless they have a CDA	Not required
	Supervision of children	Not required	Not required
	Behavior management	Not required	Not required

	<p>Other</p> <p>Describe:</p> <ol style="list-style-type: none"> <li>1. Upon hire, all child care personnel must complete Child Care Licensing Orientation, if they have not previously completed.</li> <li>2. Staff in licensed programs must complete a minimum number of hours of professional development in a variety of topics, however rules do not mandate each topic.</li> </ol>	<ol style="list-style-type: none"> <li>1. Required.</li> <li>2. Not required.</li> </ol>	<ol style="list-style-type: none"> <li>1. Not required</li> <li>2. Required</li> </ol>
<p><b>Family Child Care Providers</b></p>	<p>First Aid</p>	<p>Not required</p>	<p>For licensed child care programs, during all operating hours at least one staff person, per every 20 children, who is trained and currently certified in cardiopulmonary resuscitation (CPR) and first aid by the American Red Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council or other nationally recognized organization shall be present in the program.</p>

	CPR	Not required	For licensed child care programs, during all operating hours at least one staff person, per 20 children, who is trained and currently certified in cardiopulmonary resuscitation (CPR) and first aid by the American Red Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council or other nationally recognized organization shall be present in the program. CPR and first aid training shall not be received via correspondence or online. There shall be at least one staff person who is currently certified in CPR present with the children at all times during any water activity, and whenever children have access to swimming pools or other bodies of water.
	Medication Administration Policies and Practices	Not required for licensed child care programs. This will be required of license-exempt child care providers as part of the pre-enrollment training.	Required for programs and providers administering medication
	Poison Prevention and Safety	Not required for licensed child care programs. This will be required of license-exempt child care providers as part of the pre-enrollment training.	Not required

	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	Not required for licensed child care programs. This will be required of license -exempt child care providers as part of the pre-enrollment training.	Not required
	Shaken Baby Syndrome and abusive head trauma prevention	Not required for licensed child care programs. This will be required of license -exempt child care providers as part of the pre-enrollment training.	Not required
	Age appropriate nutrition, feeding, including support for breastfeeding	Not required	Not required
	Physical Activities	Not required	Not required
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	Not required	Not required
	Recognition and mandatory reporting of suspected child abuse and neglect	Not required for licensed child care programs. This will be required of license -exempt child care providers as part of the pre-enrollment training.	Not required
	Emergency preparedness and planning response procedures	Not required for licensed child care programs. This will be required of license -exempt child care providers as part of the pre-enrollment training.	Not required
	Management of common childhood illnesses, including food intolerances and allergies	Not required	Not required
	Transportation and child passenger safety (if applicable)	Not required for licensed child care programs. This will be required of license -exempt child care providers as part of the pre-enrollment training.	Not required

	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	Directors must have a college course on working with children with special needs or a CDA	Not required
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	A 3-Credit college course is required for directors and both lead and associate teachers unless they have a CDA	Not required
	Supervision of children	Not required	Not required
	Behavior management	Not required	Not required

	<p><b>Other:</b></p> <p><b>Describe:</b></p> <p>1. Upon hire, all licensed child care personnel must complete child care licensing orientation, if they have not previously completed it.</p> <p>2. Staff in licensed programs must complete a minimum number of hours of professional development in a variety of topics, however rules do not mandate each topic</p> <p>3. License-exempt family home providers, including relatives and in-home providers will be required to participate in a mandatory training that will include a set of health and safety topics as part of the child care subsidy enrollment process.</p>	<p>1. Required</p> <p>2. Not required</p> <p>3. Required as indicated above</p>	<p>1. Not required</p> <p>2. Required</p> <p>3. Not required</p>
<b>In - Home Child Care</b>	First Aid	Not required	Not required
	CPR	Not required	Not required
	Medication Administration Policies and Practices	This will be required as part of the license-exempt child care provider enrollment process.	Not required

	Poison Prevention and Safety	This will be required as part of the license-exempt child care provider enrollment process.	Not required
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	This will be required as part of the license-exempt child care provider enrollment process.	Not required
	Shaken Baby Syndrome and abusive head trauma prevention	This will be required as part of the license-exempt child care provider enrollment process.	Not required
	Age appropriate nutrition, feeding, including support for breastfeeding	Not required	Not required
	Physical Activities	Not required	Not required
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	Not required	Not required
	Recognition and mandatory reporting of suspected child abuse and neglect	This will be required as part of the license-exempt child care provider enrollment process.	Not required
	Emergency preparedness and planning response procedures	This will be required as part of the license-exempt child care provider enrollment process.	Not required
	Management of common childhood illnesses, including food intolerances and allergies	Not required	Not required
	Transportation and child passenger safety (if applicable)	This will be required as part of the license-exempt child care provider enrollment process.	Not required

	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	Not required	Not required			
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	Not required	Not required			
	Supervision of children	Not required	Not required			
	Behavior management	Not required;	Not required			
	<table border="1"> <tr> <td>Other</td> <td rowspan="2">Describe: License-exempt family home providers, including relatives and in-home providers will be required to participate in a mandatory training that will include a set of health and safety topics as part of the child care subsidy enrollment process.</td> </tr> <tr> <td></td> </tr> </table>	Other	Describe: License-exempt family home providers, including relatives and in-home providers will be required to participate in a mandatory training that will include a set of health and safety topics as part of the child care subsidy enrollment process.		Required as listed above.	Not required
Other	Describe: License-exempt family home providers, including relatives and in-home providers will be required to participate in a mandatory training that will include a set of health and safety topics as part of the child care subsidy enrollment process.					

d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency's requirements for relative providers? (§98.41(A)(ii))(A)

- All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are no exceptions for relatives.
- Relative providers are NOT required to meet any health and safety requirements as described in 3.1.2a-c, as appropriate.
- Relative providers are subject to certain requirements.

Describe the different requirements:

e) Provide a web address for the State/Territory's health and safety requirements, if available:

N/A

**3.1.4 Effective enforcement of the CCDF health and safety requirements.** For providers who care for children receiving CCDF assistance and who are NOT subject to the enforcement procedures described in 3.1.2 for licensed providers, please describe how the Lead Agency enforces the CCDF health and safety enforcement requirements. License-exempt child care family home providers self-certify that they meet the CCDF health and safety requirements on the Child Care Provider Agreement for license-exempt child care providers. Beginning in FFY 2014, license-exempt child care family home providers will attend a mandatory pre-enrollment training that will include a set of health and safety topics.

a) Describe whether and how the Lead Agency uses on-site visits (announced and unannounced)

DCYF does not use on-site visits for license-exempt child care providers.

b) Describe whether the Lead Agency uses background checks

Child Abuse and Neglect Central Registry, State Criminal Records and FBI fingerprint checks are performed at enrollment in the CCDF child care scholarship program. Child Abuse and Neglect Central Registry and State Criminal Records checks are completed every 3 years. FBI fingerprint checks are repeated only when a license exempt family child care provider terminates his/her enrollment and then re-enrolls as a provider for the CCDF child care scholarship program.

c) Does the Lead Agency permit providers to self-certify compliance with applicable health and safety standards?

