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Child Care and Development Fund (CCDF) Plan
for
State/Territory New Hampshire

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Certified as of 2024-09-26 18:41:35 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

a. Lead Agency or Joint Interagency Office Information:

   i. Name of Lead Agency: **New Hampshire Department of Health and Human Services**

   ii. Street Address: **129 Pleasant Street**

   iii. City: **Concord**

   iv. State: **New Hampshire**

   v. ZIP Code: **03301**

   vi. Web Address for Lead Agency: **https://www.dhhs.nh.gov/about-dhhs/dhhs-organization**

b. Lead Agency or Joint Interagency Official contact information:

   i. Lead Agency Official First Name: **Lori**

   ii. Lead Agency Official Last Name: **Weaver**

   iii. Title: **Commissioner**

   iv. Phone Number: **(603) 271-9545**

   v. Email Address: **OCOM@dhhs.nh.gov**

1.1.2 CCDF Administrator

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State's or Territory's CCDF program. The OCC 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, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

a. CCDF Administrator contact information:

i. CCDF Administrator First Name: **Karen**

ii. CCDF Administrator Last Name: **Hebert**

iii. Title of the CCDF Administrator: **Director**

iv. Phone Number: **603-573-6311**

v. Email Address: **karen.e.hebert@dhhs.nh.gov**

b. CCDF Co-Administrator contact information (if applicable):

i. CCDF Co-Administrator First Name:

ii. CCDF Co-Administrator Last Name:

iii. Title of the CCDF Co-Administrator:

iv. Phone Number:

v. Email Address:

vi. Description of the Role of the Co-Administrator:

1.2 CCDF Policy Decision Authority

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

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

a. **[x]** All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

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

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

ii. Sliding-fee scale is set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

iv. Licensing standards and processes are set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

1.2.2 Entities implementing CCDF services

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

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[x]	[ ]	[ ]	[ ]	[ ] Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	[x]	[ ]	[ ]	[x]	[x] Describe: Child Care Aware of New Hampshire, New Hampshire Children's Trust, New Hampshire, Family Resource Centers and Scholarship Enrolled Child Care Programs. New Hampshire launched marketing materials for partners to use to encourage enrollment in the Scholarship program.
Who issues payments?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors licensed providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors license-exempt providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who operates the quality improvement activities?	[x]	[ ]	[ ]	[ ]	[ ] Describe:

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

[x] Yes. If yes, describe: **For tasks to be performed outside of the Lead Agency, there is a written contract in place identifying the detailed scope of work to be performed.**

[ ] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: **The schedule for completing tasks is included in each contract documenting the timeline in which the tasks will be required to be performed.**

[ ] No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

[x] Yes. If yes, describe: **The budget is included in the written contract outlining how the funds will be used and tracked by categorical expenditures.**

[ ] No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

[x] Yes. If yes, describe: **There are performance measures included in each of the written contracts that are monitored on a prescribed schedule as outlined in the written contract.**

[ ] No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **For external agencies and/or companies, DHHS enters into contractual agreements and/or Memoranda of Agreement that specify the terms of the relationship, including the administration, implementation, accountabilities, monitoring, and evaluation of CCDF responsibilities. Contract development, supervision and monitoring are generally the same for all organizations, although each is tailored to its activities and accountabilities. These contracts are developed by the BCDHSC, operating as the content experts, and then submitted to the DHHS Contracts and Procurement Unit for review to ensure legality, clarity, continuity, and enforceability. Contracts are approved by the DHHS Commissioner, the Governor and Council, the State Attorney General, and the contractor. Oversight for each contract is assigned to a BCDHSC staff member (known as the contract lead), who receives, reviews, and approves invoices and reports/deliverables/ products, which are submitted on a timeline specified in the approved contract. On an ongoing basis, expenditures are compared to line-item amounts in the approved budget with the contract lead reaching out to the contractor to discuss/rectify any issues that arise. Reports of progress are also reviewed, relative to the accountabilities and timelines in the approved contract. Underperforming contracts are flagged and the contract lead works with the contractor on the issues (e.g., by exploring opportunities to**

improve progress or by reducing the contract amount). The contract lead reports both formally as the contract defines, and informally, as needed, during BCDHSC meetings, on the contract status, performances measures, etc. Further, the CCDF Bureau Chief is kept apprised of the status of each contract through multiple channels, including monthly budget reports, progress updates, and stakeholder feedback. Activities being performed by other agencies and contractors are included in both internal and external audit activities as appropriate. This includes audits strictly being done within DHHS and those such as financial audits being done within other agencies and through contractor's organizations.

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

[x] Yes.

[ ] No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

[x] Yes.

[ ] No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

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

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **Prior to the completion of the FY 2025-2027 CCDF Plan, the BCDHSC connected via email with the NH Municipal Association, which is a longstanding non-profit, non-partisan membership association funded and governed by members that works to strengthen New Hampshire cities and towns and enhance their ability to serve the public. The correspondence directed members to the DHHS website, to view the draft plan and access the Public Hearing (live or recorded), as well as public comments summary. It also invited members to participate in a webinar/listening session and/or provide written input on the plan.**

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **NH Council for Thriving Children: On January 23, 2020, Governor Christopher Sununu issued an executive order establishing the Council for Thriving Children to serve as the governor's advisory council on early childhood care and education and carry out the functions and obligations under the Federal Improving Head Start for School Readiness Head Start Act of 2007. The BCDHSC Bureau Chief serves on the Council, participating in quarterly meetings and providing information on child care and Head Start to the Council as relevant. DHHS Associate Commissioner Patricia Tilley co-leads the Council with Department of Education Deputy Commissioner Christine Brennan and shares data and information from BCDHSC with the Council during each meeting. At the June 2024 special meeting, Council members had the opportunity to provide input to DHHS on re-imagining child care following the pandemic, including how it should look, how DHHS, in partnership with others, could strengthen the system and expand child care options such that supply better meets demand; and what are the priorities for investing in/testing new models that account for the needs of families, programs (particularly staffing), businesses and the general community. Additionally, CCDF dollars support a contract with NH Family Voices to lead the B-8 Early Childhood Care and Education Advisors, one of four quadrants in the Council's governance structure, along with the DHHS Early Childhood Integration Team, the Department of Education Early Childhood Integration Team, and the Early Childhood Care and Education Experts, led by the University of NH Center for Excellence. The B-8 Advisors will inform the Council of emerging trends for children, families, workforce, businesses and communities, and promote learning and capacity building across the ECCE system. Council recommendations were considered and incorporated in the CCDF Plan based on feasibility, federal rules and sustainability. NH Child Care Advisory Council (CCAC): In June 2024, the BCDHSC Bureau Chief formally presented to the CCAC on CCDF Plan timelines and opportunities to provide input, including participating in webinars/listening sessions and providing written input. Feedback from CCAC members was noted and incorporated into the CCDF Plan as appropriate and feasible. In addition, the Bureau Chief attends monthly meetings with the CCAC leadership to discuss on-going needs and challenges as well as attends 6 CCAC meetings per year to provide updates and receive feedback on BCDHSC activities and**

functions. This includes input on child care provider needs, workforce initiatives, families access to affordable care, QRIS design and implementation and supply building. This input was used to inform the development of the plan.

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The state of New Hampshire does not have any federally recognized Indian Tribes or Tribal organizations.**

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **BCDHSC staff actively consulted with multiple internal and external entities, agencies and organizations over the past six months through meetings, email, surveys, phone calls and face-to-face-discussions on issues related to NH's CCDF Plan. Included were:**

NH DHHS: DHHS Associate Commissioner, Division of Economic and Housing Stability (DEHS) Director; DEHS Bureaus of Housing Supports; Family Assistance; Child Support Services; Employment Supports; Children's Behavioral Health; Other DHHS Divisions, Bureaus and Units: Child Care Licensing Unit; Finance; Legal; Contracts; Information Technology (Bridges and New Heights, NHCIS systems); Child Care Audit Unit; Division for Children, Youth and Families; Family, Community and Children Supports; Special Medical Services; Women, Infants and Children Nutrition Program; Public Health; Quality Assurance and Improvement; Bureau for Family Centered Services; and the Bureau of Improvement and Integrity - Child Care Audit Unit. DHHS Early Childhood Integration Team (ECIT) as a group in addition to their individual bureaus and units listed above. The DHHS ECIT is one of four quadrants in the Council for Thriving Children's infrastructure. For purposes of the NH CCDF Plan, the goal of the DHHS internal coordination is to create the capacity for effective integrated services for children from birth through age 13 and their families, including policy, practice, data, funding and infrastructure.

NH Department of Education (DOE): The DOE's Early Childhood Integration Team is one of four quadrants in the Council for Thriving Children's infrastructure. In addition to separate DHHS and DOE ECITs, a cross agency ECIT was convened on which BCDHSC staff participates.

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

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

CIS platform).

National and Regional Consultants: BCDHSC also consulted with numerous national and regional consultants on CCDF Plan-related activities, including the following: Sue Foley, OCC Region 1 State Systems Specialist, for technical assistance on multiple aspects of CCDF; Rob Corso, national Pyramid Model Consortium Executive Director, on Pyramid Model state system development and implementation. Head Start Directors, on early childhood integration.

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

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

i. Date of the public hearing: **6/27/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

ii. Date of notice of public hearing: **6/7/2024**

iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

[x] Yes.

[ ] No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**The notice of the public hearing was posted on the following websites directly by the BCDHSC and DHHS staff.**
https://www.dhhs.nh.gov/news/public-notices/public-hearings and https://www.nh-connections.org/resources/

The 2025-2027 CCDF Plan Draft is posted on In addition, a link to this new page will be posted on our consumer education website at (Resources - NH Connections (nh-connections.org) All updates will be done on the DHHS website and only links updated on the NH Connections website. In addition, notification

was included in a BCDHSC email to over 750 licensed and license exempt providers and approximately 75 non-provider stakeholders. The non-provider stakeholders were asked to share the information with their constituency groups through website postings or email, as appropriate.

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The 2025-2027 CCDF Plan Draft was posted on our consumer education website at (Resources - NH Connections (nh-connections.org) with an option for online/virtual comments. A link to the plan was posted on the DHHS website.**

vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The 2025-2027 CCDF Plan was made available to the public 20 days in advance of the Public Hearing on the DHHS website and the NHConnections website with an option for online/virtual comments.**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **All comments from public, via in-person comment at public hearing or through virtual comment link, were organized by section and reviewed for consideration by the CCDF administrator and staff.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/ccdf-state-plan-2022-2024.pdf NH does not have a running list of amendments. NH updates the DHHS website with a link to the current amended plan.**

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

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

Children; (https://earlylearningnh.org/) Early Learning NH, (https://nhccac.org/) Child Care Advisory Council.

ii. **[x]** Working with child care resource and referral agencies. Describe: **New Hampshire Children's Trust, NHCT, administers the BCDHSC's consumer information website: NH Connections (https://www.nh-connections.org/)**

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

iii. **[x]** Providing translation in other languages. Describe: **DHHS contracts with The Language Bank for translation services and has instructions and a link on the website on how to access these services. Should translation services be requested regarding the Plan, DHHS will contact the Language Bank for assistance. In addition, a number of the stakeholder groups offer access to translation services for written and verbal communications. Upon request the Department can further assist with simultaneous interpretation services as well. The Language Bank website can be accessed at: https://www.thelanguagebank.org**

iv. **[x]** Sharing through social media (e.g., Facebook, Instagram, email). Describe: **The following organizations have shared, and will continue to share, information on the Plan and Plan-related activities through social media networks and e-mail lists, and Facebook: Child Care Aware of NH, Council for Thriving Children, NHAN, ACROSS NH, Early Learning New Hampshire, New Futures, Preschool Technical Assistance Network (PTAN), NHAEYC, Moms Rising NH, Save the Children, Family Support NH, and others. Social media communications are constantly evolving more regularly accessing the DHHS Facebook page for updates to the public.**

v. **[x]** Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **BCDHSC will continue to notify stakeholders regarding changes/updates to the plan via NH Connections (consumer education website) as the primary communication vehicle, but also through the DHHS and partners' social media as described previously in this section. Additionally, changes/updates to the plan will be shared ongoing through in person or web-based (e.g., Zoom, Go to Meeting, MS TEAMS) meetings, newsletters, and Listening Sessions scheduled throughout the state.**

vi. **[x]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **A member of the BCDHSC staff participates on the NH Afterschool Network (NHAN) HOME | Nhan (nhafterschool.org) steering committee and workgroup. The Bureau also contracts with the Boys and Girls Club of Central NH -ACROSS NH which supports services to strengthen and expand out of school time childcare providers quality, capacity and workforce through varies**

activities such as technical assistance, capacity building, presenting trainings and conferences at low to no cost to the Out of School Time field.

vii. **[ ]** Direct communication with the child care workforce. Describe:

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

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

i. **[ ]** Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and

identify how long the period of presumptive eligibility is:

ii. **[ ]** Leveraging eligibility from other public assistance programs. Describe:

iii. **[ ]** Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:

iv. **[x]** Self-assessment screening tools for families. Describe: **New Hampshire publishes Form 2532 on the consumer education websites, New Hampshire Easy and New Hampshire Connections, so families can determine income eligibility limits for each household size.**

It has been identified that there are barriers to initial eligibility following the public comment period June 28th, 2024. NH will develop a more user-friendly website during FY2025.

v. **[ ]** Extended office hours (evenings and/or weekends).

vi. **[x]** Consultation available via phone.

vii. **[x]** Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **The Bureau of Family Assistance receives the application and schedules an interview with the client no later than 5 days after the application is received. The client receives notification of the interview by phone, mail, and e-mail (as applicable). The Bureau of Family Assistance attempts to contact the client twice by phone (if the intake is by phone) within a 15-minute time frame from the interview time.**

viii. **[ ]** None.

b. Does the Lead Agency use an online subsidy application?

[x] Yes.

[ ] No. If no, describe why an online application is impracticable.

c. Does the Lead Agency use different policies for families receiving TANF assistance?

[ ] Yes. If yes, describe the policies:

[x] No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

i. **[x]** Advance notice to parents of pending redetermination.

ii. **[ ]** Advance notice to providers of pending redetermination.

iii. **[x]** Pre-populated subsidy renewal form.

iv. **[x]** Online documentation submission.

v. **[x]** Cross-program redeterminations.

vi. **[ ]** Extended office hours (evenings and/or weekends).

vii. **[x]** Consultation available via phone.

viii. **[ ]** Leveraging eligibility from other public assistance programs.

ix. **[ ]** Other. Describe:

b. Does the Lead Agency use different policies for families receiving TANF assistance?

[ ] Yes. If yes, describe the policies:

[x] No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed $1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

[x] Yes.

[ ] No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

[ ] No.

[x] Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **NH DHHS defines this as a child, under 18 years of age, who has a verified medical, physical, developmental, educational, or emotional disability or significant special need, requiring additional funds for accommodation or classroom adaptation in the child care setting.**

c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and

older but below age 19 who are under court supervision?

[x] No.

[ ] Yes. If yes, and the upper age is (may not equal or exceed age 19):

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

i. "residing with": **"Residing with" means the children & adults who reside in the same household & who have a birth, foster, step, adoptive, legal guardianship or caretaker relative relationship.**

ii. "in loco parentis": **"in loco parentis" has three categories in NH:**
Caretaker relative means a specified relative, other than a parent, who provides care & parental control to a dependent child.
Foster parent means an individual who has a license or permit for foster family care.
Legal Guardian means an individual who is given legal authority by a court and charged with the duty to provide care, custody, and supervision of a child

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

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

a. Identify which of the following activities are included in your definition of "working" by checking the boxes below:

i. **[x]** An activity for which a wage or salary is paid.

ii. **[x]** Being self-employed.

iii. **[ ]** During a time of emergency or disaster, partnering in essential services.

iv. **[ ]** Participating in unpaid activities like student teaching, internships, or practicums.

v. **[x]** Time for meals or breaks.

vi. **[x]** Time for travel.

vii. **[x]** Seeking employment or job search.

viii. **[x]** Other. Describe: **TANF recipients who are in treatment/services for substance use or mental health issues are considered eligible.**

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

i. **[x]** Vocational/technical job skills training.

ii. **[x]** Apprenticeship or internship program or other on-the-job training.

iii. **[x]** English as a Second Language training.

iv. **[x]** Adult Basic Education preparation.

v. **[x]** Participation in employment service activities.

vi. **[x]** Time for meals and breaks.

vii. **[x]** Time for travel.

viii. **[x]** Hours required for associated activities such as study groups, lab experiences.

ix. **[ ]** Time for outside class study or completion of homework.

x. **[x]** Other. Describe: **TANF Participants:**
in 6910.09 (l), (m) & (n):
(l) For parents who are NHEP participants and are also in an approved training or educational program, including an online training or educational program, acceptable verification shall be a signed and dated statement from the school or training organization indicating:
(1) The parent is enrolled in the program;
(2) The duration of the program;
(3) The class schedule, including hours of class attendance; and
(4) The program shall lead to a degree, license, or certificate at the bachelor's level or lower in a specific field of employment;

c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:

i. **[x]** Adult High School Diploma or GED.

ii. **[x]** Certificate programs (12-18 credit hours).

iii. **[x]** One-year diploma (36 credit hours).

iv. **[x]** Two-year degree.

v. **[x]** Four-year degree.

vi. **[x]** Travel to and from classrooms, labs, or study groups.

vii. **[x]** Study time.

viii. **[x]** Hours required for associated activities such as study groups, lab experiences.

ix. **[x]** Time for outside class study or completion of homework.

x. **[x]** Applicable meal and break times.

xi. **[ ]** Other. Describe:

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

[ ] No.

[x] Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

[x] Work. Describe: **Requires a minimum of one hour of work**

[x] Job training. Describe: **Requires a minimum of one hour of job training**

[x] Education. Describe: **Requires a minimum of one hour of education**

[x] Combination of allowable activities. Describe: **Requires a minimum of one hour of allowable activities**

[ ] Other. Describe:

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

[x] Yes.

[ ] No. If no, describe the additional work requirements:

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of "children who receive or need to receive protective services?"

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency's protective services definition.

[x] No. If no, skip to question 2.2.3.

[ ] Yes. If yes, answer the questions below:

Provide the Lead Agency's definition of "protective services" by checking below the sub-populations of children that are included:

[ ] Children in foster care.

[ ] Children in kinship care.

[ ] Children who are in families under court supervision.

[ ] Children who are in families receiving supports or otherwise engaged with a child welfare agency.

[ ] Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

[ ] Children whose family members are deemed essential workers under a governor-declared state of emergency.

[ ] Children experiencing homelessness.

[ ] Children whose family has been affected by a natural disaster.

[ ] Other. Describe:

g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

[ ] No.

[ ] Yes.

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

[ ] No.

[ ] Yes.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

[ ] No.

[ ] Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

[x] There is a statewide limit with no local variation.

[ ] There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1	5783.00	85.00	4915.00
2	7562.00	85.00	6428.00
3	9341.00	85.00	7940.00
4	11121.00	85.00	9453.00
5	12900.00	85.00	10965.00

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[x] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for

families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[ ] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination? Check all that apply:

i. **[x]** Gross wages or salary.

ii. **[x]** Disability or unemployment compensation.

iii. **[x]** Workers' compensation.

iv. **[x]** Spousal support, child support.

v. **[x]** Survivor and retirement benefits.

vi. **[ ]** Rent for room within the family's residence.

vii. **[ ]** Pensions or annuities.

viii. **[ ]** Inheritance.

ix. **[ ]** Public assistance.

x. **[x]** Other. Describe: **The total monthly monies received before taxes and other deductions. The following types of gross income are excluded: TANF income, any income of grandparents when three generations live in one household, any income of a legal guardian or the legal guardian's spouse who are requesting child care for an unrelated child (unless they are also requesting child care for their own child as well), any earned income of children through age 19 who are full-time students in high school or its equivalent, child foster care payments, AmeriCorps VISTA income, VA benefits for certain children of female Vietnam veterans, Supplemental Security Income (SSI) when the recipient is a minor child, and any educational assistance, loans or scholarships used for educational expenses, such as tuition, mandatory fees, books, supplies or travel.**

d. What is the effective date for these income eligibility limits? **July 1, 2024**

e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits? **[x]** LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**

[x] Other. Describe: **Federal Register https://www.federalregister.gov/documents/2023/01/19/2023-00885/annual-update-of-the-hhs-poverty-guidelines**

f. Provide the direct URL/website link, if available, for the income eligibility limits. **https://www.nh-connections.org/wp-content/uploads/2024/06/Form-2532-2024-Child-Care-Scholarship-Income-Eligibility-Levels-Final.pdf**

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

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

i. **[x]** Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time **NH averages a family's earnings using 4 consecutive weeks, or annualizes the income from the previous 12 months when such income represents a best estimate of future income.**

ii. **[x]** Request earning statements that are most representative of the family's monthly income.

iii. **[x]** Deduct temporary or irregular increases in wages from the family's standard income level.

iv. **[ ]** Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed $1,000,000?

[x] Yes.

[ ] No. If no, describe:

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

[x] No.

[ ] Yes. If yes, describe the policy or procedure:

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

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

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

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
[x]	**[ ]**	Applicant identity. Describe how you verify: **Birth certificate or State Vital Records, drivers license.**
[x]	**[ ]**	Applicant's relationship to the child. Describe how you verify: **Birth certificate or State Vital Records, drivers license.**
[x]	**[ ]**	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **Birth certificate, baptismal certificate, US Passport, State Vital Records, immigration documentation**
[x]	**[x]**	Work. Describe how you verify: **NH requests the last 4 weeks of pay, all pages of the client's most recent completed tax return, profit & loss form or self-employment logs(if self employed) from the client.**

Required at Initial Determination	Required at Redetermination	Description
[x]	**[x]**	Job training or educational program. Describe how you verify: **Job training: Unemployment compensation benefits, summary page from NH Job Works or BCDHSC form 2693 �NH Child Care Scholarship Program Job Search Activity Verification Form�. Education: Signed & dated statement from the school verifying enrollment, duration, class schedule and verification that the outcome of the educational program results in a bachelor's degree or lower.**
[x]	**[x]**	Family income. Describe how you verify: **Paystubs, employment form, signed statement or collateral contact with the employer, signed statement from contributor of unearned income or physical documentation of the income.**
[x]	**[x]**	Household composition. Describe how you verify: **Lease or rental form, statement from landlord or collateral call to the landlord.**
[x]	**[x]**	Applicant residence. Describe how you verify: **Unexpired lease, rent receipts, utility bills, landlord statement, deed/ mortgage statement or rental form.**
[ ]	**[ ]**	Other. Describe how you verify: **not applicable**

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

a. Identify the TANF agency that established these criteria or definitions: **Department of Health & Human Services/Division of Economic Stability**

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

i. "Appropriate child care": **The child care provider is open for the hours & days the parent would need child care in order to comply with work requirements; able & willing to provide child care services including any of those required to address the 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**

ii. "Reasonable distance": **The distance of the available child care provider from the individual's 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.

iii. “Unsuitability of informal child care”: **The child care provider is license exempt & was not able to successfully pass the background check required in RSA 170E:7 related to the central registry and criminal records check, or the child care provider was not able to meet the conditions specified in the employment-related child care program rules He-C 6914 & He-C 6920.**

iv. “Affordable child care arrangements”: **Equal access to child care that can be maintained without undue financial hardship to the family.**

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

i. **[x]** In writing

ii. **[x]** Verbally

iii. **[ ]** Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d. “Children with special needs.” **Means a child, under 18 years of age, who has a verified medical, physical, developmental, educational, or emotional disability or significant special need, as confirmed by He-C 6910.09(j), requiring additional funds for accommodation or classroom adaptation in the child care setting.**

e. “Families with very low incomes.” **Families that have a monthly gross income lower than 100% FPG.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	**[ ]**	**[ ]**	**[ ]**	**[x]**	**[ ]**	**[ ]** Describe:
Families with very low incomes	**[ ]**	**[ ]**	**[x]**	**[ ]**	**[ ]**	**[ ]** Describe:
Children experiencing homelessness, as defined by CCDF	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]** Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	**[ ]**	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]** Describe:

a. Does the Lead Agency define any other priority groups?

[x] No.

[ ] Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services:

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Children who are experiencing homelessness are eligible from application date. Eligibility workers request an application, an intake and the provider that the child is attending. We also ask them the other qualifying questions (bloodline/citizenship, activity, employment etc.) but they have 10 days to provide proof and the 1863 form. They have 30 days to upload/provide their**

verifications. They must have a child care provider in mind/available. The application is an accelerated eligibility determination. The family and child care provider receive a notice of decision (NOD) letter showing that the eligibility period is for 30 days. Once verifications are provided, they will receive another NOD stating that they have 12 months of eligibility.

b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

i. Provide the policy for a grace period for:

Children experiencing homelessness: **Licensed Programs: He-C 4002.10 Child Record Requirements (d) The program shall request and maintain on file for each child documentation of immunizations in accordance with RSA 141-C:20-a, RSA 141-C:20-b, and He-P 301.14. (e) The documentation described in (d) above shall be on file on the first day the child is in attendance at the program or, pursuant to 45 CFR § 98, 41(a)(1)(i)(C), for children experiencing homelessness or for children in foster care within 60days of the first date of attendance, to allow families or persons responsible for their care to obtain and provide documentation of immunizations.**

License-exempt programs: e-C 6916.10 Prevention and Control of Infectious Diseases, Including Immunizations (i) Exemptions from the immunizations required under (h) above shall be in accordance with RSA 141-C:20-c and pursuant to 45 CFR Part 98.41(a)(1)(i)(C) for children experiencing homelessness or children in foster care. Providers may enroll children and allow for 60 days for families to obtain and provide documentation of immunizations. He-C 6917.10 Prevention and Control of Infectious Diseases, Including Immunizations (m) Exemptions from the immunizations required under (l) above shall be in accordance with RSA 141-C:20-c and pursuant to 45 CFR Part 98.41(a)(1)(i)(C) for children experiencing homelessness or children in foster care. Providers may enroll children and allow for 60 days for families to obtain and provide documentation of immunizations.

Children who are in foster care: **Licensed Programs: He-C 4002.10 Child Record Requirements (d) The program shall request and maintain on file for each child documentation of immunizations in accordance with RSA 141-C:20-a, RSA 141-C:20-b, and He-P 301.14. (e) The documentation described in (d) above shall be on file on the first day the child is in attendance at the program or, pursuant to 45 CFR § 98, 41(a)(1)(i)(C), for children experiencing homelessness or for children in foster care within 60days of the first date of attendance, to allow families or persons responsible for their care to obtain and provide documentation of immunizations.**

License-exempt programs: He-C 6916.10 Prevention and Control of Infectious Diseases, Including Immunizations (i) Exemptions from the immunizations required under (h) above shall be in accordance with RSA

141-C:20-c and pursuant to 45 CFR Part 98.41(a)(1)(i)(C) for children experiencing homelessness or children in foster care. Providers may enroll children and allow for 60 days for families to obtain and provide documentation of immunizations. He-C 6917.10 Prevention and Control of Infectious Diseases, Including Immunizations (m) Exemptions from the immunizations required under (l) above shall be in accordance with RSA 141-C:20-c and pursuant to 45 CFR Part 98.41(a)(1)(i)(C) for children experiencing homelessness or children in foster care. Providers may enroll children and allow for 60 days for families to obtain and provide documentation of immunizations.

ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

[x] Yes.

[ ] No. If no, describe:

c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **BCDHSC contracts with NH Children's Trust to service and maintain the BCDHSC consumer education website, NH Connections, Home - NH Connections (nh-connections.org). This website includes wellness and safety resources for families at Resources - NH Connections (nh-connections.org). The NH Connections website address is included on the cover of the referral packet that all eligible families receive and the brochure. In addition, BCDHSC contracts with SNHS/Child Care Aware of NH to provide child care resource and referrals, their outreach specialists provide support to eligible families by contacting them directly during the grace period to assist them in accessing documents, completing forms, and connecting them with a live advocate/support person in the Family Outreach Centers across the state, to walk them through process and to access additional services. The Child Care Licensing Unit posts information on the consumer website, as well as providing a link to this website on its web page. In addition, the Licensing Unit will refer families to their BFA outreach specialist, SNHS/Child Care Aware of NH and more frequently the Family Outreach Centers.**
NH also has 2-1-1, which assists families in finding a health care provider, and of course a range of other services including housing: https://www.211nh.org/ The link for this is also available on NH Connections: https://www.nh-connections.org/resources/
The Immunization Department also directs parents to call 2-1-1 to find a health care provider, and provides information about free immunizations: https://www.dhhs.nh.gov/programs-services/disease-prevention/immunizations/immunization-guidance-parents

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

i. **[x]** Application in languages other than English (application and related documents, brochures, provider notices).

ii. **[x]** Informational materials in languages other than English.

iii. **[x]** Website in languages other than English.

iv. **[x]** Lead Agency accepts applications at local community-based locations.

v. **[x]** Bilingual caseworkers or translators available.

vi. **[x]** Bilingual outreach workers.

vii. **[x]** Partnerships with community-based organizations.

viii. **[x]** Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

ix. **[ ]** Home visiting programs.

x. **[ ]** Other. Describe:

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

i. **[x]** Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.

ii. **[x]** Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii. **[ ]** Caseworkers with specialized training/experience in working with individuals with disabilities.

iv. **[x]** Ensuring accessibility of environments and activities for all children.

v. **[x]** Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi. **[x]** Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.

vii. **[ ]** Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii. **[ ]** Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

ix. **[ ]** Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i. **[x]** Lead Agency accepts applications at local community-based locations.

ii. **[x]** Partnerships with community-based organizations.

iii. **[x]** Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.

iv. **[ ]** Other. Describe:

b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **Our Resource and Referral agency, Child Care Aware of New Hampshire provides "Understanding Homelessness and Its Impacts on Children and Families" training to the broad child care community. They are able to provide technical assistance and resource and referral to other agencies that offer supports and services.**

ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **Our Resource and Referral agency, Child Care Aware of New Hampshire provides "Understanding Homelessness and Its Impacts on Children and Families" training to the broad child care community. They are able to provide technical assistance and resource and referral to other agencies that offer supports and services.**

2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **Families enrolled are advised of their redetermination by mail 2 months before the child care eligibility period closes. Families receive notices from the state for all of the above categories for each assistance program advising clients of due dates, examples of documentation needed and timeframes for each program's eligibility status.**

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and

- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

[ ] Yes.

[x] No. If no, describe: **New Hampshire has historically used a redetermination date for the entire family, not each individual child.**
On May 23,2024 NH was cited as non-compliant The Monitoring Team found evidence that the Lead Agency redetermines a child's eligibility for child care services sooner than 12 months following initial determination or redetermination.
� When a new child is added to a household during a 12-month eligibility period, the child is added to the family's current case, and the eligibility end date aligns with the family's initial eligibility end date. This practice results in the child's eligibility being redetermined sooner than twelve months.
� The Lead Agency allows a family to voluntarily close their case prior to a full 12 months, and the child does not retain eligibility through the end of the 12-month period. If child care is needed again during the initial 12-month eligibility period, the family must reapply to be determined eligible for care.

The Monitoring Team also found evidence that the Lead Agency terminates eligibility within the 12-month eligibility period for failure to verify a reported change. The Lead Agency currently requires verification in the following areas:
� There is a change in the assistance group's household composition
� A parent of any child in the assistance group moves into the household
� An individual residing in the household becomes a parent of any child in the assistance group
� A parent adopts a child during the 12-month eligibility period

NH will be working on rule and system changes to come into compliance with the rule requirement.

b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.

6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

[x] Yes.

[ ] No. If no, describe:

c. Are the policies different for redetermination?

[x] No.

[ ] Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. **[x]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **New Hampshire allows a 92-day job search period at initial application unless client had previously closed for exhausting their job search clock and has not been employed before reapplication.**

ii. **[x]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **If client is already within their 92-day job search period at redetermination then we do not request additional verification. If client is reporting a loss of employment, we request verification.**

iii. **[ ]** No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

[ ] Yes. The Lead Agency continues assistance.

[x] No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **Assistance is discontinued following a parent's non-temporary change only after the parent is allowed 92 days of job search/continued assistance.**

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **When a client reports that they have lost or reported a cessation, the Family Service Specialist will end date the current activity. The client does not need to upload verification that they are looking for employment. The FSS will enter the begin date of job search and the clock will start clicking. If the client does state that they are not in an activity, then the continued assistance clock will start clicking. These two clocks are the same. If the client does not**

report a new activity before the clock exhausts, then the child care case will close.

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **State of NH's job search period is 92 days.**

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. **[ ]** Not applicable.

ii. **[ ]** Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

iii. **[x]** A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **When a family moves out of state, Child Care Scholarship eligibility shall terminate on the date that the district office processes the case.**

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

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance:

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

[ ] Yes.

[x] No. If no, describe: **NH was cited as non-compliant on May 23rd 2024 for requiring a parent to report the following changes that do not meet the CCDF requirements:**

- **A permanent start of employment**
- **A parent adopts a child during the 12-month eligibility period**

NH will work to change eligibility rules for reporting changes.

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

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

(i) 85 percent of SMI for a family of the same size; or,
(ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
  (A) Takes into account the typical household budget of a family with a low income
  (B) Provides justification that the second eligibility threshold is:
    (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
    (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

a. **[x]** Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)

b. **[ ]** The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:

  i. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

ii. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

c. **[ ]** The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:

i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three:

ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:

iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:

v. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

vi. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **The maximum percent of a family's gross income is 7%**

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

[x] Yes.

[ ] No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

a. Is the sliding fee scale set statewide?

[x] Yes.

[ ] No. If no, describe how the sliding fee scale is set:

b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	A	*B*	*C*	*D*	*E*	*F*
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	**1256.00**	**5.00**	**0.40**	**4915.00**	**344.05**	**7.00**
2	**1705.00**	**5.00**	**0.29**	**6428.00**	**449.96**	**7.00**

	A	*B*	*C*	*D*	*E*	*F*
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
3	**2153.00**	**5.00**	**0.23**	**7940.00**	**555.80**	**7.00**
4	**2601.00**	**5.00**	**0.19**	**9453.00**	**661.71**	**7.00**
5	**3050.00**	**5.00**	**0.16**	**10965.00**	**767.55**	**7.00**

c. What is the effective date of the sliding-fee scale(s)? **July 1, 2024**

d. Provide the link(s) to the sliding-fee scale(s): **www.nheasy.nh.gov www.nh-connections.org/families/child-care-scholarship**

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

[ ] No.

[x] Yes.

If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **NH allows DHHS-enrolled child care providers the choice to charge the family the difference between the DHHS paid amount and their actual rate. The BCDHSC does not have the authority to require child care providers to accept the DHHS weekly standard rate as payment in full, it would be considered an unwanted directive. DHHS strives to increase program participation in the NH Child Care Scholarship Program. Parent access and choice is valued and the BCDHSC does not want to limit access to higher quality child care programs due to increased regulation. The DHHS Commissioner, Legislature, and Governor would not likely support this as a business practice. NH has now implemented Pay by Enrollment to allow child care providers to be able to budget the weekly amount that they will receive for each child.**

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families: **Surveying families regarding charging the difference of what the state did not pay (copayment) it shows that more than 60% of providers charge the family an**

additional charge amount so they receive the full cost of care. 30% of child care providers charge just the cost share and the other 10% have either their own scholarship funding or do not charge the families any amount.

NH was sited as non-compliant on May 23rd 2024 due to not collecting information regarding the amounts being charged above NH's established rates for the Scholarship Program.
We believe the survey conducted did not provide sufficient and accurate information on the additional fees that providers charge to families. NH is currently analyzing data from a profile update on 9/11/24. NH will amend the state plan once data is analyzed.

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

i. **[x]** The fee is a dollar amount and (check all that apply):

[ ] The fee is per child, with the same fee for each child.

[ ] The fee is per child and is discounted for two or more children.

[ ] The fee is per child up to a maximum per family.

[ ]No additional fee is charged after a certain number of children.

[x] The fee is per family.

[ ] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

[x]Other. Describe: **New Hampshire has a three-step cost share system. Step 1 is 100% of FPG or below, step 2 is between 100% and 138% FPG and step 3 is above 138% FPG, but below 85% SMI. Families' cost share is $0 for step 1, $5 per week for step 2, and 7% of their income per week for step 3.**

ii. **[x]** The fee is a percent of income and (check all that apply):

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

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

[ ]The fee is per child up to a maximum per family.

[ ]No additional percentage is charged after a certain number of children.

[x] The fee is per family.

[ ]The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

[ ] Other. Describe:

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

[x] No.

[ ] Yes.

If yes, check and describe those additional factors below:

i. **[ ]** Number of hours the child is in care. Describe:

ii. **[ ]**Quality of care (as defined by the Lead Agency). Describe:

iii. **[ ]** Other. Describe:

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. **[ ]** Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. **[ ]** Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. **[ ]**Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

[ ] No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

[x] Yes. If yes, identify and describe which family contributions/co-payments waived.

i. **[x]**Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. **[ ]**Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. **[ ]**Families experiencing homelessness.

iv. **[ ]**Families with children with disabilities.

v. **[ ]**Families enrolled in Head Start or Early Head Start.

vi. **[ ]**Children in foster care or kinship care, or otherwise receiving or needing to

receive protective services. Describe the policy:

vii. **[ ]**Families meeting other criteria established by the Lead Agency. Describe the policy:

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Provider feedback to BCDHSC on challenges and barriers to participation in the NH Child Care Scholarship Program include the following: 1) The length of time it takes to enroll, which requires completion of Health & Safety trainings, including First Aid and CPR; 2) Delays in receiving background check results and completing fingerprinting due to a NH State Police backlog; 3) The length of time it takes to establish direct deposit for the receipt of payments; and 4) The length of time it takes for children who are eligible for NH Child Care Scholarship Program to be linked to a child care program. Additionally, some license-exempt (LE) providers believe that the rates for LE facilities and LE Family, Friend and Neighbor are too low.**

b. Does the Lead Agency offer child care assistance through vouchers or certificates?

[x] Yes.

[ ] No.

c. Does the Lead Agency offer child care assistance through grants or contracts?

[ ] Yes.

[x] No.

d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Parents are informed during the child care interview that they are allowed to choose any provider that is currently enrolled as a child care provider with the State of NH.**

e. Describe what information is included on the child care certificate: **The provider the child is linked to, 12 months of eligibility dates, service level of each child, and the families weekly cost share amount.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology

- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

a. **[x]** Market rate survey.

i. When were the data gathered (provide a date range; for instance, September – December 2023)? **February 2024 through March 2024**

b. **[ ]** ACF pre-approved alternative methodology.

i. **[ ]** The alternative methodology was completed.

ii. **[ ]** The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

iii. State Advisory Council or similar coordinating body: **BCDHSC requested the Child Care Advisory Council promote to child care programs via email and social media. The market rate survey was available in the BCDHSC database NH Connections Information System (NHCIS) to complete and communicated request to complete via email directly to all child care programs. The state administrator attended the Child Care Advisory Council meeting and collaborated with Early Learning New Hampshire to discuss the change to the survey being available in the data system NHCIS and how this would impact the results of the survey prior to the MRS being**

marketed to the child care programs. The Child Care Advisory Council shared concern with the change in the method of gathering information, NHCIS data entry rather than Survey Monkey as done in previous years. It was decided to shift to the entering directly into the system and work with Child Care Aware to provide technical assistance for programs who needed extra support to update their information.

iv. Local child care program administrators: **N/A**

v. Local child care resource and referral agencies: **Lead Agency staff met with Child Care Aware of NH to develop communication and training materials prior to the MRS being marketed to inform providers of the new MRS methodology with consultation on how to present the information to providers by creating a worksheet, detailed instructions and CCA support methods during the MRS period.**

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **New Hampshire Children's Trust, a contracted vendor for BCDHSC, was consulted prior to create marketing materials that provided user friendly language and supports to complete the market rate survey. This collaboration helped guide the Lead Agencies marketing of the MRS in order to clearly define the ask and the why behind participation and how it influences reimbursement rates from the state Scholarship Program.**

vii. Other. Describe: **N/A**

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

i. When was the market rate survey completed? **5/21/2024**

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **February 1st through March 18th, 2024. Child care programs are encouraged to update their information in NH Connections Information System (NHCIS).**

iii. Describe how it represented the child care market, including what types of providers were included in the survey: **All programs in NHCIS were targeted for participation. This included all licensed and licensed exempt programs as well as all programs enrolled in Child Care Scholarship. This included relative providers, family child care providers, group and center-based programs.**

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **NH Connection Information System (NHCIS) and Survey Monkey were used. Child Care Licensing and Child Care Aware of New Hampshire our resource and referral contractor use NHCIS for all data entry.**

v. How does the survey use good data collection procedures, regardless of the

method for collection (mail, telephone, or web-based survey)? **NH used the system all providers use to maintain licensing and Child Care Scholarship compliance to complete the market rate survey. This web based collection of data tied to the program profile in NHCIS is encouraged to be updated 2 times annually. Child Care Aware of NH supports with training and technical assistance to enter the market rate survey data.**

vi. What is the percent of licensed or regulated child care centers responding to the survey? **72.00**

vii. What is the percent of licensed or regulated family child care homes responding to the survey? **68.00**

viii. Describe if the survey conducted in any languages other than English: **Not applicable**

ix. Describe if data were analyzed in a manner to determine price of care per child: **The Market Rate Survey determined the price of care per child by age of child, program type and by full time care.**

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **NH's Market Rate Survey is emailed to every licensed early childhood and school age program in the state based on a list provided by the DHHS CCLU. Follow-up telephone calls, sufficient to achieve a minimum 60% response rate in each of five regional areas of the state, with a minimum of 20% of each type of care being represented in the regional sampling (e.g.. center-based, family child care), are conducted following an initial response period of two weeks. To confirm the accuracy of provider responses, Child Care Aware of NH provides independent verification of responses for a random sample of participating child care programs, across the two types of care.**

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The NH Market Rate Survey is conducted on a statewide basis. Program location is collected by town, which enables the researcher to analyze data within each region of the state. The goal was to survey at least 60% of licensed NH early childhood and school age programs.**

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The NH Market Rate Survey is conducted by the list of Child Care Licensing programs and also the LE program list from the BCDHSC. The survey shows the percentage of each program type.**

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The NH Market Rate Survey is broken down by age of child. The survey asks for children from infant (6 weeks) through 12 years by age range: 6 weeks to 12 months, 13-24 months, 25-35 months, 36-59 months, 60-72 months, and 72-155 months.**

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The Market Rate Survey shows the percentage of programs who are Licensed Plus and NAEYC Accredited.**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The lead agency collected some NCA analysis data from providers during the previous plan year but had limited response. The lead agency plans to enhance this developed process and incentivize programs to include this data with support from Child Care Aware**

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The lead agency collected some NCA analysis data from providers during the previous plan year but had limited response. The lead agency plans to enhance this developed process and incentivize programs to include this data with support from Child Care Aware. NH will categorize data by program type and geographic location as well as by age groups.**

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **The lead agency collected some NCA analysis data from providers during the previous plan year but had limited response. The lead agency plans to enhance this developed process and incentivize programs to include this data with support from Child Care Aware. NH will categorize data by program type and geographic location as well as by age groups.**

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **The lead agency collected some NCA analysis data from**

providers during the previous plan year but had limited response. The lead agency plans to enhance this developed process and incentivize programs to include this data with support from Child Care Aware. NH will categorize data by program type and geographic location as well as by age groups. NH will compare rates based on Quality rating through the NH Granite Steps for Quality program.

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **The lead agency collected some NCA analysis data from providers during the previous plan year but had limited response. The lead agency plans to enhance this developed process and incentivize programs to include this data with support from Child Care Aware. NH will categorize data by program type and geographic location as well as by age groups. NH will review the findings to determine gaps and potential to increase rates.**

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

i. Provide the date the report was completed: **6/7/2024**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **6/10/2024**

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **https://www.nh-connections.org/market-survey/**

iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The state advisory council were advised during their regularly scheduled meetings and also they were informed via email and leadership meetings. Local child care program administrators: Child Care providers were notified of the requirements, benefits, and procedure for completing the Market Rate Survey (MRS) through NHCIS on Feb 1 with reminders through e-mail and USPS throughout the month. Local child care resource and referral agencies: The NH Child Care advisory Council (CCA) provided technical support to providers, presented a webinar on the MRS**

process, promoted the MRS. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: In addition to CCA, the states afterschool professional development organization sent out information promoting the MRS.

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

[x] Yes.

i. If yes, check if the Lead Agency:

[x] Sets the same payment rates for the entire State or Territory.

[ ] Sets different payment rates for different regions in the State or Territory.

[ ] No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **8/26/2024**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **NH publishes weekly rates.**

4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a

market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	344.42 Per Week	100.00	344.42	75.00	300.00	317.77	344.42		
Family Child Care for Infants (6 months)	250.00 Per Week	100.00	250.00	75.00	220.00	232.00	250.00		
Center Care for Toddlers (18 months)	317.36 Per Week	100.00	317.36	75.00	280.50	295.24	317.26		
Family Child Care for Toddlers (18 months)	250.00 Per Week	100.00	250.00	75.00	202.50	221.50	250.00		
Center Care for Preschoolers (4 years)	280.00 Per Week	100.00	280.00	75.00	250.00	262.00	280.00		
Family Child Care for Preschoolers (4 years)	250.00 Per Week	100.00	250.00	75.00	200.00	220.00	250.00		
Center Care for School-Age (6 years)	236.25 Per Week	100.00	236.25	75.00	190.00	208.50	236.25		
Family Child Care for School-Age (6 years)	200.00 Per Week	100.00	200.00	75.00	185.00	191.00	200.00		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

[x] Yes.

[ ] No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or

ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

[x] Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **Children who have experienced a significant disability receive additional weekly payments on top of their weekly enrolled payment based on the child's service level. Full time: $100.00, Half time: $75.00, Part time: $50.00**

[ ] No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

[x] Yes.

[ ] No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i. **[ ]** Differential rate for non-traditional hours. Describe:

ii. **[x]** Differential rate for children with special needs, as defined by the Lead Agency. Describe: **Children who have experienced a significant disability receive additional weekly payments on top of their weekly enrolled payment based on the child's service level. Full time: $100.00, Half time: $75.00, Part time: $50.00**

iii. **[ ]** Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

iv. **[ ]** Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

v. **[x]** Differential rate for higher quality, as defined by the Lead Agency. Describe: **NH Child Care Scholarship programs receive a monthly differential rate for children who are qualified under the Licensed Plus program or under Granite Steps for Quality (GSQ) New Hampshire's Quality Rating and Improvement System. According to their quality rating star or step, programs can receive 5% or 10% for each child eligible under the scholarship program. They receive this on the 1st of the month for the previous month. In addition, programs awarded a step in GSQ are also eligible to receive quarterly quality incentive funds, the amounts of which are determined based on licensed capacity and step awarded with higher rated programs earning more quality incentive funds.**

vi. **[x]** Other differential rates or tiered rates. For example, differential rates for

geographic area or for type of provider. Describe: **Head Start, Early Head Start, and programs accredited by the National Association for the Education of Young Children receive our highest level of quarterly quality incentive rates.**

vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

[x] Yes. If yes, describe: **The payment is reduced by whichever is less: the maximum weekly rate or the provider's regular rate.**

[ ] No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **In 2024, the State of NH contracted a third-party research & consulting firm to compile and analyze the current MRS data. The rates provided were calculated by the contractor from the data provided in the MRS.**

Rates are referenced in law in RSA 161:2 XVII. This law requires rates to be reviewed annually. In June 2023, NH House bill HB2 passed which increased weekly standard rates to the 75th percentile of the MRS from the previous rates of the 60th percentile for infants/toddlers and 55th percentile for all other age groups.

In rules, He-C 6910.17 (b) states that the standard weekly rates shall be established by the most recent MRS for licensed child care centers and licensed family child care homes at the 75th percentile.

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The State of NH made sure that child care programs were in good standing with the NH Child Care Licensing Unit. This would include compliance with meeting licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, group size limits, and caregiver qualification requirements.**

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The lead agency collected some NCA analysis data from providers during the previous plan year but had limited response. The lead agency plans to enhance this developed process and incentivize programs to include this data with support from Child Care Aware. NH will categorize data by program type and geographic location as well as by age groups.**

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The development of the Narrow Cost Analysis data, which informs rate setting, the cost of quality in Accredited and (at the time) Licensed Plus programs was used a**

benchmark for the cost of quality and was factored into the rate setting decision as a baseline for quality. This resulted along with data around operational costs, rising costs and staff wage increases became the basis for the Narrow Cost Analysis and thus the percentile for rates and the overall rate changes. Granite Steps for Quality (GSQ) distributes quarterly incentive payments as programs are approved. The GSQ incentives are based on quality performance markers as determined through compliance documentation and an onsite observance and assessment. GSQ and Licensed Plus programs offers, in addition to scholarship based payments, additional incentives to providers who do not currently care for children receiving CCSP support. Child care programs that are enrolled in the NH Child Care Scholarship Program and have been Licensed Plus (under the old QRIS) or nationally Accredited receive a percentage each month of their prior month's scholarship billing amount. Licensed Plus providers receive 5% of the previous month's billing while Accredited programs receive 10%. These Quality Stipends are computed automatically and are added to the first manifest of each month. For the months during which there are no children whose families qualify for the NH Child Care Scholarship in attendance, these programs do not receive a Quality Stipend. The new GSQ pays monthly based on both scholarship children and quarterly and annually based on the quality step that has been achieved and the program size.

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **Non applicable**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate

paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

[ ] Yes. If yes, describe:

[x] No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **NH will be requesting a waiver in order to implement prospective payments. Providers are required to bill DHHS weekly and payments are issued two times each week. For invoices submitted by Wednesday, payment is issued by that Friday, and for invoices submitted by Friday, payment is issued by the following Tuesday. Direct deposit is also available to providers. Direct deposit is not required but suggested.**

b. Does the Lead Agency pay based on authorized enrollment for all provider types?

[x] Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

[ ] No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

[ ] It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

[x] Yes.

[ ] No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider

charges to private-paying parents?

[x] Yes. If yes, identify the fees the Lead Agency pays for: **NH pays a $50 registration fee per year per child.**

[ ] No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **As part of the provider enrollment process, a Form 1860 "Provider Agreement" must be reviewed and signed by the provider. This agreement identifies federal and state laws and regulations, rules, policies, and procedures required for participation in the NH Child Care Scholarship Program. The agreement includes a statement that the provider will comply with all billing directives, including securing a non-transferable PIN for submitting invoices through the web billing system and a directive to bill weekly for services provided the previous week. In addition, NH rules are referenced in the**
Provider Agreement for easy identification and location of the dispute-resolution process, which is located in rule He-C 6918.07, Child Care Provider Billing and Payment Requirements under Appeals.
Child care rules and policy, the Child Care Provider Web Billing Training Manual (Form 2531), the Provider Enrollment Handbook (Form 2648), the Provider Billing and Payment Handbook.
(Form 2515), Maximum Weekly Standard Rates Employment-Related (Form 2533), Maximum Weekly Standard Rates - Preventive and Protective (Form 2534), and a Web Billing Training Request (Form 2682) are available on the DHHS website. BCDHSC also has a designated Child Care Provider Relations telephone line to answer any billing and/or payment inquiries.

d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **When the child care cases are open for eligibility, reviewed or changed a notice of decision is sent out that night to the family and the child care provider. The family will receive the notice in their NH Easy account and the child care provider receives the notice by mail.**

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Providers are trained to reach out the provider relations specialist and report any billing errors, inaccuracies, etc. This needs to be done within 60 days in order to utilize the electronic billing system. Otherwise, a paper request and manual bill must be submitted. Internally, BCDHSC notifies providers via the electronic system, email and calls as appropriate in the event of billing inaccuracies. The funds are automatically recouped as the agency identifies issues and providers then can dispute the deduction or other issue.**

f. Other. Describe any other payment practices established by the Lead Agency: **DHHS employs a full-time staff member who works with child care providers, District Office staff,**

and sometimes the family to resolve payment inaccuracies and disputes. Calls or emails are typically returned the same day, but not later than the next business day. Families may file an appeal in writing within 30 days of a notice of ineligibility to the DHHS Appeals Unit. Families may choose within 15 days of the notice to continue to receive their child care scholarship at the established payment rate. If the decision on the appeal upholds the DHHS proposed action, then the child care scholarship will be denied, decreased, or terminated effective the date indicated on the original notification of the denial, decrease, or termination. If the denial was due to failure to complete the redetermination process, the effective date will be the closure date identified on the notification of redetermination. If the family opted to continue to receive a child care scholarship, any overpayment will need to be repaid. If the decision on the appeal does not uphold the DHHS proposed action, eligibility will be established as provided for in the appeal decision.

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **NH pays providers based on the child's service level and cost share at initial eligibility. The cost share can't increase above the family cap amount at initial application. The provider is now able to budget the child's enrollment for their 12 months. The weekly rates are sent and posted for providers to be able to see our weekly rates for the provider type, age of child, and service level.**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

[ ] Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

[ ] Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

[x] No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **NH plans to submit a waiver and will work with state leadership team and state advisory council(s) to determine how we will become compliant with the federal rule change.**

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children

receiving CCDF.

[ ] Children with disabilities. Number of slots allocated through grants or contracts:

[ ] Infants and toddlers. Number of slots allocated through grants or contracts:

[ ] Children in underserved geographic areas. Number of slots allocated through grants or contracts:

[ ] Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

[ ] School-age children. Number of slots allocated through grants or contracts:

[ ] Children experiencing homelessness. Number of slots allocated through grants or contracts:

[ ] Children in urban areas. Percent of CCDF children served in an average month:

[ ] Children in rural areas. Percent of CCDF children served in an average month:

[ ] Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

4.5.2 Care in the child's home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

[ ] Yes.

[x] No.

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

i. [ ] Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:

ii. [ ] Restricted based on the in-home provider meeting a minimum age requirement. Describe:

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

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

v. [ ] Restricted to care for children with special needs or a medical condition. Describe:

vi. **[ ]** Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

vii. **[ ]** Other. Describe:

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

a. In infant and toddler programs:

i. Data sources used to identify shortages: **Family survey from resource and referral, and data from the National Workforce Registry Alliance and Child Care Aware of America.**

ii. Method of tracking progress: **Continuous feedback monitoring, receipt of updated data reports from the organizations listed above, from families and CCR&R.**

iii. What is the plan to address the child care shortages using family child care homes **Work with statewide coalitions to assist providers in getting the resources they need to open or expand their programs. Utilize the knowledge of family child care specialists (CCAoNH) to assist refugees and other communities in starting Family Child Care Centers in their homes. This also includes collaboration with interpreters, licensing, local town zoning boards, and the fire marshal's office.**

NH will offer grants and contracts to family child care homes to increase supply for infants and toddlers, children with disabilities, and underserved areas.

iv. What is the plan to address the child care shortages using child care centers? **Continue to fund TEACH and ECAP to assist in building the workforce. Continue to update the field on grant opportunities, wage scale information, and programs that offer discounts for early childhood educators (SELA). Following and informing the field on bills being proposed around child care providers automatically being able to utilize the scholarship fund for their own children regardless of their income.**

NH will offer grants and contracts to child care centers to increase supply of child care for infants and toddlers, children with disabilities, and underserved areas.

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: **NH utilizes a survey from the Child Care Aware of New Hampshire (CCAoA NH) and follow up with families after child care referrals. We use data from family and center-based child care programs located in NH Connections Information System (NHCIS). We also leverage data from the National Workforce Registry Alliance and Child Care Aware of America.**

ii. Method of tracking progress: **NH uses work plans to track and monitor progress in achieving goals to address child care shortages in the state. We will utilize data housed in NH connections and engage in quarterly and annual reporting on the**

investment for start-ups and slots as well as number of program slots available.

iii. What is the plan to address the child care shortages using family child care homes? **Family child care homes have start up grants and coaching opportunities to increase and sustain family child care options for families. NH also works with statewide coalitions to assist providers in getting the resources they need to open or expand their programs. Utilize the knowledge of family child care specialists (CCAoNH) to assist new americans and other communities in starting Family Child Care Centers in their homes. This also includes collaboration with interpreters, licensing, local town zoning boards, and the fire marshal's office.**

iv. What is the plan to address the child care shortages using child care centers? **NH uses NHCIS and census data to inform the child care need. The BCDHSC works closely with the Child Care Advisory Council to inform the need of child care programs throughout the state. We contract with Child Care Aware of New Hampshire to recruit, train and support with the renewal process for child care licensing and enrollment in the Child Care Scholarship Program. BCDHS provides funding for TEACH and ECAP to assist in building the child care workforce. We will continue to update the field on grant opportunities, wage scale information, and programs that offer discounts for early childhood educators. (SELA) Following and informing the field on bills being proposed around child care providers automatically being able to utilize the scholarship fund for their own children regardless of their income.**

c. In care for special populations:

i. Data sources used to identify shortages: **NH Communications Information System (NHCIS), surveys to families and child care programs.**

ii. Method of tracking progress: **NHCIS data system reports and survey results from families will inform the BCDHSC on the child care shortages.**

iii. What is the plan to address the child care shortages using family child care homes? **NH will be conducting a needs assessment to understand how ARPA strategies have impacted the field and are working on a strategic plan to identify target areas to recruit and support new programs. Grant dollars and training and technical assistance activities will be utilized to build the supply of family child care homes in identified underserved areas. The BCDHC will contract with local agencies to provide the training technical assistance and financial support programs need to establish new programs. Coaching, technical assistance and quality incentives will be leveraged for existing family child care programs in attempts to sustain our current programs.**

iv. What is the plan to address the child care shortages using child care centers? **NH will be conducting a needs assessment to understand how ARPA strategies have impacted the field and are working on a strategic plan to identify target areas to recruit and support new programs. Grant dollars and training and technical assistance activities will be utilized to build the supply of center based programs in identified underserved areas. The BCDHC will contract with local agencies to provide the training technical assistance and financial support programs need to establish new programs. Coaching, technical assistance and quality incentives will**

be leveraged for existing center based programs in attempts to sustain our current programs.

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

a. Underserved geographic areas. Describe: **We will conduct a needs assessment to understand the underserved geographic areas and target strategies for the specific needs of the communities. Start up grants and coaching and technical assistance will be leveraged to increase the number and types of programs identified as part of the assessment. NH utilizes data from child care providers and maps child care programs compared to census data to identify child care deserts. Survey and collaborate with families through Family Resource Centers to gather input on underserved areas and needs. We encourage partnerships between public entities and prove business to establish new child care facilities in underserved areas.**

b. Infants and toddlers. Describe: **Myriad strategies are currently in place to increase the supply and quality of care offered to our infant and toddler populations. Targeted training and technical assistance is offered specific to infant and toddler care, as well as practice-based coaching for infant/toddler teachers, and assessments including the Infant Toddler Environment Rating Scale (ITERS) and the Teaching Pyramid Infant Toddler Observation Scale (TPITOS). In addition to conducting the assessments, trainings are offered at no cost to the provider on how to conduct those tools themselves as well as how to use the results of the tools to develop continuous quality improvement plans that meet the unique needs of their individual programs.**
Infant and toddler courses offered at Community Colleges in New Hampshire have been offered 100% free to students in order to bolster the workforce and provide potential infant/toddler teachers with the specific developmental knowledge required for them to be lead teacher qualified and engage in developmentally appropriate practices.
The New Hampshire Professional Development System offers an Infant Toddler Specialist Endorsement to our credentials, which both requires and recognizes increased professional development specific to infant and toddler care.
Each month, an Infant Toddler Collaborative is offered, where providers who serve infants and toddlers can come together with others in order to ask questions, share challenges, and discuss the unique needs of their families and teachers. Child Care Aware and the Bureau work together to identify tools, resources, and training opportunities that address the needs that are identified based on the conversations that occur during those meetings.

NH plans to conduct a needs assessment and utilize grants and contracts to support both the supply and quality of programs serving infants and toddlers. We will target family childcare programs and Granite Steps for Quality enrolled programs in attempts to meet this need. We will target areas based on the availability of infant care slots, analyze

enrollment and waiting list data from existing child care providers and develop specialized training programs for caregivers focused on the developmental needs of infants and toddlers to implement higher quality standards and support providers in meeting these standards through training and resources.

c. Children with disabilities. Describe: **NH plans to conduct a needs assessment and utilize grants and contracts to support both the supply and quality of programs serving infants and toddlers. We will target family childcare programs and Granite Steps for Quality enrolled programs in attempts to meet this need. We plan to work with our Joint Early Childhood Integration Teams between NH Education Department and Department of Health and Human Services to partner and ensure transitions and services support the child care needs of children with disabilities enrolled in partner organization services. We plan to pilot a health consultant team to support with special health care needs, emotional and behavioral needs, developmental and nutritional needs of the child care community. We plan to evaluate current child care providers' ability to accommodate children with disabilities. Educate programs on the disability differential available to them and increased support for children from 13-17 years of age. We will provide specialized training for child care providers on inclusive practices and the specific needs of children with disabilities.**

d. Children who receive care during non-traditional hours. Describe: **There are a few known family child care providers who will accommodate non-traditional hours when asked. Child Care Aware has a relationship with these providers and contacts them when a family needs referral for a program during non-traditional care hours.**

NH plans to conduct a needs assessment and utilize grants and contracts to support both the supply and quality of programs serving families who need care during non-traditional hours. We will target family childcare programs and local businesses who employ workers with non-traditional hours to pilot grants and contracts to meet the needs of families who need child care. We will analyze workforce data to identify parents who work non-traditional hours and their child care needs.

NH will survey existing providers to determine their hours of operation and willingness to extend hours, and provide financial incentives for child care centers and family child care homes to extend their hours of operation in targeted areas in attempts to develop programs that offer flexible scheduling options for parents working non-traditional hours.

e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **NH has had significant leadership change in the BCDHSC. We are beginning to gather information, convene a state leadership team to write a new strategic plan to address the needs of the families, child care program and communities in New Hampshire. We will also be identifying New American populations and having plans for supporting the child care needs of that community .**

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **Through our needs assessment we plan to identify where we lack services and supports that allow access to quality care. We plan to offer start up grants and contract for slots to support families experiencing poverty and unemployment. Once we have identified areas of need we will work with CCoA of NH and other contracted vendors to provide training, technical assistance and coaching as well as funding needed to address this need. BCDHSC engages in the following activities in prioritizing increasing access to high quality child care and developmental services for children families living in these areas:**
Provide training and technical assistance to retain and increase the number of child care slots and to improve provider business practices; Make investments that improve quality; Partner to provide access to developmental screening and referral; Support the use of shared services; and New Hampshire Provide quality incentive payments to providers that achieve Licensed Plus or national accreditation. NH has taken a data-driven approach through the application of various research projects and opportunities to gather information on issues such as cost, access, poverty, and quality that is needed to make investments regarding supply building strategies. NH has engaged in multiple, targeted research projects to identify issues of access and affordability. Issues of affordability can directly impact a parent's choice of child care. In addition, the Bureau Chief and staff meet with advocates, advisory groups, other community stakeholders, and convenes task forces to gain input on how to prioritize investments. NH has a history of making investments to increase access to programs providing high quality child care and development services, particularly to children in families that experience significant poverty.

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the Lead Agency. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the

licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

a. Identify the center-based provider types subject to child care licensing: **RSA 170-E:2 defines a child care agency as any person, corporation, partnership, voluntary association or other organization, either established for profit or otherwise, which regularly receives for child day care one or more children, unrelated to the operator or staff of the agency. The total number of hours in which a child may remain in child day care shall not exceed 13 hours per day, except in emergencies. Center-based agencies include: RSA 170E:2, IV(c): Group child day care center means a child day care agency in which child day care is provided for preschool children and up to 5 school-age children, whether or not the service is known as day nursery, nursery school, kindergarten, cooperative, child development center, day care center, center for the developmentally disabled, progressive school, Montessori school, or by any other name. RSA 170-E:2, IV(d): Infant and toddler program means a child day care agency in which child day care is provided for any part of a day, for 5 or more children under the age of 3 years. RSA 170-E:2, IV(e): Night care agency means a center or family home in which child day care is provided during the evening and night hours. A child day care agency may be licensed for day care, night care, or both. RSA 170-E:2, IV(f): Preschool program means a child day care agency providing care and a structured program for children 3 years of age and older who are not attending a full day school program. The total number of hours a child may be enrolled in a preschool program shall not exceed 5 hours per day. RSA 170-E:2, IV(g): School-age program means a child day care agency providing child day care before or after, or before and after, regular school hours, and all day any time school is not in session, for 6 or more children enrolled in school, who are 4 years and 8 months of age or older, and which is not licensed under RSA 170-E:56. The number of children shall include all children present during the period of the program, including those children related to the caregiver. New category effective 7/1/2024: RSA 170-E:2, IV(i): Small group child day care center means a child day-care agency in which child day care is provided for not more than 12 preschool children, whether or not the service is known as day nursery, nursery school, kindergarten, cooperative, child development center, day-care center, center for the developmentally disabled, progressive school, Montessori school, or by any other name.**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

b. Identify the family child care providers subject to licensing: **Family child care home means "family day care home" as defined in RSA 170-E:2, IV(a), namely "an occupied residence in which child day care is provided for less than 24 hours per day, except in emergencies, for up to 6 children from one or more unrelated families. The 6 children shall include any foster children residing in the home and all children related to the caregiver except children who are 10 years of age or older. In addition to the 6 children, up to 3 children attending a full day school program may also be cared for up to 5 hours per day on school days and all day during school holidays.**

Family Group Child Care Home: a child care program operated in a home in which the provider resides. In a family group child care home one provider and one family child care worker or assistant may care for 7 to 12 preschool children plus up to 5 children enrolled in a full-day school program. The number of children younger than 36 months of age that may be cared for is limited.