Yes. If yes, what documentation, if any, is required?

Describe:

The License-Exempt Provider Agreement, which lists the required health and safety standards.

No

d) Describe whether the Lead Agency uses any other enforcement policies and practices for the health and safety requirements

When DCYF provider relations receives a phone call regarding one or more health/safety issues regarding a license-exempt child care provider enrolled in the CCDF child care scholarship program, depending on the provider and the issue(s), DCYF collaborates with the local police department, CCLU, and/or the child abuse/neglect intake bureau to arrange an unannounced visit to the provider. If there is an issue that endangers the health/safety of a child, DCYF terminates the provider's enrollment in the CCDF child care scholarship program, per Administrative Rule 6910.22.

He-C 6910.22 Disqualification.

(a) A provider shall be disqualified from participation as a child care provider if:

(4) The health or safety of a child is endangered as a result of the provider's care, as detailed in RSA 170-E:4, II, RSA 170-E:7, He-C 4002.09(j)(2)-(4), or He-C 6920.07 and 6920.08;

Check if the Lead Agency certifies that procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))

**3.1.5 Does the State/Territory encourage or require child care programs to conduct developmental screening and referral for children participating in child care programs?** Lead Agencies are not required to conduct developmental screenings of children, but are encouraged to work with child care providers to promote screening in the areas of physical health (including vision and hearing), mental health, oral health, and developmental disabilities..

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Yes.  
Describe

No  
a) If yes, are training, resources and supports offered to programs to assist them in ensuring that children receive appropriate developmental screenings?

Yes.  
Describe

No  
 Other.  
Describe

b) If yes, are resources and supports provided to programs to help them understand how families are referred to indicated services and how to work with the health, mental health, and developmental disabilities agencies to support children when follow-up to screening is needed?

Yes.  
Describe

No  
 Other.  
Describe

c) Does the State/Territory use developmental screening and referral tools?

Yes. If Yes, provide the name of the tool(s)

- No  
 Other.  
Describe

### 3.1.6 Data & Performance Measures on Licensing and Health and Safety

**Compliance** - What data elements, if any, does the State/Territory currently have access to related to licensing compliance? What, if any, performance measures does the Lead Agency use for ensuring health and safety? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children)).

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a) **Data on licensing and health and safety.** Indicate if the Lead Agency or another agency has access to data on:

Number of licensed programs.

Describe (optional):

At the end of the calendar year 2012, there were 967 licensed child care centers and family child care programs in NH.

Numbers of programs operating that are legally exempt from licensing.

Describe (optional):

At the end of the 2012 Federal fiscal year, there were 357 license exempt providers receiving child care scholarship payments. License-exempt child care providers provide care for 9% of the children receiving child care scholarship. There are, potentially, thousands of license-exempt family providers providing child care for up to 3 children not their own, not serving children receiving child care scholarship.

Number of programs whose licenses were suspended or revoked due to non-compliance.

Describe (optional):

In February 2013, 1 child care license was revoked and none were suspended since October 2012.

Number of injuries in child care as defined by the State/Territory.

Describe (optional):

Number of fatalities in child care as defined by the State/Territory.

Describe (optional):

At the end of the 2012 Federal fiscal year, there were no fatalities in licensed child care programs and 1 fatality in a license-exempt family child care program that was not serving children receiving CCDF scholarship.

Number of monitoring visits received by programs.

Describe (optional):

At the end of calendar year 2012, child care licensing coordinators completed 1038 child care licensing visits. Not all licensed programs were visited, but there was an average of 1 visit per licensed child care program during the year.

Caseload of licensing staff.

Describe (optional):

The caseload average is 120 licensed child care programs per child care licensing coordinator.

Number of programs revoked from CCDF due to non-compliance with health and safety requirements.

Describe (optional):

DCYF terminated the child care scholarship enrollment for 1 licensed family provider in February 2013 due to unsafe and unsanitary conditions.

Other.

Describe:

None.

b) **Performance measurement.** What, if any, performance measures does the State/Territory use in its licensing system to monitor compliance with CCDF health and safety requirements?

The Child Care Licensing Unit (CCLU) monitors individual program compliance with health and safety rules. Performance is measured by compliance or lack of compliance with Child Care Licensing Rules and number of repeat violations. CCLU monitors the frequency of types of rule violations and tracks changes in frequency across years, working to reduce the incidence of high frequency violations through a variety of tactics including on-site visits, trainings and web-based communication to all licensed child care programs.

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to licensing and health and safety? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically. The CCLU is currently exploring ways to monitor programs more frequently— including modified or abbreviated visits and off-site documentation reviews allowing for more frequent visits. The CCLU is also studying types of violations to determine training or revised regulation needs.

### 3.1.7 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section of 3.1. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the Lead Agency's goals for the licensing and health and safety system in the coming biennium? What progress does the State/Territory expect to make on core areas (e.g. licensing standards, monitoring visits or other effective enforcement, improved technical assistance, or fewer serious non-compliances?)

**Note** -When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

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#### Goal #1:

Implement and evaluate the impacts of developmental screening training provided to child care programs. DCYF will provide this training through live webinars offered in the evening and recorded webinar opportunities to maximize the numbers of child care teachers and directors that attend. Once approximately 500 teachers and directors have attended, DCYF will work with the NH developmental screening program, Watch Me Grow, to make training on the ASQ and ASQ-E available to child care program teachers and directors. When child care teachers understand the purpose of and ethics surrounding developmental screening and then are trained on a specific evidence-based screening tool, they will be comfortable performing developmental screenings on the children in their care and discussing the results with the children's families.

#### Goal #2:

Participate in CCLU's task force to revise licensing rules to improve health and safety standards for licensed child care programs. CCLU will convene a task force to review and revise NH's child care licensing rules. Child care health and safety rules will be reviewed and revised to the best of the task

force's abilities to protect the health and safety of children in licensed child care settings. All administrative rule changes must be approved by the Joint Legislative Committee on Administrative Rules and the Committee will have final decision making power regarding the revisions to the child care rules.

**Goal #3:**

Increase the number of child care programs that use Caring for Our Children as their health and safety reference and the number of Caring for Our Children standards child care programs implement. DCYF will work with early childhood education programs in institutions of higher education to use Caring for Our Children as a text or reference in early childhood health and safety courses. DCYF will work with early childhood education trainers and technical assistants use and reference Caring for Our Children in their health/safety related training with teachers and targeted technical assistance work with child care programs.

**Goal #4:**

Increase the number of child care programs actively participating in nutrition, physical activity and wellness initiatives such as: Let's Move! Child Care; I am Moving, I am Learning; NAP SACC; and the Child and Adult Care Food Program. DCYF will continue to convene the Help Me Grow Task Force which will continue providing training opportunities to child care programs. DCYF will engage early childhood education programs in institutions of higher education to add information concerning nutrition education, physical activity and reduction of screen time into their child development and health and safety courses.

**Goal #5:**

Review health and safety standards certification of license-exempt providers, including rules, policies, forms, monitoring and training. Determine the feasibility of updating rules and policies so that increased monitoring and training are required for license-exempt child care providers. Conduct focus groups regarding the effects on children, families, employers and communities of limiting child care provider enrollment to licensed child care programs and license-exempt relative providers. Determine the capacity of licensed child care programs to serve all children receiving child care programs. Improve training to current license-exempt providers to improve their compliance with health and safety standards.

**NEW!**

CCDF has a number of performance measures that are used to track progress for key aspects of the program at the national level. These performance measures are included in budget materials submitted to Congress and other documents. Please follow this link <http://www.acf.hhs.gov/programs/occ/resource/government-performance-and-results-act-gpra-measures> to see the CCDF performance measures. A number of these performance measures rely on information reported in the State and Territorial Plans as a data source. We have added a ruler icon



in Section 3.2 through 3.4 order to identify the specific questions used in the performance measures. When answering these questions, Lead Agencies should ensure that their answers are accurate and complete in order to promote the usefulness and integrity of the performance measures.

## 3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

For purposes of this section, voluntary early learning guidelines (also referred to as early learning and development standards) include the expectations for what children should know (content) and be able to do (skills) at different levels of development. These standards provide guidelines, articulate developmental milestones, and set expectations for the healthy growth and development of young children. The term *early learning guidelines* (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These early learning guidelines are voluntary because States/Territories are not required to develop such guidelines or implement them in a specified manner.

### 3.2.1 Has the State/Territory developed voluntary early learning guidelines for children? Check any early learning guidelines the State/Territory has developed.

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- Birth-to-three
- Three-to-five
- Five years and older
- None. **Skip to 3.2.6.**

If yes, insert web addresses, where possible:

<http://www.dhhs.nh.gov/dcyf/cdb/documents/earlylearningguidelines.pdf>

Which State/Territory agency is the lead for the early learning guidelines?

DCYF

 **3.2.2 Do the early learning guidelines cover a range of domains across physical, cognitive, and social and emotional development?** Check all that apply for each age group as applicable in the chart below. Because States vary in their domain names and which domains to include, we have used the domains identified in the Head Start Child Development and Early Learning Framework for reference purposes.

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Domains	Birth-to-Three ELGs	Three-to-Five ELGs	Five and Older ELGs
Physical development and health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Social and emotional development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approaches to learning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Logic and reasoning (e.g., problem-solving)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Language development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Literacy knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mathematics knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Science knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Creative arts expression (e.g., music, art, drama)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social studies knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
English language development (for dual language learners)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
List any domains not covered in the above:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.2.3 To whom are the early learning guidelines disseminated and in what manner?**  
Check all audiences and methods that your State/Territory has chosen to use in the chart below.

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	Information Dissemination	Voluntary Training	Mandatory Training
Parents in the child care subsidy system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parents using child care more broadly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in child care centers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Providers in family child care homes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in Head Start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Practitioners in Early Head Start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in public Pre-K program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioners in elementary schools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other. List:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.2.4 Are voluntary early learning guidelines incorporated into other parts of the child care system?** Check which ways, if any, the State/Territory incorporates its early learning guidelines into other parts of the child care system.

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- To define the content of training required to meet licensing requirements
  - To define the content of training required for program quality improvement standards (e.g., QRIS standards)
  - To define the content of training required for the career lattice or professional credential
  - To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs
  - To require programs in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs
  - To develop State-/Territory -approved curricula
  - Other.
- List:

None.

**3.2.5 Are voluntary early learning guidelines and development standards aligned with into other parts of the child care system?** Check the standards, if any, with which the State/Territory aligns its early learning guidelines.

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- Cross-walked to align with Head Start Child Development and Early Learning Framework
  - Cross-walked to align with K-12 content standards
  - Cross-walked to align with State/Territory pre-k standards
  - Cross-walked with accreditation standards
  - Other.
- List:

Cross-walked with TS Gold learning and development standards, as well as NH Kindergarten Entry Indicators.

None.

**3.2.6 Describe how your State/Territory uses ongoing assessments and measures of school readiness assessment using the following series of questions.** In this section, assessment is framed with two distinct purposes/tools - 1) ongoing assessment of children's progress within the classroom to improve and individualize instruction (this corresponds to 3.2.6a) and 2) assessments conducted within pre-kindergarten and/or at kindergarten entry to inform policymakers about the school readiness of children across the State on a broad range of domains, used to guide program initiatives (this corresponds to 3.2.6b).

In the description for each Yes response, please include a) who administers, and b) how often assessments are conducted, and c) what assessment tools are used.

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a) Are programs required to conduct ongoing assessments of children's progress of children using valid, reliable and age-appropriate tools aligned with the early learning guidelines or other child standards?

Yes.

Describe:

a-1) If yes, are programs encouraged to use information from ongoing assessments to improve practice and individual children's needs?

Yes.

Describe:

No

Other.

Describe:

a-2) If yes, is information on child's progress reported to parents?

Yes.

Describe:

No

Other.  
Describe:

No

Other.  
Describe:

b) Does the State/Territory use tools that are valid, reliable and age-appropriate to track the readiness of children within pre-kindergarten and/or as they enter kindergarten?

Yes.

Describe:

b-1) If yes, do the tools cover the developmental domains identified in 3.2.2?

Yes.

Describe:

No

Other.  
Describe:

b-2) If yes, are the tools used on all children or samples of children?

All children.

Describe:

Samples of children.

Describe:

Other.

Describe:

b-3) If yes, is the information from the school readiness measures used to target program quality improvement activities?

Yes.