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

c. Identify the in-home providers subject to licensing: **In home care is not licensed in New Hampshire. These providers are considered license-exempt.**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

a. License-exempt center-based child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Kindergartens, nursery schools, or any other daytime programs operated by a public or private elementary or secondary school system or institution of higher learning; Municipal recreation programs, including after-school and summer recreation programs; Any recreational program as defined in RSA 170-E:2, XI-a, namely any before and/or after school, vacation, or summer youth program for children 6 years of age or older offered by a school or**

religious group, the Boys and Girls Clubs of America, Girls Incorporated, the YMCA, or the YWCA, provided that the program: Does not operate in a private home; Notifies parents or guardians that the program is not subject to licensure under RSA 170-E:4; II; Has policies and procedures to address the filing of grievances by parents and guardians; Is a member in good standing and in compliance with the national organization's minimum standards and procedures.
The current version of the rule can be found at: https://www.nh-connections.org/wpcontent/uploads/2023/08/Adopted-Rule-2022-208-He-C-6916-6917.pd

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Definition of a child day care agency in RSA 170-E: 2, IV "Child day care agency" means any person, corporation, partnership, voluntary association or other organization, either established for profit or otherwise, which regularly receives for child day care one or more children, unrelated to the operator or staff of the agency. The total number of hours in which a child may remain in child day care shall not exceed 13 hours per day, except in emergencies.� Definition of �Regularly� or �on a regular basis� in RSA 170-E:2, XII, "Regularly" or "on a regular basis" means supervision and care up to and including 7 days a week, whether paid or unpaid, for the following as defined in RSA 170-E:2, IV: (a) family day care home, (b) family group day care home, (c) group child day care center, (d) day care nursery, (e) night care agency, (f) preschool program, and (g) school-age program.�**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Persons administering programs, whether licensed or exempted from licensing pursuant to RSA 170-E:3, are subject to the provisions of RSA 170-E:4, II, namely "No child care provider, whether licensed as a child day care agency, required to be licensed as a child day care agency under paragraph I, or exempted from licensing pursuant to RSA 170-E:3, I, shall care for a child in a manner which endangers the health, safety or welfare of the child. For purposes of this paragraph, endangerment shall mean the negligent violation of a duty of care or protection owed to such child or negligently inducing such child to engage in conduct which endangers his or her health or safety. Licensees in violation of this paragraph shall be subject to the provisions of RSA 170-E:12. Persons licensed or exempted from licensing who are in violation of this paragraph shall be enjoined by a court of competent jurisdiction in+ accordance with the provisions of RSA 170-E:22 from caring for such child and may be enjoined, as the court may determine, from caring for other children. Persons operating a child day care agency without a license in violation of paragraph I who engage in negligent conduct that endangers the health, safety, or welfare of the children in their care shall be subject to the criminal penalties in RSA 170-E:21 and may be enjoined from caring for children in accordance with the provisions of RSA 170-E:22. All license-exempt providers applying to enroll to accept NH Child Care Scholarship must receive an initial announced health and safety monitoring inspection in accordance with NH's Health and Safety Standards for License-Exempt Child Care Providers He-C 6916 (center based care) or He-C 6917(family and in-home care). All license-exempt child care providers enrolled to accept NH**

Child Care Scholarship must receive an announced annual monitoring inspection in accordance with the rules listed above. All licensed programs also receive an unannounced annual visit.

b. License-exempt family child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Exemptions from licensure in RSA 170-E:3 I. 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. i. A facility licensed as a family child care provider by a branch of the United States Department of Defense, Army, Navy, Marine Corps, Air Force, Space Force, or by the United States Coast Guard.**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Private homes in which any number of the provider's own children, whether related biologically or through adoption, and up to 3 additional children are cared for regularly for any part of the day, but less than 24 hours, unless the caregiver elects to comply with the provisions of this chapter and be licensed; Private homes in which the only children in care are the provider's own children, children related to the provider, and children residing with the provider.**
The current version of the rule can be found at: https://www.nh-connections.org/wp-content/uploads/2023/08/Adopted-Rule-2022-208-He-C-6916-6917.pdf

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Persons administering programs, whether licensed or exempted from licensing pursuant to RSA 170-E:3, are subject to the provisions of RSA 170-E:4, II, namely "No child care provider, whether licensed as a child day care agency, required to be licensed as a child day care agency under paragraph I, or exempted from licensing pursuant to RSA 170-E:3, I, shall care for a child in a manner which endangers the health, safety or welfare of the child. For purposes of this paragraph, endangerment shall mean the negligent violation of a duty of care or protection owed to such child or negligently inducing such child to engage in conduct which endangers his other health or safety. Licensees in violation of this paragraph shall be subject to the provisions of RSA 170-E:12. Persons licensed or exempted from licensing whoare in violation of this paragraph shall be enjoined by a courtof competent jurisdiction in accordance with the provisions of RSA 170-E:22 from caring for such child and may be enjoined, as the court may determine, from caring for other children. Persons operating a child day care agency without a license in violation of paragraph I who engage in negligent conduct that endangers the health, safety, or welfare of the children in their care shall be subject to the criminal penalties in RSA 170-E:21 and may be enjoined from caring for children in accordance with the provisions of RSA 170-E:22. All license-exempt providers applying to enroll to accept NH Child Care**

Scholarship must receive an initial announced health and safety monitoring inspection in accordance with NH's Health and Safety Standards for License-Exempt Child Care Providers He-C 6916 (center based care) or He-C 6917(family and in-home care). All license-exempt child care providers enrolled to accept NH Child Care Scholarship must receive an announced annual monitoring inspection in accordance with the rules listed above. All licensed programs also receive an annual visit although it is unannounced.

c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.

i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **License Exempt Child Home Non-Relative Provider, these providers are defined as caring for the child in the child's home.**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Licensed exempt programs cannot exceed 23 hours of care, can have up to 4 children in care at any given time and their ages of children is infant to 13 years of age.**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **They are required to do all Health and Safety trainings, CPR and First Aid training and a monitoring visit by Child Care Licensing Unit.**
He-C 6914.04, (e) Each license-exempt child care provider and each employee providing supervision of children or required to meet staff to child ratios, shall submit proof according to (k) below that the provider and employee has completed a minimum of 6 hours of training in all required health and safety topics listed below:
(1) Prevention and control of infectious diseases
(2) Prevention of sudden infant death syndrome and use of safe sleeping practices
(3) Administration of medication, consistent with standards for parental consent
(4) Prevention of and response to emergencies due to food and allergic reactions
(5) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;
(6) Prevention of shaken baby syndrome and abusive head trauma
(7) Recognizing and reporting child abuse and neglect
(8) Emergency preparedness and response planning
(9) Handling and storage of hazardous materials and the appropriate disposal of Bio contaminants;
(10) For providers offering transportation, appropriate precautions in transporting children; and
(11) Child development, birth through 12 years
(f) A license exempt child care provider and each employee working for programs operating 4
months or less, such as a summer or recreational program, who has completed

the health and safety requirements listed in He-C 6914.04(e)(1)-(11) must complete a minimum of 2 hours of professional development in any of the health and safety topics listed in He-C 6914.04(e)(1)-(11).
(g) Child care programs that serve only children attending part day kindergarten or full-day public school shall be exempt from He-C 6914.04 (e)(2) and (6).
(h) Each license-exempt child care provider and employee providing supervision of children or required to meet staff to child ratios, shall submit proof according to (k) below to DHHS that the provider and each employee has current certification in:
(1) Pediatric cardiopulmonary resuscitation (CPR) which shall include instruction in CPR and foreign body airway obstruction management for infants and children by the American Red
Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council, or other nationally recognized organization; and
(2) Pediatric first aid
(m) Each license-exempt child care provider shall schedule an annual announced monitoring visit no later than 2 weeks after receiving contact from DHHS to determine compliance with He-C 6916 and He-C 6917.

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the Lead Agency defines the following age classifications (e.g., Infant: 0 – 18 months).

a. Infant. Describe: **0-12 months**

b. Toddler. Describe: **13 months � 35 months**

c. Preschool. Describe: **3 years to 6 years, for children not enrolled in school**

d. School-Age. Describe: **56 months or older, enrolled in a full day school program.**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **6 weeks to 12 months = 1:4**
He-C 4002.37(b)(1)

Group size: **12**

ii. Toddler.

Ratio: **13 months to 24 months = 1:5 25 months to 35 months = 1:6**
He-C 4002.37(b)(2) and (3)

Group size: **13 months to 24 months = 15 25 months to 35 months = 18**

iii. Preschool.

Ratio: **36 months to 47 months = 1:8**
48 months to 59 months = 1:12
60 months and over = 1:15
He-C 4002.36(b)

Group size: **36 months to 47 months = 24**
48 months to 59 months = 24
60 months and older = 30

iv. School-Age.

Ratio: **56 months and older = 1:15**
He-C 4002.39(f)

Group size: **45**

v. Mixed-Age Groups (if applicable).

Ratio: **When ages are mixed, ratio is based on the average age, in months, of children in the group provided programs shall not combine children younger than 24 months in a mixed age group which includes children older than 47 months, except for time limited, specific activities; or when there are 17 or fewer children present in the program, including a maximum of 12 children younger than school age, and 4 or fewer of the 17 children are younger than 3 years of age; or with a department approved plan for multi-age classrooms. When children between 6 weeks of age and 35 months are mixed, the ratio is based on the average age, in months, of children in the group, and the maximum group size is 16.**

Group size: **When ages are mixed, ratio is based on the average age, in months, of children in the group provided programs shall not combine children younger than 24 months in a mixed age group which includes children older than 47 months, except for time limited, specific activities; or when there are 17 or fewer children present in the program, including a maximum of 12 children younger than school age, and 4 or fewer of the 17 children are younger than 3 years of age; or with a department approved plan for multi-age classrooms. When children between 6-weeks of age and 35 months are mixed, the ratio is based on the average age, in months, of children in the group, and the maximum group size is 16.**

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. **[ ]** Not applicable. There are no differences in ratios and group size requirements.

ii. Infant: **No difference from licensed care.**

iii. Toddler: **No difference from licensed care.**

iv. Preschool: **No difference from licensed care.**

v. School-Age: **The staff to child ratio for school-age programs shall be one staff for 15 children with a maximum group size of 60. In addition to the staffing requirements in (a) above, programs shall have a second staff person in the building when 13 or more children are present. (c) Programs shall provide a minimum of 40 square feet of usable indoor space per child. Indoor active play space shall be available to children daily. In addition to (a) above, programs offering drop-in care shall monitor attendance records to ensure compliance with group size and ratios. If there is a pattern of exceeding ratio and group size then additional staff shall be added. Attendance records shall be kept on file for review by the department. The only exception to (a) above shall be when children combine for time-limited activities, such as meals, snacks, daily meetings, short stories, special guest presentations, or other special events, provided that all children have sufficient room for the activity. LE child care centers are not required to meet Qualifications for school age teachers [He-C 4002.32].**

vi. Mixed-Age Groups: **No difference from licensed care.**

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: **In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that: 1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and 2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age. OR In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age. 2. Family group child care homes in which a family child care provider or family child care worker is working alone shall comply with the limits for a family child care home with one provider as specified above. 3. 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. He-C 4002.34(n)-(q)**

Group size: **In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that: 1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and 2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age. OR In a family child care home the**

maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age. 2. Family group child care homes in which a family child care provider or family child care worker is working alone shall comply with the limits for a family child care home with one provider as specified above. 3. 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. He-C 4002.34(n)-(q)

ii. Toddler (if applicable)

Ratio: **In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that: 1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and 2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age. OR In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age. 2. Family group child care homes in which a family child care provider or family child care worker is working alone shall comply with the limits for a family child care home with one provider as specified above. 3. 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. He-C 4002.34(n)-(q)**

Group size: **In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that: 1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and 2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age. OR In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age. 2. Family group child care homes in which**

a family child care provider or family child care worker is working alone shall comply with the limits for a family child care home with one provider as specified above. 3. 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. He-C 4002.34(n)-(q)

iii. Preschool (if applicable)

Ratio: **In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that: 1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and 2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age. OR In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age. 2. Family group child care homes in which a family child care provider or family child care worker is working alone shall comply with the limits for a family child care home with one provider as specified above. 3. 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. He-C 4002.34(n)-(q)**

Group size: **In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that: 1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and 2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age. OR In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age. 2. Family group child care homes in which a family child care provider or family child care worker is working alone shall comply with the limits for a family child care home with one provider as specified above. 3. 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. He-C 4002.34(n)-(q)

iv. School-Age (if applicable)

Ratio: **In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that: 1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and 2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age. OR In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age. 2. Family group child care homes in which a family child care provider or family child care worker is working alone shall comply with the limits for a family child care home with one provider as specified above. 3. 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. He-C 4002.34(n)-(q)**

Group size: **In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that: 1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and 2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age. OR In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age. 2. Family group child care homes in which a family child care provider or family child care worker is working alone shall comply with the limits for a family child care home with one provider as specified above. 3. 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. He-C 4002.34(n)-(q)**

v. Mixed-Age Groups

Ratio: **In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that: 1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and 2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age. OR In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age. 2. Family group child care homes in which a family child care provider or family child care worker is working alone shall comply with the limits for a family child care home with one provider as specified above. 3. 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. He-C 4002.34(n)-(q)**

Group size: **In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that: 1. Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and 2. Of the 6 preschool children, no more than 2 children are younger than 24 months of age. OR In a family child care home the maximum number of children that a family childcare provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age. 2. Family group child care homes in which a family child care provider or family child care worker is working alone shall comply with the limits for a family child care home with one provider as specified above. 3. 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. He-C 4002.34(n)-(q)**

d. Are any of the responses above different for license-exempt family child care homes?

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **License exempt in-home care providers are allowed to have no more than 3 children, non-relative, at any given time.**

[ ] Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups (if applicable)

Ratio: **N/A**

Group size: **N/A**

f. Are any of the responses above different for license-exempt in-home care?

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **License exempt in-home care providers are allowed to have no more than 3 children, non-relative, at any given time.**

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **He-C 4002.35 Teacher qualifications for Infant/Toddler/Preschool: (k) A lead teacher in a center-based program shall have a high school diploma or equivalent, including but not limited to General Equivalency Diploma (GED), a High School Equivalency Test (HiSet), or a Test Assessing Secondary Completion (TASC), be at least 18 years old, and have one of the following: (1) A minimum of 18 credits in related coursework, including at least 3 credits in child or human growth and development, plus a minimum of 1000 hours experience working with children in a licensed child care program or public or private elementary school;**

(2) A minimum of 12 credits in related coursework, plus 3000 hours experience working with children in licensed child care program or public or private elementary school; (3) Documentation of a non-expired child development associates (CDA) in center-based programs awarded by the council for professional recognition; (4) A credential from a teacher preparation program accredited by MACTE; (5) Five years as a licensed family child care provider with no enforcement actions imposed by the department; (6) Successful completion of the New Hampshire Early Childhood Apprenticeship Program; (7) A minimum of 1000 hours of supervised child care experience in a licensed child care program, documentation of successful completion of a 2-year vocational course in career and technical education with an additional 9 credits in related coursework; or (8) Documentation from or on file with the department that she or he was qualified for and employed in the position of lead teacher on or before November 6, 2017. (l) An associate teacher in a center-based program shall be at least 18 years old, have a high school diploma or equivalent, including but not limited to General Equivalency Diploma (GED), a High School Equivalency Test (HiSet), or a Test Assessing Secondary Completion (TASC), and have one of the following options: (1) Written documentation from or on file with the department that she or he was qualified and employed as an associate teacher on or before November 6, 2017; (2) A minimum of 9 credits in related coursework, including at least one 3 credit course in child or human growth and development; (3) Current certification as para II educator by the department of education; or (4) A minimum of 1000 hours of supervised child care experience in a licensed child care program, and knowledge of child growth and development obtained through one of the following: a. Completion of a high school level 2-year career and technical education course in teacher education; b. A 3 credit college course in child or human growth and development; c. Thirty hours of training in child growth and development, granted by an accredited college or university, an authorized provider of the International Association for Continuing Education and Training or obtained through documented life experience, including experience with the same age children the associate teacher supervises, such as a family child care provider, service as a foster parent, work as a school teacher, work as a camp counselor and experience as a group leader for children in sports or other activities, such as scouts or little league, or closely related experience. (m) Assistant teachers in a center-based program, whether paid or volunteer, shall: (1) Be at least 16 years of age; and (2) Work with children only under the direct supervision and observation of a staff person who meets at least the minimum qualifications of an associate teacher. Teacher Qualifications for School-Age Programs: (q) A group leader in a school-age program shall be at least 17 years of age, and have one of the following: (1) Experience working with school-age children, totaling 600 hours; (2) Documentation of at least 3 credits in child development, education, recreation, or other field of study focused on children, awarded by an accredited college or university; (3) Documentation that she or he is a certified coach; (4) Documentation of 5 years of parenting experience; or (5) Documentation from or on file with the department that she or he was qualified and employed as a group leader in a school-age program on or before the adoption of these rules in 2022. (r) An assistant group leader in a school-age program, whether paid or volunteer, shall: (1) Be at least 15 years of age; and (2)

Work with children only when under the direct supervision and observation of a site director or group leader as described in this section.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **He-C 4002.35 Director qualifications for Infant/Toddler/Preschool: (j) A center director in a center-based program shall: (1) Be at least 21 years of age; (2) Have a high school diploma or equivalent, including but not limited to General Equivalency Diploma (GED), a High School Equivalency Test (HiSet), or a Test Assessing Secondary Completion (TASC); (3) Have 3 credits in management or supervision, awarded by an accredited college or university, a minimum of 2 years' experience in a supervisory or management position in lieu of the 3 credits in management and supervision, or a written plan for completion of 3 credits in management or supervision from an accredited college or university; (4) Have a minimum of 1500 hours experience working with children in a licensed child care program or public or private elementary school; (5) Have one of the following: a. A minimum of an associate's degree awarded by an accredited college in related coursework; b. An additional 3000 hours of experience working with children in a licensed child care program or in a public or private elementary school and documentation of a non-expired child development associates (CDA) in center-based programs awarded by the council for professional recognition; c. Current certification in early childhood, elementary, or special education by the department of education; d. Certification in a teacher preparation program accredited by the Montessori Accreditation Council for Teacher Education (MACTE) in infant and toddler, early childhood or elementary I, together with 60 credits, awarded by an accredited college or university; or e. Documentation of 60 credits, of which at least 24 shall be in related coursework, including at least 3 credits in each of the following core knowledge areas: 1. Children with special needs; 2. Child growth and development; and 3. Curriculum for early childhood education; and (6) Be on file with the department as a center director working in that position on or before November 6, 2017. Director qualifications for School-Age Programs: (p) A site director in a school-age program shall be at least 20 years of age, have a high school diploma or equivalent, including but not limited to General Equivalency Diploma (GED), a High School Equivalency Test (HiSet), or a Test Assessing Secondary Completion (TASC), and have at least one of the following: (1) Written documentation from or on file with the department that she or he was qualified and employed as a site director in a school-age program on or before the effective date of these rules in 2022; (2) A minimum of an associate's degree in child development, education, recreation, or other field of study focused on children, awarded by an accredited college or university; (3) Certification of successful completion of training as a recreation director plus 1000 hours experience working with children in a licensed child care program, recreation program or a public or private elementary school; (4) A total of 12 credits in child development, education, recreation, or other field of study focused on children, from an accredited college plus 1000 hours of experience working with children; (5) Current certification as an educator by the department of education; or (6) Experience working with children totaling 2000 hours and: a. Current**

certification as a para II educator by the department of education; or b. Both of the following: 1. Documentation of enrollment in a course for at least 3 credits in child development, education, recreation, or other field of study focused on children, through an accredited college or university and a written plan on file for completion of at least 3 additional credits as specified; and 2. Within 12 months of the date the individual begins working as a site director, documentation of successful completion of a total of at least 6 credits as specified in b.1. shall be on file for review by the department.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **He-C 4002.34 (d) To qualify as a family child care provider, an individual shall be: (1) At least 21 years of age; or (2) At least 18 years of age and submit with his or her application documentation that he or she has a high school diploma or equivalent, including but not limited to General Equivalency Diploma (GED), a High School Equivalency Test (HiSet), or a Test Assessing Secondary Completion (TASC), and at least one of the following: a. Successful completion of a 2 year child care curriculum approved by the department of education; or b. College courses, totaling 6 credits, in child development, early childhood, or elementary education, or other field of study focused on children, including at least one 3-credit course in child growth and development, from a regionally accredited college. (e) A family child care worker shall be 18 years of age or older. (f) A family child care assistant, whether paid or volunteer, shall: (1) Be 16 years of age or older; and (2) Work under the direct observation and supervision of the family child care provider or a family child care worker at all times.**

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **Provider must be 18 years of age or older**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

a. License-exempt center-based child care. **Provider must be 18 years of age or older and required to meet all CCDF health and safety training requirements**
He-C 6914.04 (e) Each license-exempt child care provider and each employee providing supervision of children or required to meet staff to child ratios, shall submit proof according to (k) below that the provider and employee has completed a minimum of 6 hours of training in all required health and safety topics listed below:
(1) Prevention and control of infectious diseases
(2) Prevention of sudden infant death syndrome and use of safe sleeping practices
(3) Administration of medication, consistent with standards for parental consent
(4) Prevention of and response to emergencies due to food and allergic reactions
(5) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and

vehicular traffic;
(6) Prevention of shaken baby syndrome and abusive head trauma
(7) Recognizing and reporting child abuse and neglect
(8) Emergency preparedness and response planning
(9) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
(10) For providers offering transportation, appropriate precautions in transporting children; and
(11) Child development, birth through 12 years.

b. License-exempt home-based child care. **Provider must be 18 years of age or older and required to meet all CCDF health and safety training requirements. He-C 6914.04 (e) Each license-exempt child care provider and each employee providing supervision of children or required to meet staff to child ratios, shall submit proof according to (k) below that the provider and employee has completed a minimum of 6 hours of training in all required health and safety topics listed below:**
(1) Prevention and control of infectious diseases
(2) Prevention of sudden infant death syndrome and use of safe sleeping practices
(3) Administration of medication, consistent with standards for parental consent
(4) Prevention of and response to emergencies due to food and allergic reactions
(5) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;
(6) Prevention of shaken baby syndrome and abusive head trauma
(7) Recognizing and reporting child abuse and neglect
(8) Emergency preparedness and response planning
(9) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;
(10) For providers offering transportation, appropriate precautions in transporting children; and
(11) Child development, birth through 12 years.

c. License-exempt in-home care (care in the child's own home). **Provider must be 18 years of age or older and required to meet all CCDF health and safety training requirements. He-C 6914.04 (e) Each license-exempt child care provider and each employee providing supervision of children or required to meet staff to child ratios, shall submit proof according to (k) below that the provider and employee has completed a minimum of 6 hours of training in all required health and safety topics listed below:**
(1) Prevention and control of infectious diseases
(2) Prevention of sudden infant death syndrome and use of safe sleeping practices
(3) Administration of medication, consistent with standards for parental consent
(4) Prevention of and response to emergencies due to food and allergic reactions
(5) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;
(6) Prevention of shaken baby syndrome and abusive head trauma
(7) Recognizing and reporting child abuse and neglect
(8) Emergency preparedness and response planning
(9) Handling and storage of hazardous materials and the appropriate disposal of bio

contaminants;
(10) For providers offering transportation, appropriate precautions in transporting children; and
(11) Child development, birth through 12 years.

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.10(d)-(j): (d) The program shall request and maintain on file for each child documentation of immunizations in accordance with RSA 141-C:20-a, RSA 141-C:20-b, and He-P 301.14. (e) The documentation described in (d) above shall be on file on the first day the child is in attendance at the program or, pursuant to 45 CFR § 98, 41(a)(1)(i)(C), for children experiencing homelessness or for children in foster care within 60 days of the first date of attendance, to allow families or persons responsible for their care to obtain and provide documentation of immunizations. (f) Exemptions from the immunizations required under (d) above shall be in accordance with RSA 141-C:20-c. (g) Programs shall complete the department's annual report of children's immunizations in accordance with RSA 141-C:20-e and He-P 301.15(d). (h) The program shall maintain on file a completed child health screening form �New Hampshire Early Childhood Health Assessment Record� (May 2012) provided by the department, or an equivalent record of physical examination which is available for review by the department for each child no more than 60 calendar days after the date of admission. (i) A written record of a health screening or physical examination update shall be on file in accordance with the following: (1) For children younger than 6 years of age, programs shall have on file a copy of a physical examination completed within 60 days of the date of expiration of the last record of physical exam on file; and (2) For children ages 6 and older, programs shall have on file a copy of the physical examination record completed within the year prior to enrollment. (j) Programs shall not be required to obtain physical examination records for children whose parents object in writing, on the grounds that such physical examination is contrary to their**

religious beliefs. He-C 4002.11: (a) Child care staff shall observe each child, each day upon arrival and throughout the day for injuries and symptoms of illness which: (1) Impair or prohibit the child's participation in the regular child care activities; or (2) Require more care than child care staff are able to provide without compromising the health and safety of the ill, or injured child, or the other children in their care. (b) Unless a program is following guidance issued by the department's division of public health as a result of a disease outbreak or public health emergency, the program shall not deny admission or dismiss a child due to illness, unless one of the following conditions exist: (1) An oral or forehead temperature of 101 degrees Fahrenheit or greater, or 100 degrees Fahrenheit or greater when taken via the armpit, accompanied by behavior changes or signs or symptoms of illness until medical evaluation indicates inclusion in the program; (2) Symptoms and signs of possible severe illness such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs until medical evaluation allows inclusion; (3) Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper, until diarrhea stops; (4) Vomiting illness, including two or more episodes of vomiting in the previous 24 hours, until vomiting resolves or until healthcare provider determines illness to be non-communicable, and the child is not in danger of dehydration; (5) Rash with fever or behavior change, until a healthcare provider determines that these symptoms do not indicate a communicable disease; or (6) The conditions in (a)(1) or (a)(2) are met. (c) Child care staff shall provide any child who is ill an opportunity to rest or an opportunity to do a quiet activity in a comfortable, private, supervised area, including areas not regularly considered child care space, such as offices, provided the space is safe for children to occupy, until parents arrive to remove the child from the program. (d) The family child care provider, center director, site director, or designee shall contact the bureau of disease control and prevention for instructions in accordance with the following: (1) When child care staff or children in the program have symptoms of or are known to have a communicable disease to determine whether the ill individual is required to be excluded from the program; and (2) To determine reporting requirements in accordance with RSA 141-C:7, He-P 301.03(c) and (d), and He-P 301.03(h). (e) When any child care staff or children in the program have symptoms of or are known to have a communicable disease: (1) Any spills of bodily fluids shall be immediately cleaned and sanitized; (2) Persons involved in cleaning surfaces contaminated with bodily fluids shall: a. Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and b. Immediately wash their hands with soap and running water after discarding the gloves; and (3) Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be immediately disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands-free receptacle. He-C 4002.23(ah): Child care staff shall immediately clean spills of bodily fluids, including urine, feces, blood, saliva, and discharges from the nose, eyes, or an injury, using soap and water and then disinfectant. Surfaces requiring such action include tabletops, toys, floors, walls, toilets, potty chairs, and diaper changing surfaces. He-C 4002.27: (a) Programs shall have a safe supply of water under pressure available for drinking and

household use in accordance with the following: (1) Hot water under pressure, which measures at least 60 degrees Fahrenheit shall be available at all sinks during operating hours; (2) Hot water at taps which are accessible to children shall have an automatic control to maintain a temperature at the tap of not higher than 120 degrees Fahrenheit; (3) In accordance with Env-Dw 501.04(c), a program that is considered to be a public water system as defined in RSA 485:1-a, XV, subject to regulation by the department of environmental services, shall have on file, available for review by the health officer and the department, a written document which lists the United States Environmental Protection Agency identification number of the system, assigned by the department of environmental services; (4) Programs that have their own independent water supply and are not considered to be public water systems as defined in RSA 485:1-a, XV and confirmed by DES, shall test their water supply in accordance with the following: a. Water testing shall be performed by a laboratory accredited under the environmental laboratory accreditation program in accordance with Env-C 300; b. For new applicants, not more than 90 days prior to the date the application is submitted to the department, water testing shall be conducted for arsenic, bacteria, nitrate, nitrite, lead, both stagnant and flushed, copper, both stagnant and flushed, and fluoride, and results provided to the department with the application; and c. Ongoing water testing shall be conducted as follows and results maintained on file at the program, available for review by the health officer and the department: 1. Once every 3 months for bacteria; 2. Annually for arsenic, nitrate, and nitrite; and 3. At least once every 3 years for stagnant lead, stagnant copper, and fluoride; (5) The results of water tests required by (a)(4)b. and c. above, and results of any other water tests shall be in compliance with the maximum contaminant levels established in Env-Dw 700 for bacteria, nitrates, nitrites, arsenic, and fluoride, and shall not exceed the action levels established in Env-Dw 714 for lead and copper; (6) Any program whose water test result has exceeded maximum contaminant levels or action levels shall: a. Immediately contact the department to report that finding, and provide the department with a plan for how it will ensure that children will not be at risk from exposure to the unsafe water; and b. Within 30 days of the date the program learns that they have failed a water test submit to the department an acceptable corrective action plan which details what action will be taken to correct the unsafe condition of the water and a date by which that action will be complete, unless the program requests, either verbally or in writing, and the department agrees, to extend that deadline, based on the following criteria: 1. The program demonstrates that it has made a good faith effort to develop and submit the corrective action plan within the 30 day period but has been unable to do so; and 2. The department determines that the health, safety, or well-being of children will not be jeopardized as a result of granting the extension; and (7) When a program fails to submit a written proposed corrective action plan within 30 days of receiving the unacceptable test result under (a)(6)b. above, the department shall initiate action to suspend the license or permit in accordance with He-C 4002.44(q) and (r), until such time as laboratory results meeting those requirements are received by the department. (b) During all hours of operation there shall be functional sewage disposal facilities designed to accommodate the license capacity of the program, in accordance with the following: (1) There shall be no visible sewage on the

grounds; (2) There shall be flush toilets in working order connected to a sewage disposal system; and (3) Any program whose septic system is showing signs of failure shall: a. Immediately make arrangements with a contractor licensed to evaluate and repair or replace septic systems to: 1. Make temporary repairs to the septic system to correct the problem so that the program may continue to operate; or 2. Make permanent repairs to the septic system or replace the septic system; b. Immediately contact the local health officer to inform him or her of the problem; c. Immediately contact the department to verbally report the problem, and give the department a plan for how it will immediately provide that: 1. All required bathroom units function properly; and 2. Children will not be exposed to any risks from the failed septic system; d. Within 10 days of the date that child care staff first notice signs indicating that the septic system is in failure, submit to the department a written plan, which includes: 1. What action has been taken to correct the failed septic system; 2. The date by which that action will be completed; 3. An explanation of how the program will ensure that the requirements in c.1. and c.2. above will continue to be met until repair or replacements are completed; and e. Request an extension to d. above, which the department shall grant if additional time is necessary to develop a written plan and the safety and well-being of the children is maintained. (c) Privies are permissible in lieu of, or in addition to, (b)(2) above under the following conditions: (1) The licensee shall obtain approval by the town health officer for use of a privy; (2) The privy shall be constructed in accordance with Env-Wq 1022.01; (3) There shall be running water for handwashing available and accessible inside the privy area or immediately upon exiting the privy; (4) Privies shall be located: a. At least 100 feet from any place where food is prepared or served; b. At least 75 feet from any surface water; and c. At least 200 feet up-gradient of any well or spring; (5) Privy contents shall be: a. Removed as often as necessary to prevent the pit from being filled to within one foot of the top of the pit; and b. Disposed of in accordance with Env-Wq 1600; (6) The contents of the pit shall be covered daily with lime or other suitable agent to eliminate insects and odors; (7) The materials for liming and disinfection shall be kept: a. In proximity to the privy where they are readily available for use; and b. Stored in a manner where children cannot access the contents; (8) The privy and the pit shall be made fly-tight and provided with self-closing lids; and (9) Child care staff shall maintain the privy in clean and sanitary conditions at all times. (d) The licensee shall maintain chemical toilets in accordance with Env-Wq 1600, which shall be pumped by a septage hauler licensed by the department of environmental services. He-C 4002.28: (a) Bathrooms shall have a means of outside ventilation. (b) Prior to use, the local health officer or designee and the department shall approve portable sinks intended for use to meet any of the requirements of He-C 4002. (c) Toilet facilities shall afford adequate privacy appropriate to the ages of children enrolled in the program while allowing for age appropriate supervision of each child. (d) Programs licensed to care for children younger than 3 years of age shall: (1) Provide potty chairs or adult toilets with adapters at a ratio of one unit for every 10 children ages 18 months through 35 months, in addition to the requirements for toilets in He-C 4002.22(d); (2) Place potty chairs within easy access to a toilet and sink to allow child care staff to proceed to the toilet to empty the potty chair and proceed to the hand washing