Describe:

No

Other.

Describe:

No

Other.

Describe:

The NH Kindergarten Readiness Indicators have not yet been evaluated for validity or reliability. They will be introduced in early childhood programs and public kindergartens for fall 2013.

c) Is school readiness information linked to the statewide longitudinal data system (SLDS, program of the Department of Education)?

Yes.

Describe:

No

Not applicable. State does not have an SLDS.

**3.2.7 Data & Performance Measures on Voluntary Early Learning Guidelines** (Click for additional instructions)

Effective Date: 01-OCT-13

a) **Data on voluntary early learning guidelines.** Indicate if the Lead Agency or another agency has access to data on:

Number/percentage of child care providers trained on ELG's for preschool aged children.

Describe (optional):

Child Care Resource and Referral agencies must offer training on the current early learning guidelines at least once annually and they collect data regarding attendees.

Number/percentage of child care providers trained on ELG's for infants and toddlers.  
Describe (optional):

Child Care Resource and Referral agencies must offer training on the current early learning guidelines at least once annually and they collect data regarding attendees.

Number of programs using ELG's in planning for their work.  
Describe (optional):

Number of parents trained on or served in family support programs that use ELG's.  
Describe (optional):

Other.  
Describe:

None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures related to dissemination and implementation of the early learning guidelines?

DCYF will develop performance measures with the support of Federal technical assistance contractors.

c) **Evaluation.** What are the State/Territory's plans, if any, for evaluation related to early learning guidelines? Evaluation can include efforts related to monitoring implementation of an initiative validation of standards or program assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

DCYF will develop evaluation plans with the support of Federal technical assistance contractors.

### 3.2.8 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agency's goals for using voluntary early learning guidelines in the coming biennium? What progress does the Lead Agency expect to make related to early learning guidelines?

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**Goal #1:**

Contract with national experts to review the draft Early Learning Standards to determine: the depth of early childhood, birth - five years old, constructs covered in the Standards; the difficulty of the indicators of development at each age level; the progression of indicators of development across age levels; and the alignment with the kindergarten Common Core Standards.

**Goal #2:**

Publish and disseminate the revised Early Learning Standards. Dissemination will include child care programs, home visiting programs, kindergarten/first grade teachers in public schools, early childhood and family mental health providers, early childhood programs in institutions of higher education and family support programs.

**Goal #3:**

Develop and implement, with the support of technical assistance, performance measures, evaluation plans and tools for the Early Learning Standards including distribution, training, and incentives for child care programs, institutions of higher education and home visiting programs to fully adopt the standards

**3.3 Creating Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3)** (Click for additional instructions)

Effective Date: 01-OCT-13

a) Describe which entities are involved in planning and administering the program quality improvement activities in 3.3, including State/Territory entities and local or community level entities.

DCYF leads the planning and administration of the program quality improvement activities, the NH QRIS. DCYF leads a task force that includes child care programs at each level of the current QRIS, Head Start, two- and four year institutions of higher education, child care advocates and DCYF staff in QRIS revision planning.

**3.3.1 Element 1 - Program Standards**

**Definition** - For purposes of this section, program standards refers to the expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality. Minimum licensing standards and health and safety requirements provided in section 3.1 are also program standards but in this section, we focus on those standards that build upon and go beyond those minimum requirements.

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 a) Does your State/Territory's have quality improvement standards that include indicators covering the following areas beyond what is required for licensing? Check any indicators, if any, that your State/Territory has chosen to establish.

- Ratios and group size
  - Health, nutrition and safety
  - Learning environment and curriculum
  - Staff/Provider qualifications and professional development
  - Teacher/providers-child relationships
  - Teacher/provider instructional practices
  - Family partnerships and family strengthening
  - Community relationships
  - Administration and management
  - Developmental screenings
  - Child assessment for the purposes of individualizing instruction and/or targeting program improvement
  - Cultural competence
  - Other.
- Describe:

[Strengthening Families Framework, a cross-systems approach to prevention of child abuse and neglect.](#)

None. If checked, **skip to 3.3.2.**

b) Does your State/Territory have quality improvement standards with provisions about the care of any of these groups of children? Check any provisions your State/Territory has chosen to establish.

- Children with special needs as defined by your State/Territory
- Infants and toddlers
- School-age children
- Children who are dual language learners
- None

c) How do your State/Territory's quality standards link to State/Territory licensing requirements? Check any links between your State/Territory's quality standards and licensing requirements.

- Licensing is a pre-requisite for participation
- Licensing is the first tier of the quality levels
- State/Territory license is a "rated" license.
- Other.

Describe:

Not linked.

d) Do your State/Territory's quality improvement standards align with or have reciprocity with any of the following standards? Check any alignment, if any, between your State/Territory's quality standards and other standards.

- Programs that meet State/Territory pre-k standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between pre-k and the quality improvement system)
- Programs that meet Federal Head Start Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between Head Start and the quality improvement system)
- 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, or an alternative pathway to meeting the standards)

Other.  
Describe:

None.

### 3.3.2 Element 2 - Supports to Programs to Improve Quality

**Definition** - For purposes of this section, supports to programs to improve quality refers to such activities as technical assistance and consultation services for programs to assist in meeting child care quality improvement standards.

Effective Date: 01-OCT-13

 a) Check which types of and for what purposes the State/Territory uses supports to child care programs, if any, in the following chart. If none, **skip to 3.3.3.**

None. **skip to 3.3.3.**

Types and Purposes of Support	Information or Written Materials	Training	On-Site Consultation
<input checked="" type="checkbox"/> Attaining and maintaining licensing compliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/> Attaining and maintaining quality improvement standards beyond licensing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Attaining and maintaining accreditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providing targeted technical assistance in specialized content areas:			
Health and safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infant/toddler care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School-age care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inclusion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Teaching dual language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Business management practices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe:			
Emergency Preparedness; Strengthening Families; I am Moving, I am Learning; Cultural Competency; Let's Move! Child Care (Specific Family Child Care Pilot); and Infant and Toddler Leadership Development Program based on the "Supporting Consultants Working with Early Care and Education Settings Serving Infants and Toddlers" modules and consultant competencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

b) Methods used to customize quality improvement supports to the needs of individual programs include:

Program improvement plans

Technical assistance on the use of program assessment tools

Other.

Describe:

c) Is technical assistance linked to entering the QRIS or targeted to help programs forward on QRIS?

Yes.

Describe:

No

Other.

Describe:

### 3.3.3 Element 3 - Financial Incentives and Supports

**Definition** - For purposes of this section, financial incentives refers to the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.