sink without having to open doors or gates, or have physical contact with other children; (3) Not place potty chairs in food preparation areas or food service areas; and (4) Empty and sanitize each potty receptacle after each use. He-C 4002.29: (a) Programs serving diapered children and children who are not toilet trained shall have a designated diaper changing area, which shall: (1) Be located adjacent to or in close proximity to a designated hand washing sink to allow access for hand washing without having to open doors or gates or have physical contact with other children; (2) Have a non-porous, washable surface, which shall be used exclusively for diaper changing and sanitized after each diaper change; (3) Contain a covered, hand-free receptacle, lined with a plastic bag, and located within reach of the diaper changing area for disposal of soiled disposable diapers and cleansing articles; and (4) Not be located in kitchens or in food preparation or food service areas, or on surfaces where food is prepared or served. (b) In addition to the requirements in (a) above, in center-based programs the diaper changing area shall be: (1) Located in the room where the children in diapers are cared for; and (2) Equipped with a sink adjacent to or in close proximity to the diaper changing area designated exclusively for adult and child hand washing before or after diaper changing or toileting. (c) Programs shall not use a sink for hand washing after diapering or toileting if food preparation or washing dishes or eating utensils occurs in the sink. (d) At least every 2 hours, child care staff shall check children in diapers and change diapers and clothing if they are soiled or wet. (e) During each diaper change, soiled areas of children shall be washed with disposable, single use cleansing articles such as baby wipes or soft paper towels that have been moistened with water. (h) When non-disposable diapers are used: (1) The diaper shall have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine; (2) The diaper shall contain a waterproof cover that is adherent to the cloth material; or (3) The outer covering and inner lining shall be changed at the same time as a unit when a diaper with a separate lining is used. (i) Soiled disposable diapers and cleansing articles shall immediately be placed in a plastic bag lined, hands-free receptacle. (j) The plastic bag containing the soiled diapers and cleansing articles shall be removed daily, securely closed, and placed outside in covered garbage cans for collection or removal at regular intervals. (k) Covered hands-free receptacles used to dispose of diapers and cleansing articles shall be cleaned and sanitized at least once each day. (l) Soiled non-disposable diapers shall: (1) Be immediately placed in an individual sealed plastic bag which shall be inaccessible to children and not in contact with other's belongings; and (2) Be returned to the parent at the end of each day. (m) Programs using a commercial diaper service shall handle soiled diapers in accordance with written instructions from the service. He-C 4002.30: (a) Child care staff shall wash their hands with liquid soap and running water as needed and: (1) After each diaper change or toileting; (2) After handling any bodily fluid; (3) After cleaning up or handling the garbage; (4) After playing outdoors; (5) Before and after eating; (6) Before and after administering medication; and (7) Before and during any food preparation or service as often as necessary to remove soil and contamination and prevent cross contamination when changing tasks or from raw to ready to eat foods. (b) Child care staff shall: (1) Teach children the importance of hand washing with liquid soap and running

water; and (2) Instruct, encourage, remind, or assist infants and children as needed throughout each day to wash their hands as necessary to comply with (a)(1) through (5) above. (c) Sinks that are used for food preparation or clean up, including sinks used for getting water for baby bottles, rinsing bottles, or dishes, and washing toys, shall not be used for hand washing after toileting or diaper changing. He-C 4002.31: (a) Programs shall provide developmentally appropriate individual eating utensils, cups, and bottles, as applicable, for each meal and snack, which children shall not share. (b) Eating and drinking utensils shall be free from defects, cracks, and chips. (c) Child care staff shall clean all dishes and cooking utensils in a dishwasher or manually wash them in clean hot water and detergent, rinse them in hot water, and allow manually washed dishes to air dry. (d) Child care staff shall serve all food items on a plate or napkin, except foods for infants and toddlers which can be served on a chair tray or table that has been cleaned and sanitized before being used as an eating surface. (e) Child care staff shall sanitize all tables used for meals and snacks, both before and after serving meals or snacks. (f) Only food contact surfaces that are easily cleanable, smooth, free of cracks, breaks, open seams, or similar difficult to clean imperfections which are kept clean, shall be used for food preparation. (i) Child care staff shall thoroughly wash all fruit and vegetables before cutting or serving those foods to children. (p) Programs that provide meals and snacks for children shall: (1) Ensure that snacks and meals are prepared and served in a safe and sanitary manner, including washing fruits and vegetables before serving them; (2) Not serve food to children beyond the recommended dates of use, or beyond 3 days of storage in the refrigerator for perishable leftover food; (3) Store all food in the original containers or in a clean, covered container labeled with the date open and expiration date; (4) Store all unopened food at least 6 inches above the floor, separate from non-food items; (5) Store food items separate from non-food items that could contaminate food or be mistaken for food; (6) In addition to (c) above, properly wash and sanitize all infant bottles between each use. (q) Child care program personnel shall store perishable food in accordance with the following: (1) Refrigeration and storage for food shall be at not less than 32°F, nor more than 40°F for all food requiring refrigeration; (2) There shall be a non-mercury, food service approved thermometers verifying temperatures maintained in all refrigerators; and (3) Refrigerators and freezers used to store foods intended for serving to children shall be maintained in clean condition. (r) Child care program personnel shall not serve to children any canned goods that are dented, bulging or rusted.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.10(d)-(j): (d) The program shall request and maintain on file for each child documentation of immunizations in accordance with RSA 141-C:20-a, RSA 141-C:20-b, and He-P 301.14. (e) The documentation described in (d) above shall be on file on the first day the child is in attendance at the program or, pursuant to 45 CFR § 98, 41(a)(1)(i)(C), for children experiencing homelessness or for children in foster care within 60 days of the first date of attendance, to allow families or persons responsible for their care to obtain and provide documentation of immunizations. (f) Exemptions from the immunizations required under (d) above shall be in accordance with RSA 141-C:20-c. (g) Programs shall complete the**

department's annual report of children's immunizations in accordance with RSA 141-C:20-e and He-P 301.15(d). (h) The program shall maintain on file a completed child health screening form New Hampshire Early Childhood Health Assessment Record (May 2012) provided by the department, or an equivalent record of physical examination which is available for review by the department for each child no more than 60 calendar days after the date of admission. (i) A written record of a health screening or physical examination update shall be on file in accordance with the following: (1) For children younger than 6 years of age, programs shall have on file a copy of a physical examination completed within 60 days of the date of expiration of the last record of physical exam on file; and (2) For children ages 6 and older, programs shall have on file a copy of the physical examination record completed within the year prior to enrollment. (j) Programs shall not be required to obtain physical examination records for children whose parents object in writing, on the grounds that such physical examination is contrary to their religious beliefs. He-C 4002.11: (a) Child care staff shall observe each child, each day upon arrival and throughout the day for injuries and symptoms of illness which: (1) Impair or prohibit the child's participation in the regular child care activities; or (2) Require more care than child care staff are able to provide without compromising the health and safety of the ill, or injured child, or the other children in their care. (b) Unless a program is following guidance issued by the department's division of public health as a result of a disease outbreak or public health emergency, the program shall not deny admission or dismiss a child due to illness, unless one of the following conditions exist: (1) An oral or forehead temperature of 101 degrees Fahrenheit or greater, or 100 degrees Fahrenheit or greater when taken via the armpit, accompanied by behavior changes or signs or symptoms of illness until medical evaluation indicates inclusion in the program; (2) Symptoms and signs of possible severe illness such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs until medical evaluation allows inclusion; (3) Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper, until diarrhea stops; (4) Vomiting illness, including two or more episodes of vomiting in the previous 24 hours, until vomiting resolves or until healthcare provider determines illness to be non-communicable, and the child is not in danger of dehydration; (5) Rash with fever or behavior change, until a healthcare provider determines that these symptoms do not indicate a communicable disease; or (6) The conditions in (a)(1) or (a)(2) are met. (c) Child care staff shall provide any child who is ill an opportunity to rest or an opportunity to do a quiet activity in a comfortable, private, supervised area, including areas not regularly considered child care space, such as offices, provided the space is safe for children to occupy, until parents arrive to remove the child from the program. (d) The family child care provider, center director, site director, or designee shall contact the bureau of disease control and prevention for instructions in accordance with the following: (1) When child care staff or children in the program have symptoms of or are known to have a communicable disease to determine whether the ill individual is required to be excluded from the program; and (2) To determine reporting requirements in accordance with RSA 141-C:7, He-P 301.03(c) and (d), and He-P 301.03(h). (e) When any child care

staff or children in the program have symptoms of or are known to have a communicable disease: (1) Any spills of bodily fluids shall be immediately cleaned and sanitized; (2) Persons involved in cleaning surfaces contaminated with bodily fluids shall: a. Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and b. Immediately wash their hands with soap and running water after discarding the gloves; and (3) Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be immediately disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands-free receptacle. He-C 4002.23(ah): Child care staff shall immediately clean spills of bodily fluids, including urine, feces, blood, saliva, and discharges from the nose, eyes, or an injury, using soap and water and then disinfectant. Surfaces requiring such action include tabletops, toys, floors, walls, toilets, potty chairs, and diaper changing surfaces. He-C 4002.27: (a) Programs shall have a safe supply of water under pressure available for drinking and household use in accordance with the following: (1) Hot water under pressure, which measures at least 60 degrees Fahrenheit shall be available at all sinks during operating hours; (2) Hot water at taps which are accessible to children shall have an automatic control to maintain a temperature at the tap of not higher than 120 degrees Fahrenheit; (3) In accordance with Env-Dw 501.04(c), a program that is considered to be a public water system as defined in RSA 485:1-a, XV, subject to regulation by the department of environmental services, shall have on file, available for review by the health officer and the department, a written document which lists the United States Environmental Protection Agency identification number of the system, assigned by the department of environmental services; (4) Programs that have their own independent water supply and are not considered to be public water systems as defined in RSA 485:1-a, XV and confirmed by DES, shall test their water supply in accordance with the following: a. Water testing shall be performed by a laboratory accredited under the environmental laboratory accreditation program in accordance with Env-C 300; b. For new applicants, not more than 90 days prior to the date the application is submitted to the department, water testing shall be conducted for arsenic, bacteria, nitrate, nitrite, lead, both stagnant and flushed, copper, both stagnant and flushed, and fluoride, and results provided to the department with the application; and c. Ongoing water testing shall be conducted as follows and results maintained on file at the program, available for review by the health officer and the department: 1. Once every 3 months for bacteria; 2. Annually for arsenic, nitrate, and nitrite; and 3. At least once every 3 years for stagnant lead, stagnant copper, and fluoride; (5) The results of water tests required by (a)(4)b. and c. above, and results of any other water tests shall be in compliance with the maximum contaminant levels established in Env-Dw 700 for bacteria, nitrates, nitrites, arsenic, and fluoride, and shall not exceed the action levels established in Env-Dw 714 for lead and copper; (6) Any program whose water test result has exceeded maximum contaminant levels or action levels shall: a. Immediately contact the department to report that finding, and provide the department with a plan for how it will ensure that children will not be at risk from exposure to the unsafe water; and b. Within 30 days of the date the program learns that they have failed a water test submit to the department an acceptable corrective action plan which details what action will be taken to correct the unsafe condition of the water and

a date by which that action will be complete, unless the program requests, either verbally or in writing, and the department agrees, to extend that deadline, based on the following criteria: 1. The program demonstrates that it has made a good faith effort to develop and submit the corrective action plan within the 30 day period but has been unable to do so; and 2. The department determines that the health, safety, or well-being of children will not be jeopardized as a result of granting the extension; and (7) When a program fails to submit a written proposed corrective action plan within 30 days of receiving the unacceptable test result under (a)(6)b. above, the department shall initiate action to suspend the license or permit in accordance with He-C 4002.44(q) and (r), until such time as laboratory results meeting those requirements are received by the department. (b) During all hours of operation there shall be functional sewage disposal facilities designed to accommodate the license capacity of the program, in accordance with the following: (1) There shall be no visible sewage on the grounds; (2) There shall be flush toilets in working order connected to a sewage disposal system; and (3) Any program whose septic system is showing signs of failure shall: a. Immediately make arrangements with a contractor licensed to evaluate and repair or replace septic systems to: 1. Make temporary repairs to the septic system to correct the problem so that the program may continue to operate; or 2. Make permanent repairs to the septic system or replace the septic system; b. Immediately contact the local health officer to inform him or her of the problem; c. Immediately contact the department to verbally report the problem, and give the department a plan for how it will immediately provide that: 1. All required bathroom units function properly; and 2. Children will not be exposed to any risks from the failed septic system; d. Within 10 days of the date that child care staff first notice signs indicating that the septic system is in failure, submit to the department a written plan, which includes: 1. What action has been taken to correct the failed septic system; 2. The date by which that action will be completed; 3. An explanation of how the program will ensure that the requirements in c.1. and c.2. above will continue to be met until repair or replacements are completed; and e. Request an extension to d. above, which the department shall grant if additional time is necessary to develop a written plan and the safety and well-being of the children is maintained. (c) Privies are permissible in lieu of, or in addition to, (b)(2) above under the following conditions: (1) The licensee shall obtain approval by the town health officer for use of a privy; (2) The privy shall be constructed in accordance with Env-Wq 1022.01; (3) There shall be running water for handwashing available and accessible inside the privy area or immediately upon exiting the privy; (4) Privies shall be located: a. At least 100 feet from any place where food is prepared or served; b. At least 75 feet from any surface water; and c. At least 200 feet up-gradient of any well or spring; (5) Privy contents shall be: a. Removed as often as necessary to prevent the pit from being filled to within one foot of the top of the pit; and b. Disposed of in accordance with Env-Wq 1600; (6) The contents of the pit shall be covered daily with lime or other suitable agent to eliminate insects and odors; (7) The materials for liming and disinfection shall be kept: a. In proximity to the privy where they are readily available for use; and b. Stored in a manner where children cannot access the contents; (8) The privy and the pit shall be made fly-tight and provided with self-closing lids; and (9) Child care staff

shall maintain the privy in clean and sanitary conditions at all times. (d) The licensee shall maintain chemical toilets in accordance with Env-Wq 1600, which shall be pumped by a septage hauler licensed by the department of environmental services. He-C 4002.28: (a) Bathrooms shall have a means of outside ventilation. (b) Prior to use, the local health officer or designee and the department shall approve portable sinks intended for use to meet any of the requirements of He-C 4002. (c) Toilet facilities shall afford adequate privacy appropriate to the ages of children enrolled in the program while allowing for age appropriate supervision of each child. (d) Programs licensed to care for children younger than 3 years of age shall: (1) Provide potty chairs or adult toilets with adapters at a ratio of one unit for every 10 children ages 18 months through 35 months, in addition to the requirements for toilets in He-C 4002.22(d); (2) Place potty chairs within easy access to a toilet and sink to allow child care staff to proceed to the toilet to empty the potty chair and proceed to the hand washing sink without having to open doors or gates, or have physical contact with other children; (3) Not place potty chairs in food preparation areas or food service areas; and (4) Empty and sanitize each potty receptacle after each use. He-C 4002.29: (a) Programs serving diapered children and children who are not toilet trained shall have a designated diaper changing area, which shall: (1) Be located adjacent to or in close proximity to a designated hand washing sink to allow access for hand washing without having to open doors or gates or have physical contact with other children; (2) Have a non-porous, washable surface, which shall be used exclusively for diaper changing and sanitized after each diaper change; (3) Contain a covered, hand-free receptacle, lined with a plastic bag, and located within reach of the diaper changing area for disposal of soiled disposable diapers and cleansing articles; and (4) Not be located in kitchens or in food preparation or food service areas, or on surfaces where food is prepared or served. (b) In addition to the requirements in (a) above, in center-based programs the diaper changing area shall be: (1) Located in the room where the children in diapers are cared for; and (2) Equipped with a sink adjacent to or in close proximity to the diaper changing area designated exclusively for adult and child hand washing before or after diaper changing or toileting. (c) Programs shall not use a sink for hand washing after diapering or toileting if food preparation or washing dishes or eating utensils occurs in the sink. (d) At least every 2 hours, child care staff shall check children in diapers and change diapers and clothing if they are soiled or wet. (e) During each diaper change, soiled areas of children shall be washed with disposable, single use cleansing articles such as baby wipes or soft paper towels that have been moistened with water. (h) When non-disposable diapers are used: (1) The diaper shall have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine; (2) The diaper shall contain a waterproof cover that is adherent to the cloth material; or (3) The outer covering and inner lining shall be changed at the same time as a unit when a diaper with a separate lining is used. (i) Soiled disposable diapers and cleansing articles shall immediately be placed in a plastic bag lined, hands-free receptacle. (j) The plastic bag containing the soiled diapers and cleansing articles shall be removed daily, securely closed, and placed outside in covered garbage cans for collection or removal at regular intervals. (k) Covered hands-free receptacles used to dispose

of diapers and cleansing articles shall be cleaned and sanitized at least once each day. (l) Soiled non-disposable diapers shall: (1) Be immediately placed in an individual sealed plastic bag which shall be inaccessible to children and not in contact with other's belongings; and (2) Be returned to the parent at the end of each day. (m) Programs using a commercial diaper service shall handle soiled diapers in accordance with written instructions from the service. He-C 4002.30: (a) Child care staff shall wash their hands with liquid soap and running water as needed and: (1) After each diaper change or toileting; (2) After handling any bodily fluid; (3) After cleaning up or handling the garbage; (4) After playing outdoors; (5) Before and after eating; (6) Before and after administering medication; and (7) Before and during any food preparation or service as often as necessary to remove soil and contamination and prevent cross contamination when changing tasks or from raw to ready to eat foods. (b) Child care staff shall: (1) Teach children the importance of hand washing with liquid soap and running water; and (2) Instruct, encourage, remind, or assist infants and children as needed throughout each day to wash their hands as necessary to comply with (a)(1) through (5) above. (c) Sinks that are used for food preparation or clean up, including sinks used for getting water for baby bottles, rinsing bottles, or dishes, and washing toys, shall not be used for hand washing after toileting or diaper changing. He-C 4002.31: (a) Programs shall provide developmentally appropriate individual eating utensils, cups, and bottles, as applicable, for each meal and snack, which children shall not share. (b) Eating and drinking utensils shall be free from defects, cracks, and chips. (c) Child care staff shall clean all dishes and cooking utensils in a dishwasher or manually wash them in clean hot water and detergent, rinse them in hot water, and allow manually washed dishes to air dry. (d) Child care staff shall serve all food items on a plate or napkin, except foods for infants and toddlers which can be served on a chair tray or table that has been cleaned and sanitized before being used as an eating surface. (e) Child care staff shall sanitize all tables used for meals and snacks, both before and after serving meals or snacks. (f) Only food contact surfaces that are easily cleanable, smooth, free of cracks, breaks, open seams, or similar difficult to clean imperfections which are kept clean, shall be used for food preparation. (i) Child care staff shall thoroughly wash all fruit and vegetables before cutting or serving those foods to children. (p) Programs that provide meals and snacks for children shall: (1) Ensure that snacks and meals are prepared and served in a safe and sanitary manner, including washing fruits and vegetables before serving them; (2) Not serve food to children beyond the recommended dates of use, or beyond 3 days of storage in the refrigerator for perishable leftover food; (3) Store all food in the original containers or in a clean, covered container labeled with the date open and expiration date; (4) Store all unopened food at least 6 inches above the floor, separate from non-food items; (5) Store food items separate from non-food items that could contaminate food or be mistaken for food; (6) In addition to (c) above, properly wash and sanitize all infant bottles between each use. (q) Child care program personnel shall store perishable food in accordance with the following: (1) Refrigeration and storage for food shall be at not less than 32°F, nor more than 40°F for all food requiring refrigeration; (2) There shall be a non-mercury, food service approved thermometers verifying temperatures maintained in all refrigerators; and (3) Refrigerators and freezers used to store foods

intended for serving to children shall be maintained in clean condition. (r) Child care program personnel shall not serve to children any canned goods that are dented, bulging or rusted.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.10 Prevention and Control of Infectious Diseases, Including Immunizations. Staff and children shall wash their hands with liquid soap and warm running water as needed and: After each diaper change or toileting; After handling any bodily fluid; After cleaning up or handling garbage; After playing outdoors; Before and after eating; Before and after administering medication; and Before and during any food preparation or service as often as necessary to remove soil and contamination and prevent cross-contamination when changing tasks or from raw to ready-to-eat foods. Child care staff shall: Teach children the importance of handwashing with liquid soap and warm running water; and Instruct, encourage, remind, or assist children as needed throughout each day to wash their hands as necessary to comply with (a)(1) through (5) above. Staff shall observe each child for symptoms of illness or injury throughout the day and contact the parent if a child has: More than one episode of vomiting in one day; More than one episode of diarrhea in one day; Uncontrolled coughing or wheezing; Skin lesions which have not been diagnosed or treated by a licensed health care practitioner; or An oral temperature of 101 degrees Fahrenheit or higher or an under arm temperature of 100 degrees Fahrenheit or higher combined with any of the following: Diarrhea; Rash; Earache; Sore throat; or Vomiting. Any time there is spill of bodily fluids, or any staff or child in the program have symptoms of, or are known to have, a communicable disease: Any spills of bodily fluids shall be immediately cleaned and sanitized; Persons involved in cleaning surfaces contained with bodily fluids shall: Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and Immediately wash their hands with liquid soap and warm running water after discarding the gloves; Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands- free receptacle; and The program shall contact the bureau of disease control and prevention at (800) 852-3345, ext. 4496 for instructions regarding whether the ill individual is required to be excluded from the program and to determine reporting requirements in accordance with RSA 141-C:7 and He-P 301.03(c), (d), and (h) and He-P 301.05(i)(3)b. All foods prepared and served to children shall be free from spoilage, filth, and other contamination. Programs shall clean and disinfect bathroom facilities whenever visibly soiled, but at a minimum of once per week. Programs with pets on the premises shall: Ensure dogs and cats have a current vaccination for rabies; Keep cages that house small animals, fish tanks, and litter boxes away from food preparation, food service areas, and any other area where children play; and Ensure children do not have direct contact with animal feces or urine either indoors or outdoors. Documentation of immunizations, in accordance with RSA 141-C:20-a, RSA 141-C:20-b, and He-P 301.14, shall be on file for each child on the first day the child is**

in attendance at the program. Exemptions from the immunizations required under (h) above shall be in accordance with RSA 141-C:20-c and pursuant to 45 CFR Part 98.41(a)(1)(i)(C) for children experiencing homelessness or children in foster care. Providers may enroll children and allow for 60 days for families to obtain and provide documentation of immunizations. Programs shall not be required to obtain immunization records for children whose parent objects, on the grounds that such immunization is contrary to their religious beliefs, or for children with medical conditions that contraindicate immunization. Documentation for the exemptions listed in (j) above shall be on file with the program, and shall be in accordance with RSA 141-C:20-c.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.10 Prevention and Control of Infectious Diseases, Including Immunizations. (a) Providers and children shall wash their hands with liquid soap and warm running water as needed and: (1) After each diaper change or toileting; (2) After handling any bodily fluid; (3) After cleaning up or handling garbage; (4) After playing outdoors; (5) Before and after eating; (6) Before and after administering medication; and (7) Before and during any food preparation or service as often as necessary to remove soil and contamination and prevent cross-contamination when changing tasks or from raw to ready-to-eat foods. (b) Providers shall: (1) Teach children the importance of handwashing with liquid soap and warm running water; (2) Instruct, encourage, remind, or assist children as needed throughout each day to wash their hands as necessary to comply with (a)(1) through (5) above; and (3) Wash the hands of infants as necessary to comply with (a)(4) and (a)(5) above. (c) Providers shall observe each child for symptoms of illness or injury throughout the day and contact the parent if a child has: (1) More than one episode of vomiting in one day; (2) More than one episode of diarrhea in one day; (3) Uncontrolled coughing or wheezing; (4) Skin lesions which have not been diagnosed or treated by a licensed health care practitioner; or (5) An oral temperature of 101 degrees Fahrenheit or higher or an under arm temperature of 100 degrees Fahrenheit or higher combined with any of the following: Diarrhea; Rash; Earache; Sore throat; or Vomiting. (d) Any time there is a spill of bodily fluids, or any provider or child has symptoms of, or are known to have, a communicable disease: (1) Any spills of bodily fluids shall be immediately cleaned and sanitized; (2) Persons involved in cleaning surfaces contained with bodily fluids shall: Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and Immediately wash their hands with liquid soap and warm running water after discarding the gloves; Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands- free receptacle; and The provider shall contact the bureau of disease control and prevention at (800) 852-3345, ext. 4496 for instructions regarding whether the ill individual is required to be excluded from child care and to determine reporting requirements in accordance with RSA 141-C:7 and He- P 301.03(d) and (e), He-P 301.03(i), and He-P 301.05(i)(3)b. (e) All foods prepared and served to children shall be free from spoilage, filth, and other contamination. (f) Providers shall check children in diapers and change diapers and clothing if they are soiled or wet as needed, and at minimum once every 2**

hours. (g) The plastic bag containing the soiled diapers and cleansing articles shall be removed daily, securely closed, and placed outside in covered garbage cans for collection or removal at regular intervals. (h) Providers shall clean and disinfect bathroom facilities whenever visibly soiled but at a minimum of once per week. (i) All bedding used by children in care shall be cleaned at least once per week and more frequently if soiled. (j) Providers shall ensure that the presence of pets does not present a hazard to the children. (k) When there are pets in a provider's home, providers shall: (1) Ensure dogs and cats have a current vaccination for rabies; (2) Keep cages that house small animals, fish tanks, and litter boxes away from food preparation, or food service areas, as well as any other area where children play; and (3) Ensure children do not have direct contact with animal feces or urine either indoors or outdoors. (l) Documentation of immunizations, in accordance with RSA 141-C:20-a, RSA 141-C:20-b, and He-P 301.14, shall be on file for each child on the first day the child is in attendance with the provider. (m) Exemptions from the immunizations required under (l) above shall be in accordance with RSA 141-C:20-c and pursuant to 45 CFR Part 98.41(a)(1)(i)(C) for children experiencing homelessness or children in foster care. Providers may enroll children and allow for 60 days for families to obtain and provide documentation of immunizations. (n) Providers shall not be required to obtain immunization records for children whose parent objects, on the grounds that such immunization is contrary to their religious beliefs, or for children with medical conditions that contraindicate immunization. (o) Documentation for the exemptions listed in (n) above shall be on file with the provider, and shall be in accordance with RSA 141-C:20-c.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.10 Prevention and Control of Infectious Diseases, Including Immunizations.(a) Providers and children shall wash their hands with liquid soap and warm running water as needed and: (1) After each diaper change or toileting; (2) After handling any bodily fluid; (3) After cleaning up or handling garbage; (4) After playing outdoors; (5) Before and after eating; (6) Before and after administering medication; and (7) Before and during any food preparation or service as often as necessary to remove soil and contamination and prevent cross contamination when changing tasks or from raw to ready-to-eat foods,(b) Providers shall: (1) Teach children the importance of handwashing with liquid soap and warm running water; (2) Instruct, encourage, remind, or assist children as needed throughout each day to wash their hands as necessary to comply with (a)(1) through (5) above; and (3) Wash the hands of infants as necessary to comply with (a)(4) and (a)(5) above. (c) Providers shall observe each child for symptoms of illness or injury throughout the day and contact the parent if a child has: (1) More than one episode of vomiting in one day; (2) More than one episode of diarrhea in one day; (3) Uncontrolled coughing or wheezing; (4) Skin lesions which have not been diagnosed or treated by a licensed health care practitioner; or (5) An oral temperature of 101 degrees Fahrenheit or higher or an under arm temperature of 100 degrees Fahrenheit or higher combined with any of the following: Diarrhea; Rash; Earache; Sore throat; or Vomiting. (d) Any time there is a spill of bodily fluids, or any provider or child has symptoms of, or are known to have, a communicable disease: (1) Any spills of bodily fluids shall be immediately**

cleaned and sanitized; (2) Persons involved in cleaning surfaces contained with bodily fluids shall: Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and Immediately wash their hands with liquid soap and warm running water after discarding the gloves; Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands- free receptacle; and the provider shall contact the bureau of disease control and prevention at (800) 852-3345, ext. 4496 for instructions regarding whether the ill individual is required to be excluded from child care and to determine reporting requirements in accordance with RSA 141-C:7 and He- P 301.03(d) and (e), He-P 301.03(i), and He-P 301.05(i)(3)b.(e) All foods prepared and served to children shall be free from spoilage, filth, and other contamination. (f) Providers shall check children in diapers and change diapers and clothing if they are soiled or wet as needed, and at minimum once every 2 hours. (g) The plastic bag containing the soiled diapers and cleansing articles shall be removed daily, securely closed, and placed outside in covered garbage cans for collection or removal at regular intervals. (h) Providers shall clean and disinfect bathroom facilities whenever visibly soiled but at a minimum of once per week. (i) All bedding used by children in care shall be cleaned at least once per week and more frequently if soiled. (j) Providers shall ensure that the presence of pets does not present a hazard to the children. (k) When there are pets in a provider's home, providers shall: (1) Ensure dogs and cats have a current vaccination for rabies; (2) Keep cages that house small animals, fish tanks, and litter boxes away from food preparation, or food service areas, as well as any other area where children play; and (3) Ensure children do not have direct contact with animal feces or urine either indoors or outdoors.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6916.10 Prevention and Control of Infectious Diseases, Including Immunizations. Staff and children shall wash their hands with liquid soap and warm running water as needed and: After each diaper change or toileting; After handling any bodily fluid; After cleaning up or handling garbage; After playing outdoors; Before and after eating; Before and after administering medication; and Before and during any food preparation or service as often as necessary to remove soil and contamination and prevent cross-contamination when changing tasks or from raw to ready-to-eat foods. Child care staff shall: Teach children the importance of handwashing with liquid soap and warm running water; and Instruct, encourage, remind, or assist children as needed throughout each day to wash their hands as necessary to comply with (a)(1) through (5) above. Staff shall observe each child for symptoms of illness or injury throughout the day and contact the parent if a child has: More than one episode of vomiting in one day; More than one episode of diarrhea in one day; Uncontrolled coughing or wheezing; Skin lesions which have not been diagnosed or treated by a licensed health care practitioner; or An oral temperature of 101 degrees Fahrenheit or higher or an under arm temperature of 100 degrees Fahrenheit or higher combined with any of the following: Diarrhea; Rash; Earache; Sore throat; or Vomiting. Any time there is spill of bodily fluids, or any staff or child in the program have symptoms of, or are known to have, a communicable**

disease: Any spills of bodily fluids shall be immediately cleaned and sanitized; Persons involved in cleaning surfaces contained with bodily fluids shall: Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and Immediately wash their hands with liquid soap and warm running water after discarding the gloves; Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands- free receptacle; and The program shall contact the bureau of disease control and prevention at (800) 852-3345, ext. 4496 for instructions regarding whether the ill individual is required to be excluded from the program and to determine reporting requirements in accordance with RSA 141-C:7 and He-P 301.03(c), (d), and (h) and He-P 301.05(i)(3)b. All foods prepared and served to children shall be free from spoilage, filth, and other contamination. Programs shall clean and disinfect bathroom facilities whenever visibly soiled, but at a minimum of once per week. Programs with pets on the premises shall: Ensure dogs and cats have a current vaccination for rabies; Keep cages that house small animals, fish tanks, and litter boxes away from food preparation, food service areas, and any other area where children play; and Ensure children do not have direct contact with animal feces or urine either indoors or outdoors. Documentation of immunizations, in accordance with RSA 141-C:20-a, RSA 141-C:20-b, and He-P 301.14, shall be on file for each child on the first day the child is in attendance at the program. Exemptions from the immunizations required under (h) above shall be in accordance with RSA 141-C:20-c and pursuant to 45 CFR Part 98.41(a)(1)(i)(C) for children experiencing homelessness or children in foster care. Providers may enroll children and allow for 60 days for families to obtain and provide documentation of immunizations. Programs shall not be required to obtain immunization records for children whose parent objects, on the grounds that such immunization is contrary to their religious beliefs, or for children with medical conditions that contraindicate immunization. Documentation for the exemptions listed in (j) above shall be on file with the program, and shall be in accordance with RSA 141-C:20-c.