Effective Date: 01-OCT-13

 a) Identify which types of financial incentives are offered and to which providers in the following chart. Check which incentives and supports, if any, the State/Territory chooses to offer. If none, **skip to 3.3.4.**

None. **skip to 3.3.4.**

Types of Financial Incentives and Supports for Programs	Child Care Centers	Child Care Homes	License-Exempt Providers
<input type="checkbox"/> Grants to programs to meet or maintain licensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grants to programs to meet QRIS or similar quality level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> One-time awards or bonuses on completion of quality standard attainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tiered reimbursement tied to quality for children receiving subsidy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-going, periodic grants or stipends tied to improving / maintaining quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tax credits tied to meeting program quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3.3.4 - Element 4 - Quality Assurance and Monitoring

**Definition** - For purposes of this section, quality assurance and monitoring refers to the ways that the State/Territory measures program quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.

Effective Date: 01-OCT-13

 a) What tools, if any, does the State/Territory use to measure and monitor the quality of programs? Check all that apply and briefly describe using the chart below, including which programs are required to participate and the frequency of assessments. **If none, skip to 3.3.5.**

None. **skip to 3.3.5.**

Types of Program Quality Assessment Tools	Child Care Centers	Child Care Homes	License-Exempt Providers
---	--------------------	------------------	--------------------------

<input type="checkbox"/> Environment Rating Scales (e.g., ECERS, ITERS, SACERS, FDCRS) Describe, including frequency of assessments. <input type="text"/>	<input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-Age	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Classroom Assessment Scoring System (CLASS)  Describe, including frequency of assessments. <input type="text"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<input type="checkbox"/> Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes Describe, including frequency of assessments. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> Customized instrument, including submission of written documentation, developed for State/Territory quality improvement system. This may include instruments developed for quality improvements in 21st Century Learning Center programs Describe, including frequency of assessments. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The Licensed-Plus designation consists of 22 standards. Programs must be in compliance with 11 required standards plus an additional 5 of their choice for a total of 16 standards. Standards fall into the following categories: Regulation, Administration and Business Practices, Learning Environment, Parent and Family Involvement, Children with Special Needs, Professional Development, Staff Qualifications and Compensation, and Program Evaluation. In addition, programs may be designated as Licensed- Plus if they:</p> <ol style="list-style-type: none"> <li>1) Are licensed</li> <li>2) Have at least one employee who has attended and Early Learning Guidelines workshop in the past 12 months, and</li> <li>3) A. Have participated in the Head Start Federal Review without a deficiency; or B. Are in the process of becoming accredited (as designated in the standards)</li> </ol> <p>All standards are document-based and are reviewed by the Child Development Bureau. There is no on-site evaluation. Programs must be re-evaluated every 3 years.</p> <p>The 21st Century programs are evaluated by the Continuous Improvement Process for After School (CIPAS), which is administered through the Department of Education once during the grant period of 5 years.</p> <p>The Child Development Bureau makes annual visits to programs that are designated as Strengthening Families programs to review their Strengthening Families self-assessment and related activities.</p> </div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) What steps, if any, has the State/Territory taken to align quality assurance and monitoring across funding streams and sectors in order to minimize duplication?

- Have a mechanism to track different quality assessments/monitoring activities to avoid duplication
- Include QRIS or other quality reviews as part of licensing enforcement
- Have compliance monitoring in one sector (e.g., Head Start/Early Head Start, State/Territory pre-k) serve as validation for compliance with quality improvement system (e.g., QRIS) without further review
- Have monitoring for meeting accreditation standards serve as validation for compliance

with quality improvement system (e.g., QRIS) without further review

Other.

Describe:

None.

### 3.3.5 - Element 5 - Outreach and Consumer Education

**Definition** - For purposes of this section, outreach and consumer education refers to the strategies used to promote the child care quality improvement standards to parents, programs and the general public.

Effective Date: 01-OCT-13

 a) Does the State/Territory use symbols or simple icons to communicate levels of quality for child care programs beyond what may communicated to parents about licensing status and licensing compliance as reported in 3.1.3? (e.g. stars, or gold/silver/bronze levels).

Yes. If yes, how is it used?

Resource and referral/consumer education services use with parents seeking care

Parents enrolling in child care subsidy are educated about the system and the quality level of the provider that they are selecting

Searchable database on the web

Voluntarily, visibly posted in programs

Mandatory to post visibly in programs

Used in marketing and public awareness campaigns

Other.

Describe:

Child care programs may use the Licensed-Plus logo and/or reference the designation for marketing, on letterhead, in grant applications and other fund raising efforts.

No. If no, **skip to 3.3.6.**

b) Does the State/Territory use any forms of media to reach parents and the public to communicate about levels of quality for child care programs? Check which forms, if any, the State/Territory uses to communicate levels of quality for child care programs.

Print

Radio

Television

Web

Telephone

Social Marketing

Other.

Describe:

None.

c) Describe any targeted outreach for culturally and linguistically diverse families.

N/A

### **3.3.6. Quality Rating and Improvement System (QRIS)**

 a) **Based on the five key elements of a QRIS described above in 3.3.1 through 3.3.5**, does your State/Territory have a quality rating and improvement system (QRIS) or similar quality improvement system in place?

Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating State/Territory-wide.



Participation is voluntary for:

[Licensed centers and family homes](#)



Participation is mandatory for:

Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating as a pilot or in a few localities but not State/Territory-wide.

No, the State/Territory does not have a QRIS or similar quality improvement system that includes linked activities in all five elements.

State/Territory is in the development phase

State/Territory has no plans for development



Other.

Describe:

 b) If yes to 3.3.6a, **CHECK** the types of providers eligible to participate in the QRIS:



Child care centers



Group child care homes



Family child care homes



In-home child care



License exempt providers



Early Head Start programs



Head Start programs



Pre-kindergarten programs



School-age programs



Other.

Describe:

**3.3.7. If the State/Territory has or will have any quality improvement strategies for targeted groups of providers (e.g., relative caregivers or caregivers who are legally exempt from licensing) that are not described in your responses to any question in section 3.3 above,**

Effective Date: 01-OCT-13

**please describe:**

N/A

**3.3.8 Data & Performance Measures on Program Quality** (Click for additional instructions)

Effective Date: 01-OCT-13

a) Data on program quality. Indicate if the Lead Agency or another agency has access to data on:



Data on the quality level for individual programs (e.g. QRIS level) as defined by your State/Territory.

Describe(optional)

Quality level data are tracked in the provider payment computer system



Number of programs that move program quality levels annually (up or down).