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.10(d)-(f): (d) The program shall request and maintain on file for each child documentation of immunizations in accordance with RSA 141-C:20-a, RSA 141-C:20-b, and He-P 301.14. (e) The documentation described in (d) above shall be on file on the first day the child is in attendance at the program or, pursuant to 45 CFR § 98, 41(a)(1)(i)(C), for children experiencing homelessness or for children in foster care within 60 days of the first date of attendance, to allow families or persons responsible for their care to obtain and provide documentation of immunizations. (f) Exemptions from the immunizations required under (d) above shall be in accordance with RSA 141-C:20-c.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C**

4002.10(d)-(f): (d) The program shall request and maintain on file for each child documentation of immunizations in accordance with RSA 141-C:20-a, RSA 141-C:20-b, and He-P 301.14. (e) The documentation described in (d) above shall be on file on the first day the child is in attendance at the program or, pursuant to 45 CFR § 98, 41(a)(1)(i)(C), for children experiencing homelessness or for children in foster care within 60 days of the first date of attendance, to allow families or persons responsible for their care to obtain and provide documentation of immunizations. (f) Exemptions from the immunizations required under (d) above shall be in accordance with RSA 141-C:20-c.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.10 Prevention and Control of Infectious Diseases, Including Immunizations. outdoors. (h) Documentation of immunizations, in accordance with RSA 141-C:20-a, RSA 141-C:20-b, and He-P 301.14, shall be on file for each child on the first day the child is in attendance at the program. (i) Exemptions from the immunizations required under (h) above shall be in accordance with RSA 141-C:20-c and pursuant to 45 CFR Part 98.41(a)(1)(i)(C) for children experiencing homelessness or children in foster care. Providers may enroll children and allow for 60 days for families to obtain and provide documentation of immunizations. (j) Programs shall not be required to obtain immunization records for children whose parent objects, on the grounds that such immunization is contrary to their religious beliefs, or for children with medical conditions that contraindicate immunization. (k) Documentation for the exemptions listed in (j) above shall be on file with the program, and shall be in accordance with RSA 141-C:20-c.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.10 Prevention and Control of Infectious Diseases, Including Immunizations.(l) Documentation of immunizations, in accordance with RSA 141-C:20-a, RSA 141-C:20-b, and He-P 301.14, shall be on file for each child on the first day the child is in attendance with the provider. (m) Exemptions from the immunizations required under (l) above shall be in accordance with RSA 141-C:20-c and pursuant to 45 CFR Part 98.41(a)(1)(i)(C) for children experiencing homelessness or children in foster care. Providers may enroll children and allow for 60 days for families to obtain and provide documentation of immunizations. (n) Providers shall not be required to obtain immunization records for children whose parent objects, on the grounds that such immunization is contrary to their religious beliefs, or for children with medical conditions that contraindicate immunization. (o) Documentation for the exemptions listed in (n) above shall be on file with the provider, and shall be in accordance with RSA 141-C:20-c.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.10 Prevention and Control of Infectious Diseases, Including Immunizations.(l) Documentation of immunizations, in accordance with RSA 141-C:20-a, RSA 141-**

C:20-b, and He-P 301.14, shall be on file for each child on the first day the child is in attendance with the provider. (m) Exemptions from the immunizations required under (l) above shall be in accordance with RSA 141-C:20-c and pursuant to 45 CFR Part 98.41(a)(1)(i)(C) for children experiencing homelessness or children in foster care. Providers may enroll children and allow for 60 days for families to obtain and provide documentation of immunizations. (n) Providers shall not be required to obtain immunization records for children whose parent objects, on the grounds that such immunization is contrary to their religious beliefs, or for children with medical conditions that contraindicate immunization. (o) Documentation for the exemptions listed in (n) above shall be on file with the provider, and shall be in accordance with RSA 141-C:20-c.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6916.10 Prevention and Control of Infectious Diseases, Including Immunizations. outdoors. (h) Documentation of immunizations, in accordance with RSA 141-C:20-a, RSA 141-C:20-b, and He-P 301.14, shall be on file for each child on the first day the child is in attendance at the program. (i) Exemptions from the immunizations required under (h) above shall be in accordance with RSA 141-C:20-c and pursuant to 45 CFR Part 98.41(a)(1)(i)(C) for children experiencing homelessness or children in foster care. Providers may enroll children and allow for 60 days for families to obtain and provide documentation of immunizations. (j) Programs shall not be required to obtain immunization records for children whose parent objects, on the grounds that such immunization is contrary to their religious beliefs, or for children with medical conditions that contraindicate immunization. (k) Documentation for the exemptions listed in (j) above shall be on file with the program, and shall be in accordance with RSA 141-C:20-c.**

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.26: (e) No crib shall be used unless manufactured on or after June 28, 2011, or if manufactured prior to that date, has a Children's Product Certificate (CPC), or test report from a consumer product safety commission (CPSC) accepted third-party lab, provided by the manufacturer documenting the crib's compliance with 16 CFR 1219 as required by 16 CFR 1219 and 1220. (f) Cribs and play pens required under (c) above shall: (1) Not be stacked; (2) Be free of cracked or peeling paint, splinters, and rough edges; (3) Have no more than 2⅜ inches between slats; (4) Have no missing, loose, broken, or improperly installed parts, screws, brackets, baseboards, or other loose hardware, or damaged parts on the crib or mattress supports; (5) Not have corner posts that extend more than 1/16 of an inch above**

the end panels; (6) Not have holes or tears in the mesh walls or in the material that connects the walls to the bottom of the crib or play pen; (7) Have fitted sheets designed for the size mattress, including elastic corners so that there is no excess fabric with visible folds or bunching, and that do not compress the mattress; (8) Not have bumper pads, blankets, flat sheets, pillows, quilts, comforters, sleep positioners, or any soft items or toys with infants up to 12 months of age; and (9) Have mattresses which are in good repair, free of rips or tears, and fit the crib or playpen so that the space between the mattress and crib or playpen is not more than 2 adult fingers wide and does not create a suffocation hazard. (g) Pursuant to He-C 4002.33(b)(3), all child care staff in programs licensed for children 12 months and younger shall complete training on safe sleep practices prior to working with infants. (h) Infants up to 12 months shall not nap or sleep in a car safety seat, beanbag chair, bouncy seat, infant seat, swing, jumping chair, highchair, chair, futon, moses basket, or any other type of furniture or equipment that is not a play pen or crib that meets the requirements of (f) above. (i) If an infant up to 12 months falls asleep outside of their crib or play pen, including entering the program asleep in a car safety seat, staff shall immediately move the infant and place him or her on their back in a crib or play pen. (j) When child care staff place infants in their crib or play pen for sleep, they shall check to ensure that the temperature in the room is comfortable for a lightly clothed adult, check the infants to ensure that they are comfortably clothed and not overheated or sweaty, and that bibs and garments with ties or hoods are removed. (k) Children older than 3 months shall not be swaddled or placed in restrictive or weighted sleep suits or devices unless there are written medical orders from the child's primary health practitioner. (l) In family and family group child care homes, use of an electronic monitor shall only be used to monitor sleeping children on the same level in lieu of direct supervision, in accordance with the following: (1) There is written authorization on file from the parents of the child, indicating that they are aware of and agree to the use of the monitor; (2) The child care staff responsible for their supervision can easily hear sounds from the monitor and respond; and (3) Every 15 minutes, the child care staff responsible for their supervision conduct in-person checks of infants and toddlers sleeping in a crib or playpen, to ensure that each child is safe and comfortable, including a check of their faces, viewing the color of their skin and to check on their breathing. (m) In center-based programs, use of an electronic monitor, whether only audio or both audio and visual, shall be permissible in lieu of having staff in the same room with infants and toddlers sleeping in cribs or playpens, in accordance with the following: (1) There is written authorization on file from the parents of the child, indicating that they are aware of and agree to the use of the monitor; (2) The child care staff responsible for their supervision are located in an adjoining room where they can easily hear sounds from the monitor and respond; and (3) Every 15 minutes, the child care staff responsible for their supervision conduct in-person checks of infants and toddlers sleeping in a crib or playpen, to ensure that each child is safe and comfortable, including a check of their faces, viewing the color of their skin and to check on their breathing.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.26: (e) No crib shall be used unless manufactured on or after June 28, 2011,**

or if manufactured prior to that date, has a Children's Product Certificate (CPC), or test report from a consumer product safety commission (CPSC) accepted third-party lab, provided by the manufacturer documenting the crib's compliance with 16 CFR 1219 as required by 16 CFR 1219 and 1220. (f) Cribs and play pens required under (c) above shall: (1) Not be stacked; (2) Be free of cracked or peeling paint, splinters, and rough edges; (3) Have no more than 2⅜ inches between slats; (4) Have no missing, loose, broken, or improperly installed parts, screws, brackets, baseboards, or other loose hardware, or damaged parts on the crib or mattress supports; (5) Not have corner posts that extend more than 1/16 of an inch above the end panels; (6) Not have holes or tears in the mesh walls or in the material that connects the walls to the bottom of the crib or play pen; (7) Have fitted sheets designed for the size mattress, including elastic corners so that there is no excess fabric with visible folds or bunching, and that do not compress the mattress; (8) Not have bumper pads, blankets, flat sheets, pillows, quilts, comforters, sleep positioners, or any soft items or toys with infants up to 12 months of age; and (9) Have mattresses which are in good repair, free of rips or tears, and fit the crib or playpen so that the space between the mattress and crib or playpen is not more than 2 adult fingers wide and does not create a suffocation hazard. (g) Pursuant to He-C 4002.33(b)(3), all child care staff in programs licensed for children 12 months and younger shall complete training on safe sleep practices prior to working with infants. (h) Infants up to 12 months shall not nap or sleep in a car safety seat, beanbag chair, bouncy seat, infant seat, swing, jumping chair, highchair, chair, futon, moses basket, or any other type of furniture or equipment that is not a play pen or crib that meets the requirements of (f) above. (i) If an infant up to 12 months falls asleep outside of their crib or play pen, including entering the program asleep in a car safety seat, staff shall immediately move the infant and place him or her on their back in a crib or play pen. (j) When child care staff place infants in their crib or play pen for sleep, they shall check to ensure that the temperature in the room is comfortable for a lightly clothed adult, check the infants to ensure that they are comfortably clothed and not overheated or sweaty, and that bibs and garments with ties or hoods are removed. (k) Children older than 3 months shall not be swaddled or placed in restrictive or weighted sleep suits or devices unless there are written medical orders from the child's primary health practitioner. (l) In family and family group child care homes, use of an electronic monitor shall only be used to monitor sleeping children on the same level in lieu of direct supervision, in accordance with the following: (1) There is written authorization on file from the parents of the child, indicating that they are aware of and agree to the use of the monitor; (2) The child care staff responsible for their supervision can easily hear sounds from the monitor and respond; and (3) Every 15 minutes, the child care staff responsible for their supervision conduct in-person checks of infants and toddlers sleeping in a crib or playpen, to ensure that each child is safe and comfortable, including a check of their faces, viewing the color of their skin and to check on their breathing. (m) In center-based programs, use of an electronic monitor, whether only audio or both audio and visual, shall be permissible in lieu of having staff in the same room with infants and toddlers sleeping in cribs or playpens, in accordance with the following: (1) There is written authorization on file from the parents of the child, indicating that they are aware of and agree to the use of the

monitor; (2) The child care staff responsible for their supervision are located in an adjoining room where they can easily hear sounds from the monitor and respond; and (3) Every 15 minutes, the child care staff responsible for their supervision conduct in-person checks of infants and toddlers sleeping in a crib or playpen, to ensure that each child is safe and comfortable, including a check of their faces, viewing the color of their skin and to check on their breathing.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6917.13 Prevention of Sudden Infant Death Syndrome and Use of Safe Sleeping Practices. Providers shall consult with the parent of each child and observe children on an ongoing basis to determine each child's resting or napping needs. To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants up to 12 months of age shall be placed on their backs to sleep in a crib or playpen, unless there are written medical orders from the infant's primary health practitioner requiring alternate positioning. Infants up to 12 months of age shall not nap or sleep in a car safety seat, beanbag chair, bouncy seat, infant seat, swing, jumping chair, highchair, chair, futon, moses basket, or any other type of furniture or equipment that is not a playpen or crib that meets the requirements of (f) below. There shall be an individual crib or playpen for each child 12 months of age and younger, except for siblings for whom co-sleeping is part of their family culture, and written authorization is given by the child's parent and the child's primary health care provider. No crib shall be used unless manufactured on or after June 28, 2011 or, if manufactured prior to that date, has a Children's Product Certificate (CPC) or test report from a consumer product safety commission (CPSC) accepted third-party lab, provided by the manufacturer documenting the crib's compliance as required by 16 CFR 1219 and 1220. All cribs and playpens required in (e) above shall: Be free of cracked or peeling paint, splinters, and rough edges; Have no more than 2⅜ inches between slats; Have no missing, loose, broken, or improperly installed parts, screws, brackets, baseboards, or other loose hardware, or damaged parts on the crib or mattress supports; Not have corner posts which extend more than 1/16 of an inch above the end panels; Not have holes or tears in the mesh walls or in the material that connects the walls to the bottom of the crib or playpen; Have properly fitted sheets which do not have excess fabric or that compress the mattress; and Have mattresses which: Are in good repair, and free of rips or tears; and, Fit the crib or playpen so that the space between the mattress and crib or playpen is not more than 2 adult fingers wide and does not create a suffocation hazard. Cribs or playpens used by infants up to 12 months of age shall not have bumper pads, blankets, flat sheets, pillows, quilts, comforters, sleep positioners, or any soft items or toy. When the provider places an infant in a crib or playpen for sleep, the provider shall: Check to ensure that the temperature in the room is comfortable for a lightly clothed adult; Check the infant to ensure that the infant is comfortably clothed and not overheated or sweaty; and Check to ensure that bibs and garments with ties or hoods are removed from the infant. Children older than 3 months shall not be swaddled or placed in restrictive or weighted sleep suits or devices unless there are written medical orders from the**

child's primary health practitioner on file at the provider. A provider may use electronic monitors to supervise sleeping children provided that: The parent provides a signed and dated authorization stating that the parent is aware of and agreeable to the use of an electronic monitor as a means of supervising their child when their child is asleep; Sounds from the monitor shall be easily heard by the provider; Every 10 minutes the provider shall observe the sleeping children, in person, to ensure that the child is safe and comfortable; and Video monitors shall not replace a physical check of the child by the provider.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.13 Prevention of Sudden Infant Death Syndrome and Use of Safe Sleeping Practices. Providers shall consult with the parent of each child and observe children on an ongoing basis to determine each child's resting or napping needs. To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants up to 12 months of age shall be placed on their backs to sleep in a crib or playpen, unless there are written medical orders from the infant's primary health practitioner requiring alternate positioning. Infants up to 12 months of age shall not nap or sleep in a car safety seat, beanbag chair, bouncy seat, infant seat, swing, jumping chair, highchair, chair, futon, moses basket, or any other type of furniture or equipment that is not a playpen or crib that meets the requirements of (f) below. There shall be an individual crib or playpen for each child 12 months of age and younger, except for siblings for whom co-sleeping is part of their family culture, and written authorization is given by the child's parent and the child's primary health care provider. No crib shall be used unless manufactured on or after June 28, 2011 or, if manufactured prior to that date, has a Children's Product Certificate (CPC) or test report from a consumer product safety commission (CPSC) accepted third-party lab, provided by the manufacturer documenting the crib's compliance as required by 16 CFR 1219 and 1220. All cribs and playpens required in (e) above shall: Be free of cracked or peeling paint, splinters, and rough edges; Have no more than 2⅜ inches between slats; Have no missing, loose, broken, or improperly installed parts, screws, brackets, baseboards, or other loose hardware, or damaged parts on the crib or mattress supports; Not have corner posts which extend more than 1/16 of an inch above the end panels; Not have holes or tears in the mesh walls or in the material that connects the walls to the bottom of the crib or playpen; Have properly fitted sheets which do not have excess fabric or that compress the mattress; and Have mattresses which: Are in good repair, and free of rips or tears; and, Fit the crib or playpen so that the space between the mattress and crib or playpen is not more than 2 adult fingers wide and does not create a suffocation hazard. Cribs or playpens used by infants up to 12 months of age shall not have bumper pads, blankets, flat sheets, pillows, quilts, comforters, sleep positioners, or any soft items or toy. When the provider places an infant in a crib or playpen for sleep, the provider shall: Check to ensure that the temperature in the room is comfortable for a lightly clothed adult; Check the infant to ensure that the infant is comfortably clothed and not overheated or sweaty; and Check to ensure that bibs and garments with ties or hoods are removed from the infant. Children older than 3 months shall not be swaddled or placed in restrictive or weighted sleep suits or devices unless there are written medical orders from the child's primary health practitioner on file at the provider.**

A provider may use electronic monitors to supervise sleeping children provided that: The parent provides a signed and dated authorization stating that the parent is aware of and agreeable to the use of an electronic monitor as a means of supervising their child when their child is asleep; Sounds from the monitor shall be easily heard by the provider; Every 10 minutes the provider shall observe the sleeping children, in person, to ensure that the child is safe and comfortable; and Video monitors shall not replace a physical check of the child by the provider.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.13 Prevention of Sudden Infant Death Syndrome and Use of Safe Sleeping Practices. Providers shall consult with the parent of each child and observe children on an ongoing basis to determine each child's resting or napping needs. To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants up to 12 months of age shall be placed on their backs to sleep in a crib or playpen, unless there are written medical orders from the infant's primary health practitioner requiring alternate positioning. Infants up to 12 months of age shall not nap or sleep in a car safety seat, beanbag chair, bouncy seat, infant seat, swing, jumping chair, highchair, chair, futon, moses basket, or any other type of furniture or equipment that is not a playpen or crib that meets the requirements of (f) below. There shall be an individual crib or playpen for each child 12 months of age and younger, except for siblings for whom co-sleeping is part of their family culture, and written authorization is given by the child's parent and the child's primary health care provider. No crib shall be used unless manufactured on or after June 28, 2011 or, if manufactured prior to that date, has a Children's Product Certificate (CPC) or test report from a consumer product safety commission (CPSC) accepted third-party lab, provided by the manufacturer documenting the crib's compliance as required by 16 CFR 1219 and 1220. All cribs and playpens required in (e) above shall: Be free of cracked or peeling paint, splinters, and rough edges; Have no more than 2⅜ inches between slats; Have no missing, loose, broken, or improperly installed parts, screws, brackets, baseboards, or other loose hardware, or damaged parts on the crib or mattress supports; Not have corner posts which extend more than 1/16 of an inch above the end panels; Not have holes or tears in the mesh walls or in the material that connects the walls to the bottom of the crib or playpen; Have properly fitted sheets which do not have excess fabric or that compress the mattress; and Have mattresses which: Are in good repair, and free of rips or tears; and, Fit the crib or playpen so that the space between the mattress and crib or playpen is not more than 2 adult fingers wide and does not create a suffocation hazard. Cribs or playpens used by infants up to 12 months of age shall not have bumper pads, blankets, flat sheets, pillows, quilts, comforters, sleep positioners, or any soft items or toy. When the provider places an infant in a crib or playpen for sleep, the provider shall: Check to ensure that the temperature in the room is comfortable for a lightly clothed adult; Check the infant to ensure that the infant is comfortably clothed and not overheated or sweaty; and Check to ensure that bibs and garments with ties or hoods are removed from the infant. Children older than 3 months shall not be swaddled or placed in restrictive or weighted sleep suits or devices unless there are written medical orders from the child's primary health practitioner on file at the provider. A provider may use electronic monitors to supervise sleeping children provided**

that: The parent provides a signed and dated authorization stating that the parent is aware of and agreeable to the use of an electronic monitor as a means of supervising their child when their child is asleep; Sounds from the monitor shall be easily heard by the provider; Every 10 minutes the provider shall observe the sleeping children, in person, to ensure that the child is safe and comfortable; and Video monitors shall not replace a physical check of the child by the provider.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.21: (a) Programs shall administer any medication, treatment, or other remedy to any child, as provided by the child's parents and in accordance with this section. (b) For the purposes of this section, �administer� means an act whereby a single dose of a medication is instilled into the body of, applied to the body of, or otherwise given to a child for immediate consumption or use. (c) Only authorized staff, a registered nurse (RN), licensed practical nurse (LPN), or licensed practitioner shall administer prescription and over-the-counter medications to children, in accordance with the child's medication order. (d) Authorized staff shall administer only those medications for which there is a medication order provided by a licensed practitioner, and written permission from the parent. (e) Programs shall not accept any prescription medications that do not include a prescription label or medication order from a licensed professional. (f) Each medication order shall legibly display: (1) The child's name; (2) The medication name, strength, the prescribed dose and method of administration; (3) The frequency of administration; (4) The indications for usage of all medications to be used pro re nata (PRN); and (5) The dated signature of the licensed practitioner for orders other than the prescription label. (g) Medication orders for PRN medication shall include: (1) The indications and any special precautions or limitations regarding administration of the medication; (2) The maximum dosage allowed in a 24-hour period; (3) The dated signature of the parent for topical substances or over-the-counter medication; and (4) For other than the prescription label, the dated signature of the licensed health care practitioner for prescription medication. (h) In the event of a medication error in the administration of medication, the family child care provider, center director, site director, or designee shall notify the child's parents immediately. (i) In the event of a medication error in the documentation of the administration of medication, the family child care provider, center director, or designee shall notify the child's parents by the end of the day in which the error occurred. (j) Prior to administering prescription and over-the-counter medication to any child, child care staff shall complete and document training on medication administration, as required by He-C 4002.33(b)(4), delivered by the department, a physician, RN, or LPN practicing under the direction of an APRN, RN, or physician, or online training approved by**

the department. (k) Authorized staff shall complete training in medication safety and administration every 3 years. (l) Documentation of training in medication safety and administration shall be maintained on file at the child care program and be available for review by the department. (m) For each child receiving medication, child care staff shall maintain medication information on file and available for review by the department, including medication orders, parental authorization to administer medication, and information regarding a child's allergies, if applicable. (n) Child care staff shall maintain a written record for each dose of medication administered to each child, which shall: (1) Be maintained on file in the program, available for review by the department; (2) Be completed by the authorized staff who administered the medication immediately after the medication is administered; and (3) For each administered medication, include at a minimum: a. The name of the child; b. The date and time the medication was taken; c. A notation of any medication error or the reason why any medication was not taken as ordered or approved; d. The dated signature of the authorized staff who administered the medication to the child; and e. For administration of a PRN, documentation shall also include the reason for administration. (o) All medication shall be: (1) Inaccessible to children; (2) Stored at the temperature and conditions recommended by the manufacturer or as directed on the prescription label; (3) Stored in a secondary container separate from food if in a refrigerator; and (4) Labeled with the child's name to ensure correct identification of each child's medication. (p) Medications such as insulin, inhalers, and epi pens shall be readily accessible to child care staff caring for children requiring such medications, to assure timely administration when needed and in accordance with parental instructions in He-C 4002.20(g)(2)a. (q) Medications described in (p) above shall be permitted to be in the possession of a school-age child as long as the following are on file at the program: (1) Written authorization from the prescribing health care practitioner; and (2) Written permission from the child's parents. (r) The only exception to (q) above shall be when a school-age child is with children younger than 6 years of age, Insulin, inhalers, and epi-pens shall not be in the school-age child's possession, but shall be readily accessible to staff. (s) All medications belonging to staff shall be stored separate from children's medications in a locked area, or otherwise inaccessible to children. (t) All prescription or over-the-counter medication and topical substances shall be kept in the original containers or pharmacy packaging and properly closed after each use. (u) Any contaminated, expired, or discontinued medication, whether prescription or over-the-counter, and topical substances shall be returned to the child's parents or, if belonging to the program, disposed of properly by authorized staff. (v) Child care staff shall administer over-the-counter medications in accordance with the manufacturer's instructions or written instructions from the child's health care practitioner.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.21: (a) Programs shall administer any medication, treatment, or other remedy to any child, as provided by the child's parents and in accordance with this section. (b) For the purposes of this section, administer means an act whereby a single dose of a medication is instilled into the body of, applied to the body of, or otherwise given to a child for immediate consumption or use. (c) Only**

authorized staff, a registered nurse (RN), licensed practical nurse (LPN), or licensed practitioner shall administer prescription and over-the-counter medications to children, in accordance with the child's medication order. (d) Authorized staff shall administer only those medications for which there is a medication order provided by a licensed practitioner, and written permission from the parent. (e) Programs shall not accept any prescription medications that do not include a prescription label or medication order from a licensed professional. (f) Each medication order shall legibly display: (1) The child's name; (2) The medication name, strength, the prescribed dose and method of administration; (3) The frequency of administration; (4) The indications for usage of all medications to be used pro re nata (PRN); and (5) The dated signature of the licensed practitioner for orders other than the prescription label. (g) Medication orders for PRN medication shall include: (1) The indications and any special precautions or limitations regarding administration of the medication; (2) The maximum dosage allowed in a 24-hour period; (3) The dated signature of the parent for topical substances or over-the-counter medication; and (4) For other than the prescription label, the dated signature of the licensed health care practitioner for prescription medication. (h) In the event of a medication error in the administration of medication, the family child care provider, center director, site director, or designee shall notify the child's parents immediately. (i) In the event of a medication error in the documentation of the administration of medication, the family child care provider, center director, or designee shall notify the child's parents by the end of the day in which the error occurred. (j) Prior to administering prescription and over-the-counter medication to any child, child care staff shall complete and document training on medication administration, as required by He-C 4002.33(b)(4), delivered by the department, a physician, RN, or LPN practicing under the direction of an APRN, RN, or physician, or online training approved by the department. (k) Authorized staff shall complete training in medication safety and administration every 3 years. (l) Documentation of training in medication safety and administration shall be maintained on file at the child care program and be available for review by the department. (m) For each child receiving medication, child care staff shall maintain medication information on file and available for review by the department, including medication orders, parental authorization to administer medication, and information regarding a child's allergies, if applicable. (n) Child care staff shall maintain a written record for each dose of medication administered to each child, which shall: (1) Be maintained on file in the program, available for review by the department; (2) Be completed by the authorized staff who administered the medication immediately after the medication is administered; and (3) For each administered medication, include at a minimum: a. The name of the child; b. The date and time the medication was taken; c. A notation of any medication error or the reason why any medication was not taken as ordered or approved; d. The dated signature of the authorized staff who administered the medication to the child; and e. For administration of a PRN, documentation shall also include the reason for administration. (o) All medication shall be: (1) Inaccessible to children; (2) Stored at the temperature and conditions recommended by the manufacturer or as directed on the prescription label; (3) Stored in a secondary container separate from food if in a refrigerator; and (4) Labeled with the child's name to

ensure correct identification of each child's medication. (p) Medications such as insulin, inhalers, and epi pens shall be readily accessible to child care staff caring for children requiring such medications, to assure timely administration when needed and in accordance with parental instructions in He-C 4002.20(g)(2)a. (q) Medications described in (p) above shall be permitted to be in the possession of a school-age child as long as the following are on file at the program: (1) Written authorization from the prescribing health care practitioner; and (2) Written permission from the child's parents. (r) The only exception to (q) above shall be when a school-age child is with children younger than 6 years of age, Insulin, inhalers, and epi-pens shall not be in the school-age child's possession, but shall be readily accessible to staff. (s) All medications belonging to staff shall be stored separate from children's medications in a locked area, or otherwise inaccessible to children. (t) All prescription or over-the-counter medication and topical substances shall be kept in the original containers or pharmacy packaging and properly closed after each use. (u) Any contaminated, expired, or discontinued medication, whether prescription or over-the-counter, and topical substances shall be returned to the child's parents or, if belonging to the program, disposed of properly by authorized staff. (v) Child care staff shall administer over-the-counter medications in accordance with the manufacturer's instructions or written instructions from the child's health care practitioner.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.09 Administration of Medication. Staff shall administer any medication, treatment, or other remedy as required under the provisions of the Americans with Disabilities Act of 1990. Staff shall only administer medication with: A valid and current prescription or signed and dated written instructions for administering the medication from the child's physician; and Signed and dated written permission from the parent. Administration of non-prescription topical substances may be performed by any staff, with written permission from the child's parent.In the event of a medication error in the administration of medication, staff shall notify the child's parent immediately. For any chronic condition requiring medication that is to be administered for more than 12 months, the written parental authorization specified in (b)(2) above shall be updated annually. The written instructions for administering the medication from the child's physician specified in (b)(1) above shall be updated by the parent, and on file at the program, if there is any alteration of any kind to the administration of the medication.Staff shall maintain a written log for each dose of medication, excluding topical substances, administered to each child. In the event of an error documenting the administration of medication, staff shall notify the child's parent by the end of the day in which the error occurred.All medication shall be: Inaccessible to children; Stored at the temperature and conditions recommended by the manufacturer, or as directed on the prescription label; and Labeled with the child's name to ensure correct identification of each child's medication. Medications such as insulin, inhalers, and epinephrine shall be immediately accessible to staff caring for children requiring such medications to assure timely administration when needed,**

and in accordance with instructions in He-C 6916.08(a)(2). All prescription or non-prescription medication and topical substances shall be kept in the original container or pharmacy packaging and properly closed after each use.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.09 Administration of Medication. (a) Providers shall administer any medication, treatment, or other remedy as required under the provisions of the Americans with Disabilities Act of 1990. (b) Providers shall only administer medication with: (1) A valid and current prescription or signed and dated written instructions for administering the medication from the child's physician; and (2) Signed and dated written permission from the parent. (c) Administration of non-prescription topical substances may be performed by the provider, with written permission from the child's parent. (d) In the event of a medication error in the administration of medication, the provider shall notify the child's parent immediately. (e) For any chronic condition requiring medication that is to be administered for more than 12 months, the written parental authorization specified in (b)(2) above shall be updated annually. (f) The written instructions for administering the medication from the child's physician specified in (b)(1) above shall be updated by the parent, and on file at the provider, if there is any alteration of any kind to the administration of the medication. (g) Providers shall maintain a written log for each dose of medication, excluding topical substances, administered to each child. (h) In the event of an error documenting the administration of medication, the provider shall notify the child's parent by the end of the day in which the error occurred. (i) All medication shall be: Inaccessible to children; Stored at the temperature and conditions recommended by the manufacturer or as directed on the prescription label; and Labeled with the child's name to ensure correct identification of each child's medication. (j) Medications such as insulin, inhalers, and epinephrine shall be immediately accessible to providers caring for children requiring such medications to assure timely administration when needed, and in accordance with instructions in He-C 6917.08(a)(2). (k) All prescription or non-prescription medication and topical substances shall be kept in the original container or pharmacy packaging.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.09 Administration of Medication. (a) Providers shall administer any medication, treatment, or other remedy as required under the provisions of the Americans with Disabilities Act of 1990. (b) Providers shall only administer medication with: (1) A valid and current prescription or signed and dated written instructions for administering the medication from the child's physician; and (2) Signed and dated written permission from the parent. (c) Administration of non-prescription topical substances may be performed by the provider, with written permission from the child's parent. (d) In the event of a medication error in the administration of medication, the provider shall notify the child's parent immediately. (e) For any chronic condition requiring medication that is to be administered for more than 12 months, the written parental authorization specified in (b)(2) above shall be updated annually. (f) The written instructions for administering the medication from the child's physician specified in (b)(1) above**

shall be updated by the parent, and on file at the provider, if there is any alteration of any kind to the administration of the medication. (g) Providers shall maintain a written log for each dose of medication, excluding topical substances, administered to each child. (h) In the event of an error documenting the administration of medication, the provider shall notify the child's parent by the end of the day in which the error occurred. (i) All medication shall be: Inaccessible to children; Stored at the temperature and conditions recommended by the manufacturer or as directed on the prescription label; and Labeled with the child's name to ensure correct identification of each child's medication. (j) Medications such as insulin, inhalers, and epinephrine shall be immediately accessible to providers caring for children requiring such medications to assure timely administration when needed, and in accordance with instructions in He-C 6917.08(a)(2). (k) All prescription or non-prescription medication and topical substances shall be kept in the original container or pharmacy packaging.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6916.09 Administration of Medication. Staff shall administer any medication, treatment, or other remedy as required under the provisions of the Americans with Disabilities Act of 1990. Staff shall only administer medication with: A valid and current prescription or signed and dated written instructions for administering the medication from the child's physician; and Signed and dated written permission from the parent. Administration of non-prescription topical substances may be performed by any staff, with written permission from the child's parent.In the event of a medication error in the administration of medication, staff shall notify the child's parent immediately. For any chronic condition requiring medication that is to be administered for more than 12 months, the written parental authorization specified in (b)(2) above shall be updated annually. The written instructions for administering the medication from the child's physician specified in (b)(1) above shall be updated by the parent, and on file at the program, if there is any alteration of any kind to the administration of the medication.Staff shall maintain a written log for each dose of medication, excluding topical substances, administered to each child. In the event of an error documenting the administration of medication, staff shall notify the child's parent by the end of the day in which the error occurred.All medication shall be: Inaccessible to children; Stored at the temperature and conditions recommended by the manufacturer, or as directed on the prescription label; and Labeled with the child's name to ensure correct identification of each child's medication. Medications such as insulin, inhalers, and epinephrine shall be immediately accessible to staff caring for children requiring such medications to assure timely administration when needed, and in accordance with instructions in He-C 6916.08(a)(2). All prescription or non-prescription medication and topical substances shall be kept in the original container or pharmacy packaging and properly closed after each use.**

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **e-C 4002.21(a) Programs shall administer any medication, treatment, or other remedy to any child, as provided by the child's parents and in accordance with this section.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **e-C 4002.21(a) Programs shall administer any medication, treatment, or other remedy to any child, as provided by the child's parents and in accordance with this section.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x]Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.09 Administration of Medication. Staff shall administer any medication, treatment, or other remedy as required under the provisions of the Americans with Disabilities Act of 1990. Staff shall only administer medication with: A valid and current prescription or signed and dated written instructions for administering the medication from the child's physician; and Signed and dated written permission from the parent. Administration of non-prescription topical substances may be performed by any staff, with written permission from the child's parent. In the event of a medication error in the administration of medication, staff shall notify the child's parent immediately. For any chronic condition requiring medication that is to be administered for more than 12 months, the written parental authorization specified in (b)(2) above shall be updated annually. The written instructions for administering the medication from the child's physician specified in (b)(1) above shall be updated by the parent, and on file at the program, if there is any alteration of any kind to the administration of the medication. Staff shall maintain a written log for each dose of medication, excluding topical substances, administered to each child. In the event of an error documenting the administration of medication, staff shall notify the child's parent by the end of the day in which the error occurred. All medication shall be: Inaccessible to children; Stored at the temperature and conditions recommended by the manufacturer, or as directed on the prescription label; and Labeled with the child's name to ensure correct identification of each child's medication. Medications such as insulin, inhalers, and epinephrine shall be immediately accessible to staff caring for children requiring such medications to assure timely administration when needed, and in accordance with instructions in He-C 6916.08(a)(2). All prescription or non-prescription medication and topical substances shall be kept in the original container or pharmacy packaging and properly closed after each use.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.09 Administration of Medication. (a) Providers shall administer any medication, treatment, or other remedy as required under the provisions of the Americans with Disabilities Act of 1990. (b) Providers shall only administer medication with: (1) A valid and current prescription or signed and dated written instructions for administering the medication from the child's physician; and (2) Signed and dated written permission from the parent. (c) Administration of non-**

prescription topical substances may be performed by the provider, with written permission from the child's parent. (d) In the event of a medication error in the administration of medication, the provider shall notify the child's parent immediately. (e) For any chronic condition requiring medication that is to be administered for more than 12 months, the written parental authorization specified in (b)(2) above shall be updated annually. (f) The written instructions for administering the medication from the child's physician specified in (b)(1) above shall be updated by the parent, and on file at the provider, if there is any alteration of any kind to the administration of the medication. (g) Providers shall maintain a written log for each dose of medication, excluding topical substances, administered to each child. (h) In the event of an error documenting the administration of medication, the provider shall notify the child's parent by the end of the day in which the error occurred. (i) All medication shall be: Inaccessible to children; Stored at the temperature and conditions recommended by the manufacturer or as directed on the prescription label; and Labeled with the child's name to ensure correct identification of each child's medication. (j) Medications such as insulin, inhalers, and epinephrine shall be immediately accessible to providers caring for children requiring such medications to assure timely administration when needed, and in accordance with instructions in He-C 6917.08(a)(2). (k) All prescription or non-prescription medication and topical substances shall be kept in the original container or pharmacy packaging.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.09 Administration of Medication. (a) Providers shall administer any medication, treatment, or other remedy as required under the provisions of the Americans with Disabilities Act of 1990. (b) Providers shall only administer medication with: (1) A valid and current prescription or signed and dated written instructions for administering the medication from the child's physician; and (2) Signed and dated written permission from the parent. (c) Administration of non-prescription topical substances may be performed by the provider, with written permission from the child's parent. (d) In the event of a medication error in the administration of medication, the provider shall notify the child's parent immediately. (e) For any chronic condition requiring medication that is to be administered for more than 12 months, the written parental authorization specified in (b)(2) above shall be updated annually. (f) The written instructions for administering the medication from the child's physician specified in (b)(1) above shall be updated by the parent, and on file at the provider, if there is any alteration of any kind to the administration of the medication. (g) Providers shall maintain a written log for each dose of medication, excluding topical substances, administered to each child. (h) In the event of an error documenting the administration of medication, the provider shall notify the child's parent by the end of the day in which the error occurred. (i) All medication shall be: Inaccessible to children; Stored at the temperature and conditions recommended by the manufacturer or as directed on the prescription label; and Labeled with the child's name to ensure correct identification of each child's medication. (j) Medications such as insulin, inhalers, and epinephrine shall be immediately accessible to providers caring for children requiring such medications to assure timely administration when needed, and in accordance with instructions in He-C**

6917.08(a)(2). (k) All prescription or non-prescription medication and topical substances shall be kept in the original container or pharmacy packaging.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6916.09 Administration of Medication. Staff shall administer any medication, treatment, or other remedy as required under the provisions of the Americans with Disabilities Act of 1990. Staff shall only administer medication with: A valid and current prescription or signed and dated written instructions for administering the medication from the child's physician; and Signed and dated written permission from the parent. Administration of non-prescription topical substances may be performed by any staff, with written permission from the child's parent. In the event of a medication error in the administration of medication, staff shall notify the child's parent immediately. For any chronic condition requiring medication that is to be administered for more than 12 months, the written parental authorization specified in (b)(2) above shall be updated annually. The written instructions for administering the medication from the child's physician specified in (b)(1) above shall be updated by the parent, and on file at the program, if there is any alteration of any kind to the administration of the medication. Staff shall maintain a written log for each dose of medication, excluding topical substances, administered to each child. In the event of an error documenting the administration of medication, staff shall notify the child's parent by the end of the day in which the error occurred. All medication shall be: Inaccessible to children; Stored at the temperature and conditions recommended by the manufacturer, or as directed on the prescription label; and Labeled with the child's name to ensure correct identification of each child's medication. Medications such as insulin, inhalers, and epinephrine shall be immediately accessible to staff caring for children requiring such medications to assure timely administration when needed, and in accordance with instructions in He-C 6916.08(a)(2). All prescription or non-prescription medication and topical substances shall be kept in the original container or pharmacy packaging and properly closed after each use.**

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.20: (g) The program shall obtain the following documents from the parents of each child with a food allergy or other allergy, which results in a serious reaction: (1) A written care plan that includes instructions regarding food(s) or other allergens to which the child is allergic and steps for child care staff to take to avoid the allergens; and (2) A written treatment plan, detailing the treatment to be implemented in the event of an allergic reaction, which shall include: a. The names, doses, and methods of prompt administration of any medications, where the medication needs to be stored in relation to the child, taking into consideration the storage requirements in He-C 4002.21(o)(2), and instructions on how to administer the prescribed medication; and b. Specific symptoms that would indicate the need to administer one or more medications. (h) At all times, at least one child care staff**

supervising a child with an allergy care plan shall have completed the training specified in He-C 4002.33(b)(5). (i) The program shall post each allergy care plan in accordance with the posting requirements in He-C 4002.14. (j) All child care staff responsible for food preparation and food service, and all child care staff responsible for supervising children with an allergy, including staff covering breaks, shall read and familiarize themselves with the care plans and treatment plans, to ensure that no child is accidentally exposed to an allergen.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.20: (g) The program shall obtain the following documents from the parents of each child with a food allergy or other allergy, which results in a serious reaction: (1) A written care plan that includes instructions regarding food(s) or other allergens to which the child is allergic and steps for child care staff to take to avoid the allergens; and (2) A written treatment plan, detailing the treatment to be implemented in the event of an allergic reaction, which shall include: a. The names, doses, and methods of prompt administration of any medications, where the medication needs to be stored in relation to the child, taking into consideration the storage requirements in He-C 4002.21(o)(2), and instructions on how to administer the prescribed medication; and b. Specific symptoms that would indicate the need to administer one or more medications. (h) At all times, at least one child care staff supervising a child with an allergy care plan shall have completed the training specified in He-C 4002.33(b)(5). (i) The program shall post each allergy care plan in accordance with the posting requirements in He-C 4002.14. (j) All child care staff responsible for food preparation and food service, and all child care staff responsible for supervising children with an allergy, including staff covering breaks, shall read and familiarize themselves with the care plans and treatment plans, to ensure that no child is accidentally exposed to an allergen.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.08 Prevention of and Response to Emergencies Due to Food and Allergic Reactions. Programs shall obtain an allergy care plan, signed by the child's physician, from the parent(s) of each child with a food allergy or other allergy which results in a serious reaction that includes at a minimum: Instructions regarding the foods or other allergens to which the child is allergic and steps to be taken to avoid consuming or coming into contact with those allergens; A list of specific symptoms that would indicate the need to administer one or more of the medications referenced in (3) below; and Details describing the course of action to take in response to an allergic reaction, including the name, dose, and method of prompt administration of any required medication. With the permission of the parent, each child's allergy care plan shall be posted prominently wherever the child might come in contact with the allergen.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.08 Prevention of and Response to Emergencies Due to Food and Allergic Reactions. Providers shall obtain an allergy care plan, signed by the child's**

physician, from the parent of each child with a food allergy or other allergy, which results in a serious reaction, that includes at a minimum: Instructions regarding the food(s) or other allergens to which the child is allergic and steps to be taken to avoid consuming or coming into contact with those allergens; A list of specific symptoms that would indicate the need to administer one or more of the medications referenced in (3) below; and Details describing the course of action to take in response to an allergic reaction, including the name, dose, and method of prompt administration of any required medication.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.08 Prevention of and Response to Emergencies Due to Food and Allergic Reactions. Providers shall obtain an allergy care plan, signed by the child's physician, from the parent of each child with a food allergy or other allergy, which results in a serious reaction, that includes at a minimum: Instructions regarding the food(s) or other allergens to which the child is allergic and steps to be taken to avoid consuming or coming into contact with those allergens; A list of specific symptoms that would indicate the need to administer one or more of the medications referenced in (3) below; and Details describing the course of action to take in response to an allergic reaction, including the name, dose, and method of prompt administration of any required medication.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6916.08 Prevention of and Response to Emergencies Due to Food and Allergic Reactions. Programs shall obtain an allergy care plan, signed by the child's physician, from the parent(s) of each child with a food allergy or other allergy which results in a serious reaction that includes at a minimum: Instructions regarding the foods or other allergens to which the child is allergic and steps to be taken to avoid consuming or coming into contact with those allergens; A list of specific symptoms that would indicate the need to administer one or more of the medications referenced in (3) below; and Details describing the course of action to take in response to an allergic reaction, including the name, dose, and method of prompt administration of any required medication. With the permission of the parent, each child's allergy care plan shall be posted prominently wherever the child might come in contact with the allergen.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **e-C 4002.20: (g) The program shall obtain the following documents from the parents of each child with a food allergy or other allergy, which results in a serious reaction: (2) A written treatment plan, detailing the treatment to be implemented in the event of an allergic reaction, which shall include: a. The names, doses, and methods of prompt administration of any medications, where the medication needs to be stored in relation to the child, taking into consideration the storage requirements in He-C 4002.21(o)(2), and instructions on how to administer the prescribed medication; and b. Specific symptoms that would indicate the need to administer one or more medications. He-C 4002.15(c)(8): The center director, site director,**

family child care provider, or designee shall notify a child's parent(s) Immediately in the event of a suspected allergic reaction or ingestion of or contact with a known allergen, even if a reaction did not occur. He-C 4002.15(e): In addition to the circumstances for notifying emergency services as prescribed in first aid and CPR training, the licensee or permittee shall notify emergency services: (2) Immediately whenever staff administer epinephrine (Epi-pen) to a child.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **e-C 4002.20: (g) The program shall obtain the following documents from the parents of each child with a food allergy or other allergy, which results in a serious reaction: (2) A written treatment plan, detailing the treatment to be implemented in the event of an allergic reaction, which shall include: a. The names, doses, and methods of prompt administration of any medications, where the medication needs to be stored in relation to the child, taking into consideration the storage requirements in He-C 4002.21(o)(2), and instructions on how to administer the prescribed medication; and b. Specific symptoms that would indicate the need to administer one or more medications. He-C 4002.15(c)(8): The center director, site director, family child care provider, or designee shall notify a child's parent(s) Immediately in the event of a suspected allergic reaction or ingestion of or contact with a known allergen, even if a reaction did not occur. He-C 4002.15(e): In addition to the circumstances for notifying emergency services as prescribed in first aid and CPR training, the licensee or permittee shall notify emergency services: (2) Immediately whenever staff administer epinephrine (Epi-pen) to a child.**

iii. All CCDF-eligible licensed in-home care. Provide the standard::

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.08 Prevention of and Response to Emergencies Due to Food and Allergic Reactions. Staff shall immediately notify the parent of any suspected allergic reactions, as well as the ingestion of or contact with, a known allergen even if a reaction did not occur. Staff shall call 911 immediately after epinephrine has been administered. Staff shall comply with dietary restrictions as requested in writing by the parent of each child, due to food allergies, or religious or philosophical beliefs.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.08 Prevention of and Response to Emergencies Due to Food and Allergic Reactions. With permission of the parent, each child's allergy care plan shall be posted prominently wherever the child might come in contact with the allergen. Providers shall immediately notify the parent of any suspected allergic reactions, as well as the ingestion of or contact with a known allergen even if a reaction did not occur. Providers shall call 911 immediately after epinephrine has been administered. Providers shall comply with dietary restrictions as requested in writing by the parent of each child, due to food allergies, religious, or philosophical beliefs.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.08 Prevention of and Response to Emergencies Due to Food and Allergic**

Reactions. With permission of the parent, each child's allergy care plan shall be posted prominently wherever the child might come in contact with the allergen. Providers shall immediately notify the parent of any suspected allergic reactions, as well as the ingestion of or contact with a known allergen even if a reaction did not occur. Providers shall call 911 immediately after epinephrine has been administered. Providers shall comply with dietary restrictions as requested in writing by the parent of each child, due to food allergies, religious, or philosophical beliefs.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6916.08 Prevention of and Response to Emergencies Due to Food and Allergic Reactions. Staff shall immediately notify the parent of any suspected allergic reactions, as well as the ingestion of or contact with, a known allergen even if a reaction did not occur. Staff shall call 911 immediately after epinephrine has been administered. Staff shall comply with dietary restrictions as requested in writing by the parent of each child, due to food allergies, or religious or philosophical beliefs.**

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.23: (b) Child care staff shall ensure that the indoor space is: (1) Safe, clean, free of clutter, and in good repair; (2) Free from electrical hazards, such as overloaded outlets or extension cords, frayed, cracked or crimped cords, or unprotected outlets; (3) Well-ventilated by means of unobstructed mechanical ventilation system or open, screened window; (4) Well-lit to allow for the supervision of children and for child care staff and children to move about safely; (5) Free of damp conditions which result in visible mold, mildew, or a musty odor; (6) Free of heavy furnishings or items not secured to the wall or floor that could easily tip or are unstable; (7) Free of fumes from toxic or harmful chemicals or materials; (8) Free of tripping hazards; and (9) Free of poisonous plants. (c) Child care staff shall ensure that potentially harmful items, including but not limited to matches, lighters, chemicals, materials labeled �harmful if swallowed,� flammable materials, sharp objects, and staffs' personal belongings are locked or inaccessible to children. (d) All substances labeled �harmful if swallowed� or �flammable� and all containers storing cleaning materials shall be labeled as to the contents and stored separately from food and medications. (f) Cords or strings long enough to encircle a child's neck, such as cords on window blinds, curtains or shades, shall be kept out of children's reach. (g) Child care staff shall ensure that the presence of pets in the program does not present a hazard to the children, including but not limited to: (1) Reptiles, amphibians and birds, including baby chicks and ducklings, shall not be permitted in rooms or outdoor spaces regularly occupied by children; (2) When bringing animals into a child care, staff shall supervise children when the animals are available, designated areas shall be**

cleaned and sanitized after animal contact, and food or drink shall not be consumed in these areas; (3) Cages or other habitats shall be cleaned of all fecal material and sanitized on an as needed basis but no less than once per week; (4) Staff shall wear gloves while cleaning animal cages or habitats; (5) All staff and children shall wash hands with soap and warm running water after contact with animals or their cages or habitats; and (6) Dogs, cats, and ferrets shall be kept clean and free of parasites, fleas, ticks, mites, and lice, and vaccinated against rabies, with proof of current vaccination on site at the program and available for review by department staff. (h) Programs shall maintain bathroom facilities in accordance with the following: (1) Sinks, toilets, footstools, potty chairs, and adapters shall be cleaned and sanitized at least once a day and when visibly soiled; (2) Bathroom floors and other surfaces adjacent to toilets, including but not limited to walls, shall be cleaned and sanitized at least weekly, and when visibly soiled; (3) Toilet paper, individual cloth or paper towels, and liquid soap from a dispenser shall be available and accessible to children and staff; and (4) Bathrooms shall have a functional means of outside ventilation. (i) The program shall take prompt action to eliminate insects or rodents, and clean and sanitize all surfaces where there is visible evidence of their presence. (j) When using pesticides, programs shall: (1) Notify parents and staff in writing at least 2 days prior to the pesticide application, except in emergencies where pests pose an immediate threat to children; and (2) Document the date, time, and type of pesticide used for each time a pesticide is used. (k) Pesticides shall not be used in areas used by children while children are present, and any treated indoor area shall be aired out per manufacturers' instructions prior to allowing children to return to that area. (l) Programs shall maintain the child care space free from non-compliance of Saf-FMO 300 and Saf-C 6000 by not blocking exits, or evacuation routes, including doorways, hallways, and stairs that are a means of egress, and by maintaining smoke detectors in working order. (m) The licensee shall prohibit smoking in the building anytime for center-based programs or during operating hours for family child care homes, with the following exceptions: (1) Child care staff who smoke during their breaks shall not smoke in view of children or while responsible for the care of children; and (2) Child care staff who smoke on their breaks shall wash their hands and change into fresh clothing, or remove smoke contaminated outerwear prior to returning to work to reduce exposure to second-hand smoke. (n) Child care staff shall: (1) Arrange space to provide clear pathways for movement from one area to another and to allow visual supervision by staff; (2) Arrange furnishings and fixtures safely, with sharp edges protected, and in such a way as to not present hazards to children; and (3) Store their personal belongings out of reach of children. (q) All windows used for ventilation shall include screens in good repair, to prevent insects from entering the building. Windows and glass doors shall be constructed, adapted, or adjusted via the use of window guards or other means to prevent injury to children. (r) Garbage shall be disposed of in a lined and covered container and staff shall empty trash containers daily or sooner if contents create an odor or a health risk. (s) Stairways with more than 3 steps shall be equipped with handrails. (t) In programs serving children younger than 3 years old, the licensee shall ensure that there are barriers placed at the top and bottom of stairwells opening into areas used by children younger than three years, unless prohibited by building or fire

department regulations. Pressure gates at the top of stairs shall not be used. (u) Open stairways used by children younger than school age shall have railings or banisters installed along the open or unprotected side(s). (v) Programs shall: (1) Have a safe, functioning heating system; (2) Maintain a temperature of not less than 65 degrees Fahrenheit whenever children are present; and (3) Protect children from contact with exposed heat sources, including steam and hot water pipes, and radiators, via the use of permanent screens, guards, insulation or another suitable device that prevents children from coming in contact with them. (w) Prior to using portable space heaters or portable radiators in child care space, programs shall obtain written approval from the local fire inspector with documentation of the approval available for review by department staff during on-site visits. (x) All portable space heaters or radiators shall: (1) Be inaccessible to children; (2) Bear the safety certification of a recognized laboratory such as Underwriters Laboratory (UL) or Electro Technical Laboratory (ETL); (3) Be placed at least 3 feet from curtains, papers, furniture, or any other flammable object; and (4) Be installed and operated in accordance with the manufacturer's specifications. (y) All fuel burning stoves, including but not limited to wood, coal, pellet, or gas, when used during child care, shall: (1) Meet applicable local and state codes with documentation of such approval available for review by department staff during on-site visits; and (2) Be maintained in a manner that ensures the safety of all children, by use of partitions, screens, guards, or other similar barricades, as approved by the local fire official; (z) Child care staff shall be in the room with children whenever a fireplace is in use. (aa) All working fireplaces in space used by children shall: (1) Have a secure child proof barrier in place at all times; and (2) Be equipped with padding or otherwise protected if the hearth presents a hazard to children. (ab) Guns, weapons, or live or spent ammunition shall be kept in locked storage with the key stored separately and out of the reach of children. (ac) Pursuant to 40 CFR 745, when interior surfaces of a building built prior to 1978 are in a deteriorating condition, including but not limited to flaking, chipping, and peeling paint, or are subject to renovations or construction, the licensee shall utilize a U.S. Environmental Protection Agency certified Renovation, Repair, and Painting (RRP) contractor, in accordance with 40 CFR 745.90(a) and (b) and He-P 1600. (ad) In addition to (ac) above, until the deteriorated surfaces can be made intact, the program shall provide the department with a plan, in writing, that ensures children will not have access to those surfaces and includes the expected date of completion of the work. (ae) Construction, remodeling, or alteration of structures during child care operations shall be done in a manner as to prevent exposure of children to hazardous or unsafe conditions including, but not limited to, fumes, dust, construction materials, and tools which pose a safety hazard. (af) When there is information or evidence indicating that the building may contain asbestos hazards, programs shall submit evidence that the building has been inspected by a licensed asbestos inspector and is free of asbestos hazards, or submit a plan of action to reduce or eliminate any existing contamination to be approved by the department. (ag) When there is information indicating that the building or water supply may contain radon hazards, programs shall submit evidence that the building has been inspected by a licensed radon inspector and is free of radon hazards or submit a plan of action to reduce or eliminate any existing contamination to be approved

by the department. He-C 4002.24: (a) The play area shall: (4) Be free from hazards, including but not limited to: a. Water hazards such as unprotected pools, wells, or bodies of water; b. Animal feces; c. Poisonous plants; d. Broken toys, broken glass or other sharp items; e. Chipping, peeling, or flaking paint; f. Dangerous machinery or tools; g. Small objects that could present a choking hazard to young children; and h. Other dangerous items or substances. (b) Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: (1) A street or road; (2) A swimming pool or other body of water, including a river, pond, or stream; (3) An active railroad track or crossing; (4) Sharp inclines or embankments; or (5) Any dangerous area. (c) All fencing required by the department or otherwise intended to limit children's access to a defined area shall: (1) Have no gaps greater than 4 inches and be designed to restrain preschool children from climbing out of, over, under, or through the fence; and (2) Either: a. Be equipped with a child proof self-latching device on any gates leading to an entrance or egress; or b. Be equipped with a child proof lock if the area is determined to be hazardous to children. (d) The licensee shall protect outdoor play space located on a roof with a barrier at least 7 feet high, which children cannot climb. (e) The licensee shall install suitable barriers, including but not limited to bulkhead doors, to prevent falls into outdoor stair or window wells. (g) Porches and decks shall comply with the following: (1) If they are more than three feet from ground level, there shall be protective railings in accordance with applicable building codes; (2) Railings shall be sturdy and constructed in a way that will prevent a young child from going underneath, over, or through them; (3) There shall be a child safety gate or other barricade on stairs whenever the porch or deck is in use by children younger than three years old; and (4) The family child care provider, center director, or site director shall monitor the condition of porches and decks to ensure that there are no splinters, cracks, protruding nails or screws, and discontinue use of the area until repairs are complete. (i) To prevent injury, programs shall not allow children to play on equipment or structures that require energy absorptive material pursuant to (h) above when the energy absorptive material is compacted and unable to be loosened, such as when frozen. (j) All fencing, balusters, handrails, and guardrails, or slats on lofts, stairways, decks, porches, or balconies that are accessible to children shall be constructed and maintained to prevent entrapment hazards. (k) All swimming pools on the premises of the child care program and used as part of the child care operations shall be clean and maintained in accordance with the manufacturer's or installer's printed instructions regarding cleaning, filtration, and chemical treatment. (l) All swimming pools on the premises of the child care program shall be inaccessible to children in accordance with the following: (1) In-ground pools shall be enclosed by a fence with a gate equipped with a child proof, self-latching device and a lock; (2) Above ground pools shall be enclosed by a fence with a gate which has a child proof, self-latching device and a lock, or equipped with a lockable gate, lockable swing up stairway, or other lockable barrier to prevent access to the stairs or ladders, or otherwise make the pool inaccessible to children; (3) A pool that is directly accessible from inside the building shall have a secure, lockable barrier that meets the requirements in (1) and (2) above to make the pool inaccessible to children;

(4) Pool gates, fences, or other barriers as required in (1), (2), and (3) above shall be locked during all operating hours, except when the children are involved in a supervised water activity in the pool; and (5) The keys, combinations, or other means to open the locks required in (1) through (4) above shall not be accessible to children. (m) Each swimming pool shall be equipped with a ring buoy, and attached rope of sufficient length to reach the center of the pool from the edge of the pool and shall not be accessible to children. (n) Wading pools shall: (1) Be emptied and cleaned after each use; (2) Be stored so that water does not collect in them; and (3) Not contain water that is more than 10 inches deep. (o) Pursuant to 40 CFR 745 when exterior surfaces of a building built prior to 1978 are in a deteriorating condition, including but not limited to flaking, chipping, and peeling paint, or are subject to renovations or construction, a U.S. Environmental Protection Agency certified Renovation, Repair, and Painting (RRP) contractor shall be utilized, in accordance with 40 CFR 745.90(a) and (b) and He-P 1600. (p) In addition to (o) above, until such time as the deteriorated surfaces can be made intact, the program shall provide the department with a plan, in writing, that ensures children will not have access to those surfaces and includes the expected date of completion of the work.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.23: (b) Child care staff shall ensure that the indoor space is: (1) Safe, clean, free of clutter, and in good repair; (2) Free from electrical hazards, such as overloaded outlets or extension cords, frayed, cracked or crimped cords, or unprotected outlets; (3) Well-ventilated by means of unobstructed mechanical ventilation system or open, screened window; (4) Well-lit to allow for the supervision of children and for child care staff and children to move about safely; (5) Free of damp conditions which result in visible mold, mildew, or a musty odor; (6) Free of heavy furnishings or items not secured to the wall or floor that could easily tip or are unstable; (7) Free of fumes from toxic or harmful chemicals or materials; (8) Free of tripping hazards; and (9) Free of poisonous plants. (c) Child care staff shall ensure that potentially harmful items, including but not limited to matches, lighters, chemicals, materials labeled �harmful if swallowed,� flammable materials, sharp objects, and staffs' personal belongings are locked or inaccessible to children. (d) All substances labeled �harmful if swallowed� or �flammable� and all containers storing cleaning materials shall be labeled as to the contents and stored separately from food and medications. (f) Cords or strings long enough to encircle a child's neck, such as cords on window blinds, curtains or shades, shall be kept out of children's reach. (g) Child care staff shall ensure that the presence of pets in the program does not present a hazard to the children, including but not limited to: (1) Reptiles, amphibians and birds, including baby chicks and ducklings, shall not be permitted in rooms or outdoor spaces regularly occupied by children; (2) When bringing animals into a child care, staff shall supervise children when the animals are available, designated areas shall be cleaned and sanitized after animal contact, and food or drink shall not be consumed in these areas; (3) Cages or other habitats shall be cleaned of all fecal material and sanitized on an as needed basis but no less than once per week; (4) Staff shall wear gloves while cleaning animal cages or habitats; (5) All staff and children shall wash hands with soap and warm running water after contact with**

animals or their cages or habitats; and (6) Dogs, cats, and ferrets shall be kept clean and free of parasites, fleas, ticks, mites, and lice, and vaccinated against rabies, with proof of current vaccination on site at the program and available for review by department staff. (h) Programs shall maintain bathroom facilities in accordance with the following: (1) Sinks, toilets, footstools, potty chairs, and adapters shall be cleaned and sanitized at least once a day and when visibly soiled; (2) Bathroom floors and other surfaces adjacent to toilets, including but not limited to walls, shall be cleaned and sanitized at least weekly, and when visibly soiled; (3) Toilet paper, individual cloth or paper towels, and liquid soap from a dispenser shall be available and accessible to children and staff; and (4) Bathrooms shall have a functional means of outside ventilation. (i) The program shall take prompt action to eliminate insects or rodents, and clean and sanitize all surfaces where there is visible evidence of their presence. (j) When using pesticides, programs shall: (1) Notify parents and staff in writing at least 2 days prior to the pesticide application, except in emergencies where pests pose an immediate threat to children; and (2) Document the date, time, and type of pesticide used for each time a pesticide is used. (k) Pesticides shall not be used in areas used by children while children are present, and any treated indoor area shall be aired out per manufacturers' instructions prior to allowing children to return to that area. (l) Programs shall maintain the child care space free from non-compliance of Saf-FMO 300 and Saf-C 6000 by not blocking exits, or evacuation routes, including doorways, hallways, and stairs that are a means of egress, and by maintaining smoke detectors in working order. (m) The licensee shall prohibit smoking in the building anytime for center-based programs or during operating hours for family child care homes, with the following exceptions: (1) Child care staff who smoke during their breaks shall not smoke in view of children or while responsible for the care of children; and (2) Child care staff who smoke on their breaks shall wash their hands and change into fresh clothing, or remove smoke contaminated outerwear prior to returning to work to reduce exposure to second-hand smoke. (n) Child care staff shall: (1) Arrange space to provide clear pathways for movement from one area to another and to allow visual supervision by staff; (2) Arrange furnishings and fixtures safely, with sharp edges protected, and in such a way as to not present hazards to children; and (3) Store their personal belongings out of reach of children. (q) All windows used for ventilation shall include screens in good repair, to prevent insects from entering the building. Windows and glass doors shall be constructed, adapted, or adjusted via the use of window guards or other means to prevent injury to children. (r) Garbage shall be disposed of in a lined and covered container and staff shall empty trash containers daily or sooner if contents create an odor or a health risk. (s) Stairways with more than 3 steps shall be equipped with handrails. (t) In programs serving children younger than 3 years old, the licensee shall ensure that there are barriers placed at the top and bottom of stairwells opening into areas used by children younger than three years, unless prohibited by building or fire department regulations. Pressure gates at the top of stairs shall not be used. (u) Open stairways used by children younger than school age shall have railings or banisters installed along the open or unprotected side(s). (v) Programs shall: (1) Have a safe, functioning heating system; (2) Maintain a temperature of not less than 65 degrees Fahrenheit whenever children are present; and (3) Protect

children from contact with exposed heat sources, including steam and hot water pipes, and radiators, via the use of permanent screens, guards, insulation or another suitable device that prevents children from coming in contact with them. (w) Prior to using portable space heaters or portable radiators in child care space, programs shall obtain written approval from the local fire inspector with documentation of the approval available for review by department staff during on-site visits. (x) All portable space heaters or radiators shall: (1) Be inaccessible to children; (2) Bear the safety certification of a recognized laboratory such as Underwriters Laboratory (UL) or Electro Technical Laboratory (ETL); (3) Be placed at least 3 feet from curtains, papers, furniture, or any other flammable object; and (4) Be installed and operated in accordance with the manufacturer's specifications. (y) All fuel burning stoves, including but not limited to wood, coal, pellet, or gas, when used during child care, shall: (1) Meet applicable local and state codes with documentation of such approval available for review by department staff during on-site visits; and (2) Be maintained in a manner that ensures the safety of all children, by use of partitions, screens, guards, or other similar barricades, as approved by the local fire official; (z) Child care staff shall be in the room with children whenever a fireplace is in use. (aa) All working fireplaces in space used by children shall: (1) Have a secure child proof barrier in place at all times; and (2) Be equipped with padding or otherwise protected if the hearth presents a hazard to children. (ab) Guns, weapons, or live or spent ammunition shall be kept in locked storage with the key stored separately and out of the reach of children. (ac) Pursuant to 40 CFR 745, when interior surfaces of a building built prior to 1978 are in a deteriorating condition, including but not limited to flaking, chipping, and peeling paint, or are subject to renovations or construction, the licensee shall utilize a U.S. Environmental Protection Agency certified Renovation, Repair, and Painting (RRP) contractor, in accordance with 40 CFR 745.90(a) and (b) and He-P 1600. (ad) In addition to (ac) above, until the deteriorated surfaces can be made intact, the program shall provide the department with a plan, in writing, that ensures children will not have access to those surfaces and includes the expected date of completion of the work. (ae) Construction, remodeling, or alteration of structures during child care operations shall be done in a manner as to prevent exposure of children to hazardous or unsafe conditions including, but not limited to, fumes, dust, construction materials, and tools which pose a safety hazard. (af) When there is information or evidence indicating that the building may contain asbestos hazards, programs shall submit evidence that the building has been inspected by a licensed asbestos inspector and is free of asbestos hazards, or submit a plan of action to reduce or eliminate any existing contamination to be approved by the department. (ag) When there is information indicating that the building or water supply may contain radon hazards, programs shall submit evidence that the building has been inspected by a licensed radon inspector and is free of radon hazards or submit a plan of action to reduce or eliminate any existing contamination to be approved by the department. He-C 4002.24: (a) The play area shall: (4) Be free from hazards, including but not limited to: a. Water hazards such as unprotected pools, wells, or bodies of water; b. Animal feces; c. Poisonous plants; d. Broken toys, broken glass or other sharp items; e. Chipping, peeling, or flaking paint; f. Dangerous machinery or tools; g. Small objects that could present a choking