Describe(optional)

Quality level data are tracked in the provider payment computer system



Program scores on program assessment instruments.

List instruments:

Describe(optional)



Classroom scores on program assessment instruments.

List instruments:

Describe(optional)



Qualifications for teachers or caregivers within each program.

Describe(optional)



Number/Percentage of children receiving CCDF assistance in licensed care.

Describe(optional)

These data are tracked in the provider payment computer system



Number/percentage of children receiving CCDF assistance who attend care at each of the tiers of the quality as defined by the State/Territory



Number/Percentage of programs receiving financial assistance to meet higher program standards.

Describe(optional)

These data are tracked in the provider payment computer system



Other.

Describe:



None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures on program quality?

Number of child care programs who are participating at a designation above licensing, i.e. Licensed-Plus or Accreditation. Number of programs that have maintained their Licensed-Plus status for a specific number of years.

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to program quality? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

Evaluation plans will be developed after the QRIS revision is completed, but before implementation.

### **3.3.9 Goals for the next Biennium -**

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.3. What are the State/Territory's goals for the program quality improvement system in the coming biennium? What progress does the State/Territory expect to make across the five key elements for quality improvement systems?

Effective Date: 01-OCT-13

#### **Goal #1:**

Continue the development of a proposal for a significantly enhanced QRIS to align with the benchmarks for all five elements. Building on the guiding principles, logic model, standards and accountability measures that New Hampshire's QRIS Task Force created in 2012-2013, focus on the remaining elements of supports, incentives, and marketing plan.

#### **Goal #2:**

Develop performance standards and an evaluation plan for the enhanced QRIS

#### **Goal #3:**

Seek funding for implementing the enhanced QRIS, with support of private stakeholders,

### **3.4 Pathways to Excellence for the Workforce - Professional Development Systems and Workforce Initiatives (Component #4)**

Pathways to excellence for the workforce builds on the significant investments States and Territories have made in the area of professional development systems to ensure a well-qualified workforce with opportunities for growth from entry level through master teacher, with an increasing emphasis on the many additional roles in the child care system (e.g. adult educators such as consultants, technical assistance providers, trainers, and higher education faculty). In this section, States and Territories provide a self-assessment on current professional development and workforce activities and describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to five key elements for workforce systems:

- 1) Core Knowledge and Competencies
- 2) Career Pathways (or Career Lattice)
- 3) Professional Development Capacity
- 4) Access to Professional Development
- 5) Compensation, Benefits and Workforce Conditions

a) Describe which entities are involved in planning and administering the activities in Section 3.4, including State/Territory entities and local or community level entities.

DCYF, in collaboration with public/private task forces, CCRR programs, DCYF child care contractors and the Spark NH Workforce and Professional Development Committee plan and administer cross-sector early childhood education professional development activities.

### 3.4.1 Workforce Element 1 - Core Knowledge and Competencies

**Definition** - For purposes of this section, core knowledge and competencies (CKCs) refers to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. These CKCs provide a foundation for professional development design (including instructional practices) and other quality improvement efforts.

Effective Date: 01-OCT-13



a) Has the State/Territory developed core knowledge and competencies (CKCs) for practitioners working with and/or on behalf of children?

Yes

No, the State/Territory has not developed core knowledge and competencies. **Skip to question 3.4.2.**

Other.  
Describe:

If yes, insert web addresses, where possible:

<http://www.dhhs.state.nh.us/dcyf/cdb/documents/2ndedspecializedcomp.pdf>

b) Check which of the following teaching and learning topics, if any, are covered in the CKCs.

- Child growth, development and learning
- Health, nutrition, and safety
- Learning environment and curriculum
- Interactions with children
- Family and community relationships

- Professionalism and leadership
- Observation and assessment
- Program planning and management
- Diversity
- Other.

Describe:

- None.

c) Are the CKCs incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its CKCs into other parts of the child care system.

- To define the content of training required to meet licensing requirements
- To define the content of training required for program quality improvement standards (as reported in section 3.3)
- To define the content of training required for the career lattice or credential
- To correspond to the early learning guidelines
- To define curriculum and degree requirements at institutions of higher education
- Other.

Describe:

- None.

d) Are the CKCs aligned with other State/Territory or national standards? Check which ways, if any, the State/Territory aligns its CKCs with other standards.

- Cross-walked with the Child Development Associate (CDA) competencies
- Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, National Council for Accreditation of Teacher Education/Council for the Accreditation of Educator Preparation, Head Start SOLAR staff skills indicators)
- Cross-walked with apprenticeship competencies
- Other.

Describe:

The NH Early Childhood Education Infant/Toddler Professional Competencies are cross-walked with the NH Early Childhood and Family Mental Health Competencies. The Infant/Toddler Professional Competencies are also cross-walked with the Child Development Associate competencies to create an Early Head Start competencies option for the NH Infant and Toddler Credential Endorsement. NHAN has adopted the National Afterschool Association Core Knowledge and Competencies for Afterschool and Youth Development Professionals.

None.

e) Check for which roles, if any, the State/Territory developed supplemental or specialized competencies.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

For the infant/toddler and preschool professionals, the competencies include all of the NAEYC Core Knowledge Areas. For each competency, there are 5 levels of knowledge and skills; Foundational 1, Foundational 2, Intermediate, Advanced and Specialized. The competencies are designed to support professionals to self-assess their knowledge and skills. For the afterschool competencies, NHAN has adopted the National Afterschool Association CKC's for Afterschool and Youth Development Professionals.

Providers working directly with children in family child care homes, including aides and assistants.

Describe:

Administrators in centers (including educational coordinators, directors).

Describe:

For the infant/toddler and preschool professionals, the competencies include all of the NAEYC Core Knowledge Areas. For each competency, there are 5 levels of knowledge and skills; Foundational 1, Foundational 2, Intermediate, Advanced and Specialized. The advanced competencies are designed to support administrative professionals to self-assess their knowledge and skills.

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

DCYF participated in the development of the Guide to Effective Consultation with Settings Serving Infants, Toddlers and Their Families. DCYF uses and promotes using these competencies with technical assistance professionals.

Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

Other.

Describe:

Early childhood and family mental health professionals, and afterschool professionals

None.

f) Check if the State/Territory has developed any supplemental or specialized competencies for practitioners/providers working with the following ages.

Birth-to-three

Three-to-five

Five and older

Other.

Describe:

The NH Afterschool Network has adopted the National Afterschool Professional Competencies

None.