hazard to young children; and h. Other dangerous items or substances. (b) Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: (1) A street or road; (2) A swimming pool or other body of water, including a river, pond, or stream; (3) An active railroad track or crossing; (4) Sharp inclines or embankments; or (5) Any dangerous area. (c) All fencing required by the department or otherwise intended to limit children's access to a defined area shall: (1) Have no gaps greater than 4 inches and be designed to restrain preschool children from climbing out of, over, under, or through the fence; and (2) Either: a. Be equipped with a child proof self-latching device on any gates leading to an entrance or egress; or b. Be equipped with a child proof lock if the area is determined to be hazardous to children. (d) The licensee shall protect outdoor play space located on a roof with a barrier at least 7 feet high, which children cannot climb. (e) The licensee shall install suitable barriers, including but not limited to bulkhead doors, to prevent falls into outdoor stair or window wells. (g) Porches and decks shall comply with the following: (1) If they are more than three feet from ground level, there shall be protective railings in accordance with applicable building codes; (2) Railings shall be sturdy and constructed in a way that will prevent a young child from going underneath, over, or through them; (3) There shall be a child safety gate or other barricade on stairs whenever the porch or deck is in use by children younger than three years old; and (4) The family child care provider, center director, or site director shall monitor the condition of porches and decks to ensure that there are no splinters, cracks, protruding nails or screws, and discontinue use of the area until repairs are complete. (i) To prevent injury, programs shall not allow children to play on equipment or structures that require energy absorptive material pursuant to (h) above when the energy absorptive material is compacted and unable to be loosened, such as when frozen. (j) All fencing, balusters, handrails, and guardrails, or slats on lofts, stairways, decks, porches, or balconies that are accessible to children shall be constructed and maintained to prevent entrapment hazards. (k) All swimming pools on the premises of the child care program and used as part of the child care operations shall be clean and maintained in accordance with the manufacturer's or installer's printed instructions regarding cleaning, filtration, and chemical treatment. (l) All swimming pools on the premises of the child care program shall be inaccessible to children in accordance with the following: (1) In-ground pools shall be enclosed by a fence with a gate equipped with a child proof, self-latching device and a lock; (2) Above ground pools shall be enclosed by a fence with a gate which has a child proof, self-latching device and a lock, or equipped with a lockable gate, lockable swing up stairway, or other lockable barrier to prevent access to the stairs or ladders, or otherwise make the pool inaccessible to children; (3) A pool that is directly accessible from inside the building shall have a secure, lockable barrier that meets the requirements in (1) and (2) above to make the pool inaccessible to children; (4) Pool gates, fences, or other barriers as required in (1), (2), and (3) above shall be locked during all operating hours, except when the children are involved in a supervised water activity in the pool; and (5) The keys, combinations, or other means to open the locks required in (1) through (4) above shall not be accessible to children. (m) Each swimming pool shall be equipped with a ring buoy, and

attached rope of sufficient length to reach the center of the pool from the edge of the pool and shall not be accessible to children. (n) Wading pools shall: (1) Be emptied and cleaned after each use; (2) Be stored so that water does not collect in them; and (3) Not contain water that is more than 10 inches deep. (o) Pursuant to 40 CFR 745 when exterior surfaces of a building built prior to 1978 are in a deteriorating condition, including but not limited to flaking, chipping, and peeling paint, or are subject to renovations or construction, a U.S. Environmental Protection Agency certified Renovation, Repair, and Painting (RRP) contractor shall be utilized, in accordance with 40 CFR 745.90(a) and (b) and He-P 1600. (p) In addition to (o) above, until such time as the deteriorated surfaces can be made intact, the program shall provide the department with a plan, in writing, that ensures children will not have access to those surfaces and includes the expected date of completion of the work.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.05 Building and Physical Premises Safety. Both indoor and outdoor premises shall be safe, clean, free of clutter, and in good repair. Programs shall maintain the child care environment and ensure the indoor space is: Free from electrical hazards, such as overloaded outlets or extension cords, frayed, cracked, or crimped cords, or unprotected outlets; Free from fire hazards; Well-ventilated by means of unobstructed mechanical ventilation system or open screened window; Free from guns, weapons, or live or spent ammunition which are not in locked storage; Free from accessible knives and sharp objects unless the object is being used under the direct supervision of a staff member; Free from heavy furnishings or other heavy items that could easily tip or fall on children and would be likely to cause injury; Free from accessible loose and flaking paint; Well-lit to allow for the supervision of children and for child care staff and children to move about safely; Free from damp conditions which result in visible mold, mildew, or a musty odor; Free from poisonous plants; Free from trampoline use during child care hours, with the exception of small indoor trampolines intended for individual use with direct staff supervision only; and Free from accessible items labeled �keep of out of reach of children� unless the item is non-toxic and being used under the direct supervision of a staff member. All windows used for ventilation shall include screens in good repair, to prevent insects from entering the building. Windows and glass doors shall be constructed, adapted, or adjusted via the use of window guards or other means to prevent injury to children. Stairways with more than 3 steps shall be equipped with handrails. Construction, remodeling, or alteration of structures during child care operations shall be done in a manner as to prevent exposure of children to hazardous or unsafe conditions including, but not limited to, fumes, dust, construction materials, and tools which pose a safety hazard. Programs shall ensure that all indoor areas used by children: Have a safe, functioning heating system; Include protection for children from exposed heat sources which present a hazard, including but not limited to baseboard heaters, radiators, fireplaces, and woodstoves; and Have working smoke detectors on each level. Portable electric space heaters shall: Be inaccessible to children; Bear the safety certification of a**

recognized laboratory such as Underwriters Laboratory (UL) or Electro Technical Laboratory (ETL); and Be installed and operated in accordance with the manufacturer's specifications. Outside areas which are accessible to children shall be free from hazards including, but not limited to: Unprotected pools, wells, or other bodies of water; Lawn and farm machinery; Trash, litter, or debris; Animal feces; and Any other dangerous items or substances. Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: A street or road; A swimming pool or other body of water, including a river, pond, or stream; An active railroad track or crossing; Sharp inclines or embankments; or Any other dangerous area. All fencing required by the department or otherwise intended to limit children's access to a defined area shall: Have no gaps greater than 4 inches and be designed to restrain children from climbing out of, over, under, or through the fence; and Either: Be equipped with a child proof self-latching device on any gates leading to an entrance or egress; or Be equipped with a child proof lock if the area is determined to be hazardous to children as determined by the licensing coordinator during the monitoring visit as described in He-C 6916.16. In outside areas, stationary play equipment accessible to children shall not be over hard surfaces such as cement or asphalt. All swimming pools and wading pools shall be inaccessible to children except during supervised activities. Wading pools shall: Be emptied and cleaned after each use; Be stored so that water does not collect in them; and Not contain water that is more than 10 inches deep. Programs shall have a safe supply of water under pressure available for drinking and program use. Programs shall not use portable toilets, chemical toilets, or any other toilets which are not attached to a functional sewage disposal system. During all hours of operation there shall be functional sewage disposal facilities. Smoking shall not be permitted inside the building at any time. Staff who smoke on their breaks shall: Not smoke in view of children; Wash their hands prior to returning to work; and Change into fresh clothing, or remove smoke-contaminated outerwear prior to returning to work to reduce exposure to third-hand smoke.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6916.05 Building and Physical Premises Safety. Both indoor and outdoor premises shall be safe, clean, free of clutter, and in good repair. Programs shall maintain the child care environment and ensure the indoor space is: Free from electrical hazards, such as overloaded outlets or extension cords, frayed, cracked, or crimped cords, or unprotected outlets; Free from fire hazards; Well-ventilated by means of unobstructed mechanical ventilation system or open screened window; Free from guns, weapons, or live or spent ammunition which are not in locked storage; Free from accessible knives and sharp objects unless the object is being used under the direct supervision of a staff member; Free from heavy furnishings or other heavy items that could easily tip or fall on children and would be likely to cause injury; Free from accessible loose and flaking paint; Well-lit to allow for the supervision of children and for child care staff and children to move about safely; Free from damp conditions which result in visible mold, mildew, or a musty odor; Free from poisonous plants; Free from trampoline use during child care hours, with the exception of small indoor trampolines intended for individual use with direct staff supervision only; and Free from accessible items labeled**

keep of out of reach of children unless the item is non-toxic and being used under the direct supervision of a staff member. All windows used for ventilation shall include screens in good repair, to prevent insects from entering the building. Windows and glass doors shall be constructed, adapted, or adjusted via the use of window guards or other means to prevent injury to children. Stairways with more than 3 steps shall be equipped with handrails. Construction, remodeling, or alteration of structures during child care operations shall be done in a manner as to prevent exposure of children to hazardous or unsafe conditions including, but not limited to, fumes, dust, construction materials, and tools which pose a safety hazard. Programs shall ensure that all indoor areas used by children: Have a safe, functioning heating system; Include protection for children from exposed heat sources which present a hazard, including but not limited to baseboard heaters, radiators, fireplaces, and woodstoves; and Have working smoke detectors on each level. Portable electric space heaters shall: Be inaccessible to children; Bear the safety certification of a recognized laboratory such as Underwriters Laboratory (UL) or Electro Technical Laboratory (ETL); and Be installed and operated in accordance with the manufacturer's specifications. Outside areas which are accessible to children shall be free from hazards including, but not limited to: Unprotected pools, wells, or other bodies of water; Lawn and farm machinery; Trash, litter, or debris; Animal feces; and Any other dangerous items or substances. Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: A street or road; A swimming pool or other body of water, including a river, pond, or stream; An active railroad track or crossing; Sharp inclines or embankments; or Any other dangerous area. All fencing required by the department or otherwise intended to limit children's access to a defined area shall: Have no gaps greater than 4 inches and be designed to restrain children from climbing out of, over, under, or through the fence; and Either: Be equipped with a child proof self-latching device on any gates leading to an entrance or egress; or Be equipped with a child proof lock if the area is determined to be hazardous to children as determined by the licensing coordinator during the monitoring visit as described in He-C 6916.16. In outside areas, stationary play equipment accessible to children shall not be over hard surfaces such as cement or asphalt. All swimming pools and wading pools shall be inaccessible to children except during supervised activities. Wading pools shall: Be emptied and cleaned after each use; Be stored so that water does not collect in them; and Not contain water that is more than 10 inches deep. Programs shall have a safe supply of water under pressure available for drinking and program use. Programs shall not use portable toilets, chemical toilets, or any other toilets which are not attached to a functional sewage disposal system. During all hours of operation there shall be functional sewage disposal facilities. Smoking shall not be permitted inside the building at any time. Staff who smoke on their breaks shall: Not smoke in view of children; Wash their hands prior to returning to work; and Change into fresh clothing, or remove smoke-contaminated outerwear prior to returning to work to reduce exposure to third-hand smoke.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6916.05 Building and Physical Premises Safety. Both indoor and outdoor premises shall be safe, clean, free of clutter, and in good repair. Programs shall maintain the**

child care environment and ensure the indoor space is: Free from electrical hazards, such as overloaded outlets or extension cords, frayed, cracked, or crimped cords, or unprotected outlets; Free from fire hazards; Well-ventilated by means of unobstructed mechanical ventilation system or open screened window; Free from guns, weapons, or live or spent ammunition which are not in locked storage; Free from accessible knives and sharp objects unless the object is being used under the direct supervision of a staff member; Free from heavy furnishings or other heavy items that could easily tip or fall on children and would be likely to cause injury; Free from accessible loose and flaking paint; Well-lit to allow for the supervision of children and for child care staff and children to move about safely; Free from damp conditions which result in visible mold, mildew, or a musty odor; Free from poisonous plants; Free from trampoline use during child care hours, with the exception of small indoor trampolines intended for individual use with direct staff supervision only; and Free from accessible items labeled �keep of out of reach of children� unless the item is non-toxic and being used under the direct supervision of a staff member. All windows used for ventilation shall include screens in good repair, to prevent insects from entering the building. Windows and glass doors shall be constructed, adapted, or adjusted via the use of window guards or other means to prevent injury to children. Stairways with more than 3 steps shall be equipped with handrails. Construction, remodeling, or alteration of structures during child care operations shall be done in a manner as to prevent exposure of children to hazardous or unsafe conditions including, but not limited to, fumes, dust, construction materials, and tools which pose a safety hazard. Programs shall ensure that all indoor areas used by children: Have a safe, functioning heating system; Include protection for children from exposed heat sources which present a hazard, including but not limited to baseboard heaters, radiators, fireplaces, and woodstoves; and Have working smoke detectors on each level. Portable electric space heaters shall: Be inaccessible to children; Bear the safety certification of a recognized laboratory such as Underwriters Laboratory (UL) or Electro Technical Laboratory (ETL); and Be installed and operated in accordance with the manufacturer's specifications. Outside areas which are accessible to children shall be free from hazards including, but not limited to: Unprotected pools, wells, or other bodies of water; Lawn and farm machinery; Trash, litter, or debris; Animal feces; and Any other dangerous items or substances. Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: A street or road; A swimming pool or other body of water, including a river, pond, or stream; An active railroad track or crossing; Sharp inclines or embankments; or Any other dangerous area. All fencing required by the department or otherwise intended to limit children's access to a defined area shall: Have no gaps greater than 4 inches and be designed to restrain children from climbing out of, over, under, or through the fence; and Either: Be equipped with a child proof self-latching device on any gates leading to an entrance or egress; or Be equipped with a child proof lock if the area is determined to be hazardous to children as determined by the licensing coordinator during the monitoring visit as described in He-C 6916.16. In outside areas, stationary play equipment accessible to children shall not be over hard surfaces such as cement or asphalt. All swimming pools and wading pools shall be inaccessible to children except during supervised activities. Wading pools shall: Be

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vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6916.05 Building and Physical Premises Safety. Both indoor and outdoor premises shall be safe, clean, free of clutter, and in good repair. Programs shall maintain the child care environment and ensure the indoor space is: Free from electrical hazards, such as overloaded outlets or extension cords, frayed, cracked, or crimped cords, or unprotected outlets; Free from fire hazards; Well-ventilated by means of unobstructed mechanical ventilation system or open screened window; Free from guns, weapons, or live or spent ammunition which are not in locked storage; Free from accessible knives and sharp objects unless the object is being used under the direct supervision of a staff member; Free from heavy furnishings or other heavy items that could easily tip or fall on children and would be likely to cause injury; Free from accessible loose and flaking paint; Well-lit to allow for the supervision of children and for child care staff and children to move about safely; Free from damp conditions which result in visible mold, mildew, or a musty odor; Free from poisonous plants; Free from trampoline use during child care hours, with the exception of small indoor trampolines intended for individual use with direct staff supervision only; and Free from accessible items labeled ⍰keep of out of reach of children⍰ unless the item is non-toxic and being used under the direct supervision of a staff member. All windows used for ventilation shall include screens in good repair, to prevent insects from entering the building. Windows and glass doors shall be constructed, adapted, or adjusted via the use of window guards or other means to prevent injury to children. Stairways with more than 3 steps shall be equipped with handrails. Construction, remodeling, or alteration of structures during child care operations shall be done in a manner as to prevent exposure of children to hazardous or unsafe conditions including, but not limited to, fumes, dust, construction materials, and tools which pose a safety hazard. Programs shall ensure that all indoor areas used by children: Have a safe, functioning heating system; Include protection for children from exposed heat sources which present a hazard, including but not limited to baseboard heaters, radiators, fireplaces, and woodstoves; and Have working smoke detectors on each level. Portable electric space heaters shall: Be inaccessible to children; Bear the safety certification of a recognized laboratory such as Underwriters Laboratory (UL) or Electro Technical Laboratory (ETL); and Be installed and operated in accordance with the manufacturer's specifications. Outside areas which are accessible to children shall be free from hazards including, but not limited to: Unprotected pools, wells, or other bodies of water; Lawn and farm machinery; Trash, litter, or debris; Animal**

feces; and Any other dangerous items or substances. Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: A street or road; A swimming pool or other body of water, including a river, pond, or stream; An active railroad track or crossing; Sharp inclines or embankments; or Any other dangerous area. All fencing required by the department or otherwise intended to limit children's access to a defined area shall: Have no gaps greater than 4 inches and be designed to restrain children from climbing out of, over, under, or through the fence; and Either: Be equipped with a child proof self-latching device on any gates leading to an entrance or egress; or Be equipped with a child proof lock if the area is determined to be hazardous to children as determined by the licensing coordinator during the monitoring visit as described in He-C 6916.16. In outside areas, stationary play equipment accessible to children shall not be over hard surfaces such as cement or asphalt. All swimming pools and wading pools shall be inaccessible to children except during supervised activities. Wading pools shall: Be emptied and cleaned after each use; Be stored so that water does not collect in them; and Not contain water that is more than 10 inches deep. Programs shall have a safe supply of water under pressure available for drinking and program use. Programs shall not use portable toilets, chemical toilets, or any other toilets which are not attached to a functional sewage disposal system. During all hours of operation there shall be functional sewage disposal facilities. Smoking shall not be permitted inside the building at any time. Staff who smoke on their breaks shall: Not smoke in view of children; Wash their hands prior to returning to work; and Change into fresh clothing, or remove smoke-contaminated outerwear prior to returning to work to reduce exposure to third-hand smoke.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.24: (a) The play area shall: (4) Be free from hazards, including but not limited to: a. Water hazards such as unprotected pools, wells, or bodies of water. (b) Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: (2) A swimming pool or other body of water, including a river, pond, or stream. (c) All fencing required by the department or otherwise intended to limit children's access to a defined area shall: (1) Have no gaps greater than 4 inches and be designed to restrain preschool children from climbing out of, over, under, or through the fence; and (2) Either: a. Be equipped with a child proof self-latching device on any gates leading to an entrance or egress; or b. Be equipped with a child proof lock if the area is determined to be hazardous to children. (l) All swimming pools on the premises of the child care program shall be inaccessible to children in accordance with the following: (1) In-ground pools shall be enclosed by a fence with a gate equipped with a child proof, self-latching device and a lock; (2) Above ground pools shall be enclosed by a fence with a gate which has a child proof, self-latching device and a lock, or equipped with a lockable gate, lockable swing up stairway, or other lockable barrier to prevent access to the stairs or ladders, or otherwise make the pool inaccessible to children; (3) A pool that is directly accessible from inside the**

building shall have a secure, lockable barrier that meets the requirements in (1) and (2) above to make the pool inaccessible to children; (4) Pool gates, fences, or other barriers as required in (1), (2), and (3) above shall be locked during all operating hours, except when the children are involved in a supervised water activity in the pool; and (5) The keys, combinations, or other means to open the locks required in (1) through (4) above shall not be accessible to children.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.24: (a) The play area shall: (4) Be free from hazards, including but not limited to: a. Water hazards such as unprotected pools, wells, or bodies of water. (b) Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: (2) A swimming pool or other body of water, including a river, pond, or stream. (c) All fencing required by the department or otherwise intended to limit children's access to a defined area shall: (1) Have no gaps greater than 4 inches and be designed to restrain preschool children from climbing out of, over, under, or through the fence; and (2) Either: a. Be equipped with a child proof self-latching device on any gates leading to an entrance or egress; or b. Be equipped with a child proof lock if the area is determined to be hazardous to children. (l) All swimming pools on the premises of the child care program shall be inaccessible to children in accordance with the following: (1) In-ground pools shall be enclosed by a fence with a gate equipped with a child proof, self-latching device and a lock; (2) Above ground pools shall be enclosed by a fence with a gate which has a child proof, self-latching device and a lock, or equipped with a lockable gate, lockable swing up stairway, or other lockable barrier to prevent access to the stairs or ladders, or otherwise make the pool inaccessible to children; (3) A pool that is directly accessible from inside the building shall have a secure, lockable barrier that meets the requirements in (1) and (2) above to make the pool inaccessible to children; (4) Pool gates, fences, or other barriers as required in (1), (2), and (3) above shall be locked during all operating hours, except when the children are involved in a supervised water activity in the pool; and (5) The keys, combinations, or other means to open the locks required in (1) through (4) above shall not be accessible to children.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.05 Building and Physical Premises Safety. Both indoor and outdoor premises shall be safe, clean, free of clutter, and in good repair. Programs shall maintain the child care environment and ensure the indoor space is: Free from electrical hazards, such as overloaded outlets or extension cords, frayed, cracked, or crimped cords, or unprotected outlets; Free from fire hazards; Well-ventilated by means of unobstructed mechanical ventilation system or open screened window; Free from guns, weapons, or live or spent ammunition which are not in locked storage; Free from accessible knives and sharp objects unless the object is being used under the direct supervision of a staff member; Free from heavy furnishings or other heavy items that could easily tip or fall on children and would be likely to cause injury; Free from accessible loose and flaking paint; Well-lit to allow for the supervision**

of children and for child care staff and children to move about safely; Free from damp conditions which result in visible mold, mildew, or a musty odor; Free from poisonous plants; Free from trampoline use during child care hours, with the exception of small indoor trampolines intended for individual use with direct staff supervision only; and Free from accessible items labeled �keep of out of reach of children� unless the item is non-toxic and being used under the direct supervision of a staff member. All windows used for ventilation shall include screens in good repair, to prevent insects from entering the building. Windows and glass doors shall be constructed, adapted, or adjusted via the use of window guards or other means to prevent injury to children. Stairways with more than 3 steps shall be equipped with handrails. Construction, remodeling, or alteration of structures during child care operations shall be done in a manner as to prevent exposure of children to hazardous or unsafe conditions including, but not limited to, fumes, dust, construction materials, and tools which pose a safety hazard. Programs shall ensure that all indoor areas used by children: Have a safe, functioning heating system; Include protection for children from exposed heat sources which present a hazard, including but not limited to baseboard heaters, radiators, fireplaces, and woodstoves; and Have working smoke detectors on each level. Portable electric space heaters shall: Be inaccessible to children; Bear the safety certification of a recognized laboratory such as Underwriters Laboratory (UL) or Electro Technical Laboratory (ETL); and Be installed and operated in accordance with the manufacturer's specifications. Outside areas which are accessible to children shall be free from hazards including, but not limited to: Unprotected pools, wells, or other bodies of water; Lawn and farm machinery; Trash, litter, or debris; Animal feces; and Any other dangerous items or substances. Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: A street or road; A swimming pool or other body of water, including a river, pond, or stream; An active railroad track or crossing; Sharp inclines or embankments; or Any other dangerous area. All fencing required by the department or otherwise intended to limit children's access to a defined area shall: Have no gaps greater than 4 inches and be designed to restrain children from climbing out of, over, under, or through the fence; and Either: Be equipped with a child proof self-latching device on any gates leading to an entrance or egress; or Be equipped with a child proof lock if the area is determined to be hazardous to children as determined by the licensing coordinator during the monitoring visit as described in He-C 6916.16. In outside areas, stationary play equipment accessible to children shall not be over hard surfaces such as cement or asphalt. All swimming pools and wading pools shall be inaccessible to children except during supervised activities. Wading pools shall: Be emptied and cleaned after each use; Be stored so that water does not collect in them; and Not contain water that is more than 10 inches deep. Programs shall have a safe supply of water under pressure available for drinking and program use. Programs shall not use portable toilets, chemical toilets, or any other toilets which are not attached to a functional sewage disposal system. During all hours of operation there shall be functional sewage disposal facilities. Smoking shall not be permitted inside the building at any time. Staff who smoke on their breaks shall: Not smoke in view of children; Wash their hands prior to returning to work; and Change into fresh clothing, or remove smoke-contaminated outerwear prior to returning to work to

reduce exposure to third-hand smoke.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.05 Building and Physical Premises Safety Both indoor and outdoor premises shall be safe, clean, free of clutter, and in good repair. Programs shall maintain the child care environment and ensure the indoor space is: Free from electrical hazards, such as overloaded outlets or extension cords, frayed, cracked, or crimped cords, or unprotected outlets; Free from fire hazards; Well-ventilated by means of unobstructed mechanical ventilation system or open screened window; Free from guns, weapons, or live or spent ammunition which are not in locked storage; Free from accessible knives and sharp objects unless the object is being used under the direct supervision of a staff member; Free from heavy furnishings or other heavy items that could easily tip or fall on children and would be likely to cause injury; Free from accessible loose and flaking paint; Well-lit to allow for the supervision of children and for child care staff and children to move about safely; Free from damp conditions which result in visible mold, mildew, or a musty odor; Free from poisonous plants; Free from trampoline use during child care hours, with the exception of small indoor trampolines intended for individual use with direct staff supervision only; and Free from accessible items labeled �keep of out of reach of children� unless the item is non-toxic and being used under the direct supervision of a staff member. All windows used for ventilation shall include screens in good repair, to prevent insects from entering the building. Windows and glass doors shall be constructed, adapted, or adjusted via the use of window guards or other means to prevent injury to children. Stairways with more than 3 steps shall be equipped with handrails. Construction, remodeling, or alteration of structures during child care operations shall be done in a manner as to prevent exposure of children to hazardous or unsafe conditions including, but not limited to, fumes, dust, construction materials, and tools which pose a safety hazard. Programs shall ensure that all indoor areas used by children: Have a safe, functioning heating system; Include protection for children from exposed heat sources which present a hazard, including but not limited to baseboard heaters, radiators, fireplaces, and woodstoves; and Have working smoke detectors on each level. Portable electric space heaters shall: Be inaccessible to children; Bear the safety certification of a recognized laboratory such as Underwriters Laboratory (UL) or Electro Technical Laboratory (ETL); and Be installed and operated in accordance with the manufacturer's specifications. Outside areas which are accessible to children shall be free from hazards including, but not limited to: Unprotected pools, wells, or other bodies of water; Lawn and farm machinery; Trash, litter, or debris; Animal feces; and Any other dangerous items or substances. Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: A street or road; A swimming pool or other body of water, including a river, pond, or stream; An active railroad track or crossing; Sharp inclines or embankments; or Any other dangerous area. All fencing required by the department or otherwise intended to limit children's access to a defined area shall: Have no gaps greater than 4 inches and be designed to restrain children from climbing out of, over, under, or through the fence; and Either: Be equipped with a child proof self-latching device on any gates leading to an entrance or egress; or Be equipped with a child proof lock if the area is**

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vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.05 Building and Physical Premises Safety Both indoor and outdoor premises shall be safe, clean, free of clutter, and in good repair. Programs shall maintain the child care environment and ensure the indoor space is: Free from electrical hazards, such as overloaded outlets or extension cords, frayed, cracked, or crimped cords, or unprotected outlets; Free from fire hazards; Well-ventilated by means of unobstructed mechanical ventilation system or open screened window; Free from guns, weapons, or live or spent ammunition which are not in locked storage; Free from accessible knives and sharp objects unless the object is being used under the direct supervision of a staff member; Free from heavy furnishings or other heavy items that could easily tip or fall on children and would be likely to cause injury; Free from accessible loose and flaking paint; Well-lit to allow for the supervision of children and for child care staff and children to move about safely; Free from damp conditions which result in visible mold, mildew, or a musty odor; Free from poisonous plants; Free from trampoline use during child care hours, with the exception of small indoor trampolines intended for individual use with direct staff supervision only; and Free from accessible items labeled �keep of out of reach of children� unless the item is non-toxic and being used under the direct supervision of a staff member. All windows used for ventilation shall include screens in good repair, to prevent insects from entering the building. Windows and glass doors shall be constructed, adapted, or adjusted via the use of window guards or other means to prevent injury to children. Stairways with more than 3 steps shall be equipped with handrails. Construction, remodeling, or alteration of structures during child care operations shall be done in a manner as to prevent exposure of children to hazardous or unsafe conditions including, but not limited to, fumes, dust, construction materials, and tools which pose a safety hazard. Programs shall ensure that all indoor areas used by children: Have a safe, functioning heating system; Include protection for children from exposed heat sources which present a hazard, including but not limited to baseboard heaters, radiators, fireplaces, and woodstoves; and Have working smoke detectors on each level. Portable electric space heaters shall: Be inaccessible to children; Bear the safety certification of a recognized laboratory such as Underwriters Laboratory**

(UL) or Electro Technical Laboratory (ETL); and Be installed and operated in accordance with the manufacturer's specifications. Outside areas which are accessible to children shall be free from hazards including, but not limited to: Unprotected pools, wells, or other bodies of water; Lawn and farm machinery; Trash, litter, or debris; Animal feces; and Any other dangerous items or substances. Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: A street or road; A swimming pool or other body of water, including a river, pond, or stream; An active railroad track or crossing; Sharp inclines or embankments; or Any other dangerous area. All fencing required by the department or otherwise intended to limit children's access to a defined area shall: Have no gaps greater than 4 inches and be designed to restrain children from climbing out of, over, under, or through the fence; and Either: Be equipped with a child proof self-latching device on any gates leading to an entrance or egress; or Be equipped with a child proof lock if the area is determined to be hazardous to children as determined by the licensing coordinator during the monitoring visit as described in He-C 6916.16. In outside areas, stationary play equipment accessible to children shall not be over hard surfaces such as cement or asphalt. All swimming pools and wading pools shall be inaccessible to children except during supervised activities. Wading pools shall: Be emptied and cleaned after each use; Be stored so that water does not collect in them; and Not contain water that is more than 10 inches deep. Programs shall have a safe supply of water under pressure available for drinking and program use. Programs shall not use portable toilets, chemical toilets, or any other toilets which are not attached to a functional sewage disposal system. During all hours of operation there shall be functional sewage disposal facilities. Smoking shall not be permitted inside the building at any time. Staff who smoke on their breaks shall: Not smoke in view of children; Wash their hands prior to returning to work; and Change into fresh clothing, or remove smoke-contaminated outerwear prior to returning to work to reduce exposure to third-hand smoke.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6916.05 Building and Physical Premises Safety. Both indoor and outdoor premises shall be safe, clean, free of clutter, and in good repair. Programs shall maintain the child care environment and ensure the indoor space is: Free from electrical hazards, such as overloaded outlets or extension cords, frayed, cracked, or crimped cords, or unprotected outlets; Free from fire hazards; Well-ventilated by means of unobstructed mechanical ventilation system or open screened window; Free from guns, weapons, or live or spent ammunition which are not in locked storage; Free from accessible knives and sharp objects unless the object is being used under the direct supervision of a staff member; Free from heavy furnishings or other heavy items that could easily tip or fall on children and would be likely to cause injury; Free from accessible loose and flaking paint; Well-lit to allow for the supervision of children and for child care staff and children to move about safely; Free from damp conditions which result in visible mold, mildew, or a musty odor; Free from poisonous plants; Free from trampoline use during child care hours, with the exception of small indoor trampolines intended for individual use with direct staff supervision only; and Free from accessible items labeled �keep of out of reach of**

children� unless the item is non-toxic and being used under the direct supervision of a staff member. All windows used for ventilation shall include screens in good repair, to prevent insects from entering the building. Windows and glass doors shall be constructed, adapted, or adjusted via the use of window guards or other means to prevent injury to children. Stairways with more than 3 steps shall be equipped with handrails. Construction, remodeling, or alteration of structures during child care operations shall be done in a manner as to prevent exposure of children to hazardous or unsafe conditions including, but not limited to, fumes, dust, construction materials, and tools which pose a safety hazard. Programs shall ensure that all indoor areas used by children: Have a safe, functioning heating system; Include protection for children from exposed heat sources which present a hazard, including but not limited to baseboard heaters, radiators, fireplaces, and woodstoves; and Have working smoke detectors on each level. Portable electric space heaters shall: Be inaccessible to children; Bear the safety certification of a recognized laboratory such as Underwriters Laboratory (UL) or Electro Technical Laboratory (ETL); and Be installed and operated in accordance with the manufacturer's specifications. Outside areas which are accessible to children shall be free from hazards including, but not limited to: Unprotected pools, wells, or other bodies of water; Lawn and farm machinery; Trash, litter, or debris; Animal feces; and Any other dangerous items or substances. Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: A street or road; A swimming pool or other body of water, including a river, pond, or stream; An active railroad track or crossing; Sharp inclines or embankments; or Any other dangerous area. All fencing required by the department or otherwise intended to limit children's access to a defined area shall: Have no gaps greater than 4 inches and be designed to restrain children from climbing out of, over, under, or through the fence; and Either: Be equipped with a child proof self-latching device on any gates leading to an entrance or egress; or Be equipped with a child proof lock if the area is determined to be hazardous to children as determined by the licensing coordinator during the monitoring visit as described in He-C 6916.16. In outside areas, stationary play equipment accessible to children shall not be over hard surfaces such as cement or asphalt. All swimming pools and wading pools shall be inaccessible to children except during supervised activities. Wading pools shall: Be emptied and cleaned after each use; Be stored so that water does not collect in them; and Not contain water that is more than 10 inches deep. Programs shall have a safe supply of water under pressure available for drinking and program use. Programs shall not use portable toilets, chemical toilets, or any other toilets which are not attached to a functional sewage disposal system. During all hours of operation there shall be functional sewage disposal facilities. Smoking shall not be permitted inside the building at any time. Staff who smoke on their breaks shall: Not smoke in view of children; Wash their hands prior to returning to work; and Change into fresh clothing, or remove smoke-contaminated outerwear prior to returning to work to reduce exposure to third-hand smoke.