### 3.4.2 Workforce Element 2 - Career Pathways

**Definition** - For purposes of this section, career pathways (or career lattice) defines the options and sequence of qualifications and ongoing professional development to work with children. Career pathways assist professionals in understanding their career options and identify steps for advancement for the workforce recognizing and rewarding higher levels of preparation and mastery of practice to promote higher quality services for children.

Effective Date: 01-OCT-13

 a) Does the State/Territory have a career pathway which defines the sequence of qualifications related to professional development (education, training and technical assistance) and experience required to work with children?

Yes.

Describe:

There are career pathways for early childhood professionals for roles as teachers, master teachers, program administrators, workshop trainers, college faculty, program consultants, individual mentors and allied professionals. There are career pathways for afterschool professionals for roles as direct service providers, program administrators, workshop trainers, college faculty, program consultants, individual mentors and allied professionals.

No, the State/Territory has not developed a career pathway. **Skip to question 3.4.3.**

Insert web addresses, where possible:

<http://www.dhhs.state.nh.us/dcyf/cdb/documents/earlychildhood.pdf>,

<http://www.dhhs.state.nh.us/dcyf/cdb/documents/afterschool.pdf>

b) Check for which roles, if any, the career pathway (or lattice) include qualifications, specializations or credentials.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

The NH Early Childhood Professional Teacher Credential has 6 levels that begin with a professional with a high school diploma or GED plus 750 hours of experience and advance to a professional that has a bachelors degree in early childhood education or a bachelors degree in a related field with at least 24 credits in early childhood education and 1,000 hours of experience. The Master Teacher Professional has 3 levels that begin with a professional that has an associate degree in early childhood education or an associate degree in a related field with at least 24 credits in early childhood education and 5 years of experience and advance to a professional with a masters degree in early childhood education or a masters degree in another field with at least 30 credits in early childhood education and 5 years of experience.

Providers working directly with children in family child care homes, including aides and assistants.

Describe:

The NH Early Childhood Professional Family Child Care Provider Credential has 5 levels that begin with no education requirement and 6 months experience and advance to an associate degree in early childhood education or a bachelors degree in a related field with 24 credits in early childhood education and 3 years experience.

Administrators in centers (including educational coordinators, directors).

Describe:

The NH Early Childhood Professional Administrator Credential has 4 levels that begin with an associate degree in early childhood education or a bachelor degree in elementary education or 60 post-secondary credits of which at least 24 must be in early childhood education plus 3 college credits in child care administration or early childhood leadership plus 1 year of experience and advance to a masters degree in early childhood education or a masters degree in a related field with at least 30 credits in early childhood education and 4 years of experience.

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

The NH Master Professional Credential has 5 endorsements, each with its own requirements, workshop trainer, faculty, individual mentor, program consultant and allied professional.

Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

The NH Master Professional Credential has 5 endorsements, each with its own requirements, workshop trainer, faculty, individual mentor, program consultant and allied professional.

Other.

Describe:

The NH Infant/Toddler Professional Credential Endorsement has 2 foundational levels, an intermediate level, advanced level and 2 specialized levels, one for early childhood education professionals and one for allied professionals.

None.

c) Does the career pathway (or lattice) include specializations or credentials, if any, for working with any of the following children?

Infants and toddlers

Preschoolers

School-age children

Dual language learners

Children with disabilities, children with developmental delays, and children with other special needs

Other.

Describe:

None.

d) In what ways, if any, is the career pathway (or lattice) used?

Voluntary guide and planning resource

Required placement for all practitioners and providers working in programs that are licensed or regulated in the State/Territory to serve children birth to 13

Required placement for all practitioners working in programs that receive public funds to serve children birth to 13

Required placement for adult educators (i.e., those that provide training, education and/or technical assistance)

Required placement for participation in scholarship and/or other incentive and support programs

Required placement for participation in the QRIS or other quality improvement system

Other.

Describe:

Required for any professional working in a program contracted with DCYF for the Child Development Bureau

None.

e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice)?

Yes.

If yes, describe:

DCYF must receive: all transcripts directly from the regionally accredited institution of higher education; a letter from current and past employers verifying the position title, dates of employment, hours worked per week, and ages of children for which care was provided; training certificates for all training; and documentation of professional activities to be counted for professional activity units.

No.

### 3.4.3 Workforce Element 3 - Professional Development Capacity

**Definition** - For purposes of this section, professional development incorporates higher education, training and technical assistance. Higher education capacity refers to capability of the higher education system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Training and technical assistance capacity refers to capability of the training and technical assistance system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Early childhood includes infants, toddlers and preschoolers.

Effective Date: 01-OCT-13

 a) Has the State/Territory assessed the availability of degree programs in early-childhood education, school-age care or youth development, and related fields in the State/Territory (e.g., both physical location and distance-based, accessibility to practitioners, etc.)?

Yes.

If yes, describe:

In 2013, Spark NH contracted with the Center for the Study of Child Care Employment at the University of California, Berkeley to conduct an early childhood education/special education inventory of the higher education institutions in NH. The NH Afterschool Network inventoried NH higher education institutions regarding the availability of courses for school-age care.

No.

 b) Has the State/Territory assessed the availability of early-childhood and school-age and related training and technical assistance programs in the State/Territory (e.g., both physical location and distance-based, degree level, etc.)?

Yes.

If yes, describe:

DCYF collected data regarding the training and technical assistance for early childhood professionals provided during 2012 including topic, level (introductory, intermediate or advanced), location, and modality.

No.

c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State/Territory institutions?

Standards set by the institution

Standards set by the State/Territory higher education board

Standards set by program accreditors

Standards set by State/Territory departments of education

Standards set by national teacher preparation accrediting agencies

Other.

Describe:

None.

d) What quality assurance mechanisms, if any, are in place for the training and technical assistance programs offered by the State/Territory?

Training approval process.

Describe:

Trainer approval process.

Describe:

Trainers and technical assistants paid by DCYF through contracts must be credentialed with the appropriate Master Professional Credential endorsement.

Training and/or technical assistance evaluations.

Describe:

Training and technical assistance paid by DCYF through contracts must be evaluated by training and technical assistance recipients.

Other.

Describe:

None.

e) Does the State/Territory have articulation agreements in place across and within institutions of higher education?

Yes.

If yes, describe:

There are articulation agreements between many of the two-year and four-year institution early childhood education programs.

No.

f) Does the State/Territory have articulation agreements that translate training and/or technical assistance into higher education credit?

Yes.

If yes, describe:

No.

### 3.4.4 Workforce Element 4 - Access to Professional Development

**Definition** - For purposes of this section, access to professional development (training, education and technical assistance) refers to the degree to which practitioners are made aware of, and receive supports and assistance to utilize, professional development opportunities.

Effective Date: 01-OCT-13

 a) Does the State/Territory have professional development opportunities accessible for professionals in various or all sectors of the early childhood and school-age field?

- Yes. If yes, for which sectors?
- Child care
- Head Start/Early Head Start
- Pre-Kindergarten
- Public schools
- Early intervention/special education
- Other.

Describe:

[Early childhood and family mental health, afterschool programs](#)

No.

b) Does the State/Territory have a State/Territory-wide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all members of the early childhood and school-age workforce? Lead Agencies are not required to have a professional development system, but States/Territories may develop such clearinghouses to promote access to professional development opportunities.

Yes.

If yes, describe:

[The NH Professional Opportunities, Resources, Training and Links \(PORTAL\) webpage on the Spark NH website will be launched in September 2013 and will provide information regarding training across all early childhood sectors and links to the sponsoring organizations webpage for professionals to register for training events. In addition, professionals will be able to access links to articles, other resources and organizations.](#)

No.

Insert web addresses, where possible: [www.sparknh.org](http://www.sparknh.org)

c) What supports, if any, does the State/Territory provide to promote access to training and education activities?

Scholarships.

Describe:

DCYF contracts with selected institutions of higher education to provide 100% tuition assistance for teachers and directors currently working in child care programs, for the first early childhood education course, infant/toddler programming, and teaching young children with special needs, so that a professional may take up to 3 college courses with 100% tuition assistance. For all other early childhood education courses, professionals are offered 50% tuition assistance.

Free training and education.

Describe:

Many of the available early childhood education training events are provided free of charge through the DCYF contracts with CCRR programs. Free or low-cost training events are available to child care professionals via collaboration with Head Start.

Reimbursement for training and education expenses.

Describe:

Grants.

Describe:

Loans.

Describe:

Loan forgiveness programs.

Describe:

Substitute pools.

Describe:

Release time.

Describe:

Other.  
Describe:

None.

d) Does the State/Territory have career advisors for early childhood and school-age practitioners?

Yes.  
If yes, describe:

No.

e) Does the State/Territory have mentors, coaches, consultants, and/or other specialists available to provide technical assistance to the workforce?

Yes.  
If yes, describe:

DCYF contracts with child care resource and referral programs to provide targeted technical assistance to child care programs, as well as contracting with 2 other agencies to provide mentors and consultants to child care teachers and directors.

No.

### **3.4.5 Workforce Element 5 - Compensation, Benefits and Workforce**

**Conditions Definition** - For purposes of this section, rewards for education and training refers to any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

Effective Date: 01-OCT-13



a) Does the State/Territory have a salary or wage scale for various professional roles?

Yes.

If yes, describe:

No.

 b) Does the State/Territory provide financial rewards for participation in professional development, such as one-time salary bonuses for completing a training or education program?

Yes.

If yes, describe:

No.

 c) Does the State/Territory provide sustained financial support on a periodic, predictable basis, such as annual wage supplements, based on the highest level of training and education achieved?

Yes.

If yes, describe:

No.

d) Does the State/Territory have a program to offer or facilitate benefits (e.g. health insurance coverage, retirement, etc.) to the workforce?

Yes.

If yes, describe:

No.

**3.4.6 Data & Performance Measures on the Child Care Workforce** - What data elements, if any, does the State/Territory currently have access to related to the child care workforce? What, if any, does the State/Territory use for performance measures on professional development and workforce initiatives? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

Effective Date: 01-OCT-13

a) Data on the child care workforce. Indicate if the Lead Agency or another agency has access to data on:

Data on the size of the child care workforce.  
Describe (optional):

Data on the demographic characteristics of practitioners or providers working directly with children.  
Describe (optional):

Records of individual teachers or caregivers and their qualifications.  
Describe (optional):

[DCYF has records for all professionals participating in the NH Credential System](#)

Retention rates.  
Describe (optional):

[As part of the Market Rate Survey contract, DCYF collects information regarding workforce retention, periodically.](#)

Records of individual professional development specialists and their qualifications.  
Describe (optional):

DCYF has records for all professionals participating in the NH Credential System

Qualifications of teachers or caregivers linked to the programs in which they teach.  
Describe (optional):

Number of scholarships awarded .  
Describe (optional):

DCYF has records regarding the tuition scholarship provided to child care teachers and directors.

Number of individuals receiving bonuses or other financial rewards or incentives.  
Describe (optional):

Number of credentials and degrees conferred annually.  
Describe (optional):

DCYF has records regarding the credentials awarded and the number of degrees conferred at the contracted institutions of higher education.

Data on T/TA completion or attrition rates.  
Describe (optional):

DCYF has records regarding technical assistance completion and attrition rates for the child care expulsion prevention contract, as well as for the mentorship contract.

Data on degree completion or attrition rates.  
Describe (optional):

Other.  
Describe:

None.

b) Does the State/Territory have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

**Definition** - For purposes of this section, a workforce data system refers to a system, such as a workforce registry, that tracks the size and characteristics of the child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

Yes.

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

Providers working directly with children in family child care homes, including aides and assistants.

Describe:

Administrators in centers (including educational coordinators, directors).

Describe:

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

Other.

Describe:

None.

b-2) Does the workforce data system apply to:

all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to 13?

all practitioners working in programs that receive public funds to serve children birth to age 13?

No.

c) **Performance measurement.** What, if any, performance measures does the State/Territory use related to its workforce and professional development systems?

DCYF tracks the number, type and level of credentials awarded each year.

d) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to its workforce and professional development systems? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

DCYF evaluates all professional development initiatives and activities provided through contracts based on the contract performance measures.

### 3.4.7 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section in 3.4. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the State/Territory's goals for the building the professional development system and improving conditions for the workforce in the coming biennium? What progress does the State/Territory expect to make across the five key elements for the workforce and professional development system described above?

**Note** -When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

**Goal #1:**

Complete the design of a NH Early Childhood Professional Development System using the NAEYC Workforce Designs: A Policy Blueprint for State Early Childhood Professional Development Systems. This cross-sector early childhood professional development system will operate with a core set of common competencies and will be supported by policies in the areas of professional standards, career pathways, articulation, advisory structure, data and financing.

**Goal #2:**

Complete the instillation of the NACCRRAware Training, Tracking, Technical Assistance Management modules and implement the Professional Registry, and a variety of data reports that will provide data that will meet the Federal Office of Child Care workforce data requirements.

**Goal #3:**

Release and disseminate the revised Afterschool Credential. Develop performance measures and an evaluation plan.