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.24: (b) Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: (1) A street or road; (3) An active railroad track or crossing; (5) Any dangerous area.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.24: (b) Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: (1) A street or road; (3) An active railroad track or crossing; (5) Any dangerous area.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.05 Building and Physical Premises Safety Outside areas which are accessible to children shall be free from hazards including, but not limited to: Unprotected pools, wells, or other bodies of water; Lawn and farm machinery; Trash, litter, or debris; Animal feces; and Any other dangerous items or substances. Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: A street or road;**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6916.05 Building and Physical Premises Safety Outside areas which are accessible to children shall be free from hazards including, but not limited to: Unprotected pools, wells, or other bodies of water; Lawn and farm machinery; Trash, litter, or debris; Animal feces; and Any other dangerous items or substances. Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: A street or road;**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6916.05 Building and Physical Premises Safety Outside areas which are accessible to children shall be free from hazards including, but not limited to: Unprotected pools, wells, or other bodies of water; Lawn and farm machinery; Trash, litter, or debris; Animal feces; and Any other dangerous items or substances. Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: A street or road;**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6916.05 Building and Physical Premises Safety Outside areas which are accessible to children shall be free from hazards including, but not limited to: Unprotected pools, wells, or other bodies of water; Lawn and farm machinery; Trash, litter, or debris; Animal feces; and Any other dangerous items or substances. Fencing shall enclose all play areas if the department determines the play area is unsafe because it is located adjacent to: A street or road;**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002:18: (e) Child care staff and household members shall not: (1) Abuse or neglect children; (2) Use rough handling on children; (3) Use corporal punishment on children; (f) The applicant, licensee, permittee, and all child care staff shall take prompt action to protect children from abuse, neglect, and corporal punishment, including but not limited to actions in (e) above. He-C 4002.01: (o) �Corporal punishment� means the intentional infliction of physical pain by any means for the purpose of punishment, correction, discipline, instruction, or any other reason. (bb) �Rough handling� means an aggressive physical act against a child, except when necessary to protect a child from harming themselves or others. He-C 4002.33: (d) Child care staff who have not completed the training in (1) through (4) below shall work under the direct supervision and observation of a staff member who has completed the following trainings: (2) Prevention of shaken baby syndrome and abusive head trauma;**

NH was sited and notified as non-compliant on May 23rd 2024 we will address this non-compliance by amending the rule language to include specifically shaken baby syndrome and abusive head trauma.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002:18: (e) Child care staff and household members shall not: (1) Abuse or neglect children; (2) Use rough handling on children; (3) Use corporal punishment on children; (f) The applicant, licensee, permittee, and all child care staff shall take prompt action to protect children from abuse, neglect, and corporal punishment, including but not limited to actions in (e) above. He-C 4002.01: (o) �Corporal punishment� means the intentional infliction of physical pain by any means for the purpose of punishment, correction, discipline, instruction, or any other reason. (bb) �Rough handling� means an aggressive physical act against a child, except when necessary to protect a child from harming themselves or others. He-C 4002.33: (d) Child care staff who have not completed the training in (1) through (4) below shall work under the direct supervision and observation of a staff member who has completed the following trainings: (2) Prevention of shaken baby syndrome and abusive head trauma;**

NH was sited and notified as non-compliant on May 23rd 2024 we will address this non-compliance by amending the rule language to include specifically shaken baby syndrome and abusive head trauma.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He- C 6916.12**

Child Development. Providers and household members shall not: Abuse or neglect children; Use rough handling on children; Use corporal punishment on children;

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.12 Child Development. Providers and household members shall not: Abuse or neglect children; Use rough handling on children; Use corporal punishment on children;**

He-C 6917.14 Prevention of Shaken Baby Syndrome and Abusive Head Trauma and Prevention, Recognition, and Reporting of Child Abuse and Neglect. Providers shall not shake or perform any action likely to cause abusive head trauma, but rather use strategies to cope with a crying, fussing, or distraught infant.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.12 Child Development. Providers and household members shall not: Abuse or neglect children; Use rough handling on children; Use corporal punishment on children;**

He-C 6917.14 Prevention of Shaken Baby Syndrome and Abusive Head Trauma and Prevention, Recognition, and Reporting of Child Abuse and Neglect. Providers shall not shake or perform any action likely to cause abusive head trauma, but rather use strategies to cope with a crying, fussing, or distraught infant.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6917.12 Child Development. Providers and household members shall not: Abuse or neglect children; Use rough handling on children; Use corporal punishment on children;**

NH was sited and notified as non-compliant on May 23rd 2024 we will address this non-compliance by amending the rule language to include specifically shaken baby syndrome and abusive head trauma.

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.18: (e) Child care staff and household members shall not: (1) Abuse or neglect children; (2) Use rough handling on children; (3) Use corporal punishment on children; (4) Require children to stand or sit facing walls or corners; (5) Shame, humiliate, threaten, or frighten children; (6) Confine infants or toddlers in high chairs or other seating devices or equipment, which restricts their movement, as a disciplinary technique; (7) Place or confine children in equipment that is not appropriate for their age, including but not limited to cribs, playpens, or highchairs; (8) Withhold food from children, forcibly feed children, or discipline children for not eating; (9) Discipline any child for toileting accidents, lapses in toileting habits, or prohibiting children from using the toilet as a form of discipline; (10) Use isolation as a form of discipline; (11) Require children to**

rest, sleep, or go to their mat, crib, or rest area as a means of discipline, or discipline children for not sleeping or resting during naptime; (12) Yell in anger or frustration at or with children; or (13) Use profanity or obscene language with children or among themselves where children can hear them. (f) The applicant, licensee, permittee, and all child care staff shall take prompt action to protect children from abuse, neglect, and corporal punishment, including but not limited to actions in (e) above. He-C 4002.33: (a) All center directors, agency administrators, site coordinators, or site directors, and all other child care staff who are responsible for the supervision of children, or who are necessary for the staff to child ratios, shall keep on file documentation of completion of a minimum of 6 hours of professional development, which shall be completed in accordance with the following: (1) Within 90 days of the first date of employment; (2) Within 2 weeks for programs operating 3 months of the year or less; or (3) By providing documentation of previous completion. (b) The 6 hours of professional development required in (a) above shall include: (12) Prevention, recognition, and reporting of child abuse and neglect;

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.18: (e) Child care staff and household members shall not: (1) Abuse or neglect children; (2) Use rough handling on children; (3) Use corporal punishment on children; (4) Require children to stand or sit facing walls or corners; (5) Shame, humiliate, threaten, or frighten children; (6) Confine infants or toddlers in high chairs or other seating devices or equipment, which restricts their movement, as a disciplinary technique; (7) Place or confine children in equipment that is not appropriate for their age, including but not limited to cribs, playpens, or highchairs; (8) Withhold food from children, forcibly feed children, or discipline children for not eating; (9) Discipline any child for toileting accidents, lapses in toileting habits, or prohibiting children from using the toilet as a form of discipline; (10) Use isolation as a form of discipline; (11) Require children to rest, sleep, or go to their mat, crib, or rest area as a means of discipline, or discipline children for not sleeping or resting during naptime; (12) Yell in anger or frustration at or with children; or (13) Use profanity or obscene language with children or among themselves where children can hear them. (f) The applicant, licensee, permittee, and all child care staff shall take prompt action to protect children from abuse, neglect, and corporal punishment, including but not limited to actions in (e) above. He-C 4002.33: (a) All center directors, agency administrators, site coordinators, or site directors, and all other child care staff who are responsible for the supervision of children, or who are necessary for the staff to child ratios, shall keep on file documentation of completion of a minimum of 6 hours of professional development, which shall be completed in accordance with the following: (1) Within 90 days of the first date of employment; (2) Within 2 weeks for programs operating 3 months of the year or less; or (3) By providing documentation of previous completion. (b) The 6 hours of professional development required in (a) above shall include: (12) Prevention, recognition, and reporting of child abuse and neglect;**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He- C 6916.12 Child Development. Providers and household members shall not: Abuse or neglect children; Use rough handling on children; Use corporal punishment on children;**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.12 Child Development. Providers and household members shall not: Abuse or neglect children; Use rough handling on children; Use corporal punishment on children;**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.12 Child Development. Providers and household members shall not: Abuse or neglect children; Use rough handling on children; Use corporal punishment on children;**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6917.12 Child Development. Providers and household members shall not: Abuse or neglect children; Use rough handling on children; Use corporal punishment on children;**

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

i. **[x]** Evacuation

ii. **[x]** Relocation

iii. **[x]** Shelter-in-place

iv. **[x]** Lock down

v. Staff emergency preparedness

[x] Training

[x] Practice drills

vi. Volunteer emergency preparedness

[ ] Training

[ ] Practice drills

vii. **[x]** Communication with families

viii. **[x]** Reunification with families

ix. **[x]** Continuity of operations

x. Accommodation of

[x] Infants

[x] Toddlers

[x] Children with disabilities

[x] Children with chronic medical conditions

xi. If any of the above are not checked, describe: **NH does not have requirements for volunteer in emergency response preparedness and planning**

NH was cited and notified of non-compliance on May 23, 2024. We will address this citation in rule changes to include volunteers in the training and practice drills for licensed Child Care Centers.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.23: (b) Child care staff shall ensure that the indoor space is: (7) Free of fumes from toxic or harmful chemicals or materials; (c) Child care staff shall ensure that potentially harmful items, including but not limited to matches, lighters, chemicals, materials labeled �harmful if swallowed,� flammable materials, sharp objects, and staffs' personal belongings are locked or inaccessible to children. (d) All substances labeled �harmful if swallowed� or �flammable� and all containers storing cleaning materials shall be labeled as to the contents and stored separately from food and medications.**

He-C 4002.11(e) When any child care staff or children in the program have symptoms of or are known to have a communicable disease: (1) Any spills of bodily fluids shall be immediately cleaned and sanitized; (2) Persons involved in cleaning surfaces contaminated with bodily fluids shall: a. Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and b. Immediately wash their hands with soap and running water after discarding the gloves; and (3) Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be immediately disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands-free receptacle.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.23: (b) Child care staff shall ensure that the indoor space is: (7) Free of fumes from toxic or harmful chemicals or materials; (c) Child care staff shall ensure that potentially harmful items, including but not limited to matches, lighters, chemicals, materials labeled �harmful if swallowed,� flammable materials, sharp objects, and staffs' personal belongings are locked or inaccessible to children. (d) All substances labeled �harmful if swallowed� or �flammable� and all containers storing cleaning materials shall be labeled as to the contents and stored separately from food and medications.**

He-C 4002.11(e) When any child care staff or children in the program have symptoms of or are known to have a communicable disease: (1) Any spills of bodily fluids shall be immediately cleaned and sanitized; (2) Persons involved in cleaning surfaces contaminated with bodily fluids shall: a. Wear protective

disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and b. Immediately wash their hands with soap and running water after discarding the gloves; and (3) Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be immediately disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands-free receptacle.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He- C 6916.06 Handling, Storage, and Disposal of Hazardous Materials. All toxic and flammable materials and tobacco products shall be stored in cabinets which are locked or secured with child proof latches, or otherwise out of reach of children. Pesticides shall not be used in areas used by children while children are present, and any treated indoor area must be aired out per manufacturers' instructions prior to allowing children to return to that area. Programs shall adhere to state and federal rules and regulations in regards to lead paint and asbestos removal. Programs serving diapered children and children who are not toilet trained shall have a designated diaper changing area, which shall: Be located adjacent to or in close proximity to a designated handwashing sink to allow access for handwashing without having to open doors or gates or have physical contact with other children; Have a non-porous washable surface, which shall be used exclusively for diaper changing and sanitized after each diaper change; Contain a covered, hands-free receptacle, lined with a plastic bag, and located within the reach of the diaper changing area for disposal of soiled disposable diapers and cleansing articles; and Not be located in kitchens or in food preparation or food service areas, or on surfaces where food is prepared or served.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.06 Handling, Storage, and Disposal of Hazardous Material. All toxic and flammable materials and tobacco products shall be stored in cabinets which are locked or secured with child proof latches, or otherwise out of reach of children. Pesticides shall not be used in areas used by children while children are present, and any treated indoor area must be aired out per manufacturers' instructions prior to allowing children to return to that area. Programs shall adhere to state and federal rules and regulations in regards to lead paint and asbestos removal. Programs serving diapered children and children who are not toilet trained shall have a designated diaper changing area, which shall: Be located adjacent to or in close proximity to a designated handwashing sink to allow access for handwashing without having to open doors or gates or have physical contact with other children; Have a non-porous washable surface, which shall be used exclusively for diaper changing and sanitized after each diaper change; Contain a covered, hands-free receptacle, lined with a plastic bag, and located within the reach of the diaper changing area for disposal of soiled disposable diapers and cleansing articles; and Not be located in kitchens or in food preparation or food service areas, or on surfaces where food is prepared or served.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C**

6917.06 Handling, Storage, and Disposal of Hazardous Material. All toxic and flammable materials and tobacco products shall be stored in cabinets which are locked or secured with child proof latches, or otherwise out of reach of children. Pesticides shall not be used in areas used by children while children are present, and any treated indoor area must be aired out per manufacturers' instructions prior to allowing children to return to that area. Programs shall adhere to state and federal rules and regulations in regards to lead paint and asbestos removal. Programs serving diapered children and children who are not toilet trained shall have a designated diaper changing area, which shall: Be located adjacent to or in close proximity to a designated handwashing sink to allow access for handwashing without having to open doors or gates or have physical contact with other children; Have a non-porous washable surface, which shall be used exclusively for diaper changing and sanitized after each diaper change; Contain a covered, hands-free receptacle, lined with a plastic bag, and located within the reach of the diaper changing area for disposal of soiled disposable diapers and cleansing articles; and Not be located in kitchens or in food preparation or food service areas, or on surfaces where food is prepared or served.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6917.06 Handling, Storage, and Disposal of Hazardous Material. All toxic and flammable materials and tobacco products shall be stored in cabinets which are locked or secured with child proof latches, or otherwise out of reach of children. Pesticides shall not be used in areas used by children while children are present, and any treated indoor area must be aired out per manufacturers' instructions prior to allowing children to return to that area. Programs shall adhere to state and federal rules and regulations in regards to lead paint and asbestos removal. Programs serving diapered children and children who are not toilet trained shall have a designated diaper changing area, which shall: Be located adjacent to or in close proximity to a designated handwashing sink to allow access for handwashing without having to open doors or gates or have physical contact with other children; Have a non-porous washable surface, which shall be used exclusively for diaper changing and sanitized after each diaper change; Contain a covered, hands-free receptacle, lined with a plastic bag, and located within the reach of the diaper changing area for disposal of soiled disposable diapers and cleansing articles; and Not be located in kitchens or in food preparation or food service areas, or on surfaces where food is prepared or served.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.23: (ah) Child care staff shall immediately clean spills of bodily fluids, including urine, feces, blood, saliva, and discharges from the nose, eyes, or an injury, using soap and water and then disinfectant. Surfaces requiring such action include tabletops, toys, floors, walls, toilets, potty chairs, and diaper changing surfaces. (ai) Child care staff shall: (1) Wear non-porous gloves when cleaning bodily fluid spills specified above; (2) Place soiled clothing in a plastic bag, tied securely and return the items to the child's parent at pick up; and (3) Clean, rinse, disinfect, wring,**

and hang to dry mops used to clean bodily fluids.

He-C 4002.11(e) When any child care staff or children in the program have symptoms of or are known to have a communicable disease: (1) Any spills of bodily fluids shall be immediately cleaned and sanitized; (2) Persons involved in cleaning surfaces contaminated with bodily fluids shall: a. Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and b. Immediately wash their hands with soap and running water after discarding the gloves; and (3) Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be immediately disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands-free receptacle.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.23: (ah) Child care staff shall immediately clean spills of bodily fluids, including urine, feces, blood, saliva, and discharges from the nose, eyes, or an injury, using soap and water and then disinfectant. Surfaces requiring such action include tabletops, toys, floors, walls, toilets, potty chairs, and diaper changing surfaces. (ai) Child care staff shall: (1) Wear non-porous gloves when cleaning bodily fluid spills specified above; (2) Place soiled clothing in a plastic bag, tied securely and return the items to the child's parent at pick up; and (3) Clean, rinse, disinfect, wring, and hang to dry mops used to clean bodily fluids.**

He-C 4002.11(e) When any child care staff or children in the program have symptoms of or are known to have a communicable disease: (1) Any spills of bodily fluids shall be immediately cleaned and sanitized; (2) Persons involved in cleaning surfaces contaminated with bodily fluids shall: a. Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and b. Immediately wash their hands with soap and running water after discarding the gloves; and (3) Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be immediately disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands-free receptacle.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.10 Prevention and Control of Infectious Diseases, Including Immunizations. (d) Any time there is a spill of bodily fluids, or any provider or child has symptoms of, or are known to have, a communicable disease: (1) Any spills of bodily fluids shall be immediately cleaned and sanitized; (2) Persons involved in cleaning surfaces contained with bodily fluids shall: Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and Immediately wash their hands with liquid soap and warm running water after discarding the gloves; Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands- free receptacle;**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.10 Prevention and Control of Infectious Diseases, Including Immunizations. (d) Any time there is a spill of bodily fluids, or any provider or child has symptoms of, or are known to have, a communicable disease: (1) Any spills of bodily fluids shall be immediately cleaned and sanitized; (2) Persons involved in cleaning surfaces contained with bodily fluids shall: Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and Immediately wash their hands with liquid soap and warm running water after discarding the gloves; Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands- free receptacle;**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.10 Prevention and Control of Infectious Diseases, Including Immunizations. (d) Any time there is a spill of bodily fluids, or any provider or child has symptoms of, or are known to have, a communicable disease: (1) Any spills of bodily fluids shall be immediately cleaned and sanitized; (2) Persons involved in cleaning surfaces contained with bodily fluids shall: Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and Immediately wash their hands with liquid soap and warm running water after discarding the gloves; Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands- free receptacle; and**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 6917.10 Prevention and Control of Infectious Diseases, Including Immunizations. (d) Any time there is a spill of bodily fluids, or any provider or child has symptoms of, or are known to have, a communicable disease: (1) Any spills of bodily fluids shall be immediately cleaned and sanitized; (2) Persons involved in cleaning surfaces contained with bodily fluids shall: Wear protective disposable gloves while cleaning, disinfecting, and sanitizing the contaminated surface; and Immediately wash their hands with liquid soap and warm running water after discarding the gloves; Any materials, including disposable gloves and diapers contaminated by bodily fluids, shall be disposed of in a plastic bag with a secure tie or in a covered, plastic bag-lined, hands- free receptacle;**

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.32: (e) Whenever the program provides transportation, it shall ensure that: (1) Any vehicle used for transportation of children is registered and inspected in accordance with the laws of the state of New Hampshire; (2) The vehicle is maintained in a safe operating condition, and is clean and free of obstructions on the floors and seats, and any sharp, heavy, or potentially dangerous objects are placed in the trunk or cargo area and securely restrained; (3) The operator of any vehicle transporting children is at least 18 years old and holds a valid driver's**

license; (4) The driver and any other attendants on the vehicle have received training in the safe transportation of children; (5) The driver of the vehicle is alert and not distracted by telephone, radio, or other communications; and (6) The driver of the vehicle takes attendance before and after each trip and conducts a complete vehicle inspection after every trip to ensure that no child is left alone in a vehicle at any time. (f) Child care staff shall not permit any child to remain in any vehicle unattended by staff of the child care program. (g) Any vehicle used to transport children, whether owned by the program, a child care staff member or by a parent who is transporting children other than his or her own, shall have proof of current liability insurance. (h) Child care staff shall ensure: (1) The number of children riding in any vehicle does not exceed the number of persons the vehicle is designed to carry; (2) Individual, age appropriate child restraints or seat belts are provided for and used by each child in accordance with RSA 265:107-a, and the driver and any other adults shall use their seatbelts when transporting children; and (3) All children remain seated when the vehicle is in operation. (i) Child care staff shall carry on all field trips: (1) A copy of each child's registration and emergency information forms; (2) A first aid kit in the vehicle whenever children are present; (3) A copy of the parental permission slip for the field trip; (4) An attendance sheet documentation that staff accounted for each child every time they entered or exited the vehicle; (5) All emergency and currently prescribed child medications, as applicable; and (6) In each vehicle, a form that includes the program name, address, and phone number. (j) There shall be a working cell phone or other mechanism for making emergency telephone calls available in each vehicle during transport.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.32: (e) Whenever the program provides transportation, it shall ensure that: (1) Any vehicle used for transportation of children is registered and inspected in accordance with the laws of the state of New Hampshire; (2) The vehicle is maintained in a safe operating condition, and is clean and free of obstructions on the floors and seats, and any sharp, heavy, or potentially dangerous objects are placed in the trunk or cargo area and securely restrained; (3) The operator of any vehicle transporting children is at least 18 years old and holds a valid driver's license; (4) The driver and any other attendants on the vehicle have received training in the safe transportation of children; (5) The driver of the vehicle is alert and not distracted by telephone, radio, or other communications; and (6) The driver of the vehicle takes attendance before and after each trip and conducts a complete vehicle inspection after every trip to ensure that no child is left alone in a vehicle at any time. (f) Child care staff shall not permit any child to remain in any vehicle unattended by staff of the child care program. (g) Any vehicle used to transport children, whether owned by the program, a child care staff member or by a parent who is transporting children other than his or her own, shall have proof of current liability insurance. (h) Child care staff shall ensure: (1) The number of children riding in any vehicle does not exceed the number of persons the vehicle is designed to carry; (2) Individual, age appropriate child restraints or seat belts are provided for and used by each child in accordance with RSA 265:107-a, and the driver and any other adults shall use their seatbelts when transporting children; and (3) All children remain seated when the vehicle is in**

operation. (i) Child care staff shall carry on all field trips: (1) A copy of each child's registration and emergency information forms; (2) A first aid kit in the vehicle whenever children are present; (3) A copy of the parental permission slip for the field trip; (4) An attendance sheet documentation that staff accounted for each child every time they entered or exited the vehicle; (5) All emergency and currently prescribed child medications, as applicable; and (6) In each vehicle, a form that includes the program name, address, and phone number. (j) There shall be a working cell phone or other mechanism for making emergency telephone calls available in each vehicle during transport.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.14 Appropriate Precautions in Transporting Children. Programs who wish to take children on routine, unplanned local trips, or scheduled field trips shall obtain a signed and dated permission slip from each child's parent, which specifies all approved destinations and activities. This permission slip shall include the destination of the trip and the estimated time that the parent can expect the child to return to the program. The following shall be accessible to staff on any field trip: An attendance record which includes the name and age of each child; Copies of the registration and emergency information form required in He-C 6916.07(a), for each child; A first aid kit adequate to meet the needs of the children in attendance on the field trip; All medications requiring administration during the hours of the field trip as required by He-C 6916.09; and All emergency medications as required by He-C 6916.08 for the children in attendance on the field trip. Items referenced in (b) above for each child shall remain with an individual who is with the child, including during transport. During any field trip, at least one staff member shall have access to a working phone, in case of emergency, and that phone number shall be available to parents and to staff remaining at the facility. Children who are transported by the program or during any program-sponsored activity shall be transported in vehicles which are: Registered, insured, and inspected in accordance with the laws and rules of the state of New Hampshire; Driven by individuals who are at least 18 years of age and hold a valid driver's license; and Maintained in safe operating condition. Staff shall be prohibited from using mobile electronic devices while operating a vehicle to transport children, including hands-free operation. The number of persons who are transported by the program or in any vehicle during any program- sponsored activity shall be limited to the number of persons the vehicle is designed to carry. In all vehicles, age-appropriate child restraints or seat belts shall be provided for and used by each child in accordance with RSA 265:107-a.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.14 Appropriate Precautions in Transporting Children. Programs who wish to take children on routine, unplanned local trips, or scheduled field trips shall obtain a signed and dated permission slip from each child's parent, which specifies all approved destinations and activities. This permission slip shall include**

the destination of the trip and the estimated time that the parent can expect the child to return to the program. The following shall be accessible to staff on any field trip: An attendance record which includes the name and age of each child; Copies of the registration and emergency information form required in He-C 6916.07(a), for each child; A first aid kit adequate to meet the needs of the children in attendance on the field trip; All medications requiring administration during the hours of the field trip as required by He-C 6916.09; and All emergency medications as required by He-C 6916.08 for the children in attendance on the field trip. Items referenced in (b) above for each child shall remain with an individual who is with the child, including during transport. During any field trip, at least one staff member shall have access to a working phone, in case of emergency, and that phone number shall be available to parents and to staff remaining at the facility. Children who are transported by the program or during any program-sponsored activity shall be transported in vehicles which are: Registered, insured, and inspected in accordance with the laws and rules of the state of New Hampshire; Driven by individuals who are at least 18 years of age and hold a valid driver's license; and Maintained in safe operating condition. Staff shall be prohibited from using mobile electronic devices while operating a vehicle to transport children, including hands-free operation. The number of persons who are transported by the program or in any vehicle during any program- sponsored activity shall be limited to the number of persons the vehicle is designed to carry. In all vehicles, age-appropriate child restraints or seat belts shall be provided for and used by each child in accordance with RSA 265:107-a.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.14 Appropriate Precautions in Transporting Children. Programs who wish to take children on routine, unplanned local trips, or scheduled field trips shall obtain a signed and dated permission slip from each child's parent, which specifies all approved destinations and activities. This permission slip shall include the destination of the trip and the estimated time that the parent can expect the child to return to the program. The following shall be accessible to staff on any field trip: An attendance record which includes the name and age of each child; Copies of the registration and emergency information form required in He-C 6916.07(a), for each child; A first aid kit adequate to meet the needs of the children in attendance on the field trip; All medications requiring administration during the hours of the field trip as required by He-C 6916.09; and All emergency medications as required by He-C 6916.08 for the children in attendance on the field trip. Items referenced in (b) above for each child shall remain with an individual who is with the child, including during transport. During any field trip, at least one staff member shall have access to a working phone, in case of emergency, and that phone number shall be available to parents and to staff remaining at the facility. Children who are transported by the program or during any program-sponsored activity shall be transported in vehicles which are: Registered, insured, and inspected in accordance with the laws and rules of the state of New Hampshire; Driven by individuals who are at least 18 years of age and hold a valid driver's license; and Maintained in safe operating condition. Staff**

shall be prohibited from using mobile electronic devices while operating a vehicle to transport children, including hands-free operation. The number of persons who are transported by the program or in any vehicle during any program- sponsored activity shall be limited to the number of persons the vehicle is designed to carry. In all vehicles, age-appropriate child restraints or seat belts shall be provided for and used by each child in accordance with RSA 265:107-a.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 4002.32: (e) Whenever the program provides transportation, it shall ensure that: (1) Any vehicle used for transportation of children is registered and inspected in accordance with the laws of the state of New Hampshire; (2) The vehicle is maintained in a safe operating condition, and is clean and free of obstructions on the floors and seats, and any sharp, heavy, or potentially dangerous objects are placed in the trunk or cargo area and securely restrained; (3) The operator of any vehicle transporting children is at least 18 years old and holds a valid driver's license; (4) The driver and any other attendants on the vehicle have received training in the safe transportation of children; (5) The driver of the vehicle is alert and not distracted by telephone, radio, or other communications; and (6) The driver of the vehicle takes attendance before and after each trip and conducts a complete vehicle inspection after every trip to ensure that no child is left alone in a vehicle at any time. (f) Child care staff shall not permit any child to remain in any vehicle unattended by staff of the child care program. (g) Any vehicle used to transport children, whether owned by the program, a child care staff member or by a parent who is transporting children other than his or her own, shall have proof of current liability insurance. (h) Child care staff shall ensure: (1) The number of children riding in any vehicle does not exceed the number of persons the vehicle is designed to carry; (2) Individual, age appropriate child restraints or seat belts are provided for and used by each child in accordance with RSA 265:107-a, and the driver and any other adults shall use their seatbelts when transporting children; and (3) All children remain seated when the vehicle is in operation. (i) Child care staff shall carry on all field trips: (1) A copy of each child's registration and emergency information forms; (2) A first aid kit in the vehicle whenever children are present; (3) A copy of the parental permission slip for the field trip; (4) An attendance sheet documentation that staff accounted for each child every time they entered or exited the vehicle; (5) All emergency and currently prescribed child medications, as applicable; and (6) In each vehicle, a form that includes the program name, address, and phone number. (j) There shall be a working cell phone or other mechanism for making emergency telephone calls available in each vehicle during transport.**

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.20:**

(m) The center director, site director, family child care provider, and all staff used to meet staff to child ratios shall: (1) Be certified in pediatric cardiopulmonary resuscitation (CPR) and first aid within 90 days of the first date of employment; (2) Obtain certification in (m)(1) above by the American Red Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council, or other nationally recognized organization; and (3) Maintain current certifications required in (m)(1) above. (n) During all operating hours, on and off premises, there shall be at least one staff person who is trained and currently certified as specified in (m) above, with all children. (o) CPR and first aid training as specified in (m) above may be received via correspondence or on-line, provided a skill test is required to be performed prior to becoming certified. (p) Programs shall maintain on file, available for review by the department, copies of current CPR and first aid certificates and licenses.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.20: (m) The center director, site director, family child care provider, and all staff used to meet staff to child ratios shall: (1) Be certified in pediatric cardiopulmonary resuscitation (CPR) and first aid within 90 days of the first date of employment; (2) Obtain certification in (m)(1) above by the American Red Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council, or other nationally recognized organization; and (3) Maintain current certifications required in (m)(1) above. (n) During all operating hours, on and off premises, there shall be at least one staff person who is trained and currently certified as specified in (m) above, with all children. (o) CPR and first aid training as specified in (m) above may be received via correspondence or on-line, provided a skill test is required to be performed prior to becoming certified. (p) Programs shall maintain on file, available for review by the department, copies of current CPR and first aid certificates and licenses.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.11 First Aid and Pediatric Cardiopulmonary Resuscitation (CPR). Programs shall have on the premises a selection of non-expired first aid supplies adequate to meet the needs of the children in care. If a child receives an injury or an incident occurs requiring first aid treatment, staff shall inform the child's parent of the injury on the date the child is injured.**

He-C 6914.04 (h) Each license-exempt child care provider and employee providing supervision of children or
required to meet staff to child ratios, shall submit proof according to (k) below to DHHS that the provider
and each employee has current certification in:
(1) Pediatric cardiopulmonary resuscitation (CPR) which shall include instruction in CPR and
foreign body airway obstruction management for infants and children by the American Red
Cross, American Heart Association, Emergency Care and Safety Institute, National

Safety
Council, or other nationally recognized organization; and
(2) Pediatric first aid.
(i) CPR and first aid training as specified in (h)(1) and (h)(2) above may be taken via correspondence
or online, provided a skill test is performed in person prior to becoming certified.

He-C 6914.05 (8) Complete and maintain current pediatric first aid and CPR certifications as required by He C 6914.04(h);

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.11 First Aid and Pediatric Cardiopulmonary Resuscitation (CPR). Programs shall have on the premises a selection of non-expired first aid supplies adequate to meet the needs of the children in care. If a child receives an injury or an incident occurs requiring first aid treatment, staff shall inform the child's parent of the injury on the date the child is injured.**

He-C 6914.04 (h) Each license-exempt child care provider and employee providing supervision of children or
required to meet staff to child ratios, shall submit proof according to (k) below to DHHS that the provider
and each employee has current certification in:
(1) Pediatric cardiopulmonary resuscitation (CPR) which shall include instruction in CPR and
foreign body airway obstruction management for infants and children by the American Red
Cross, American Heart Association, Emergency Care and Safety Institute, National Safety
Council, or other nationally recognized organization; and
(2) Pediatric first aid.
(i) CPR and first aid training as specified in (h)(1) and (h)(2) above may be taken via correspondence
or online, provided a skill test is performed in person prior to becoming certified.

He-C 6914.05 (8) Complete and maintain current pediatric first aid and CPR certifications as required by He C 6914.04(h);

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.11 First Aid and Pediatric Cardiopulmonary Resuscitation (CPR). Programs shall have on the premises a selection of non-expired first aid supplies adequate to meet the needs of the children in care. If a child receives an injury or an incident occurs requiring first aid treatment, staff shall inform the child's parent of the injury on the date the child is injured.**

He-C 6914.04 (h) Each license-exempt child care provider and employee providing supervision of children or
required to meet staff to child ratios, shall submit proof according to (k) below to DHHS that the provider
and each employee has current certification in:

(1) Pediatric cardiopulmonary resuscitation (CPR) which shall include instruction in CPR and
foreign body airway obstruction management for infants and children by the American Red
Cross, American Heart Association, Emergency Care and Safety Institute, National Safety
Council, or other nationally recognized organization; and
(2) Pediatric first aid.
(i) CPR and first aid training as specified in (h)(1) and (h)(2) above may be taken via correspondence
or online, provided a skill test is performed in person prior to becoming certified.

He-C 6914.05 (8) Complete and maintain current pediatric first aid and CPR certifications as required by He C 6914.04(h);

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 4002.20: (m) The center director, site director, family child care provider, and all staff used to meet staff to child ratios shall: (1) Be certified in pediatric cardiopulmonary resuscitation (CPR) and first aid within 90 days of the first date of employment; (2) Obtain certification in (m)(1) above by the American Red Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council, or other nationally recognized organization; and (3) Maintain current certifications required in (m)(1) above. (n) During all operating hours, on and off premises, there shall be at least one staff person who is trained and currently certified as specified in (m) above, with all children. (o) CPR and first aid training as specified in (m) above may be received via correspondence or on-line, provided a skill test is required to be performed prior to becoming certified. (p) Programs shall maintain on file, available for review by the department, copies of current CPR and first aid certificates and licenses.**

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.20: (m) The center director, site director, family child care provider, and all staff used to meet staff to child ratios shall: (1) Be certified in pediatric cardiopulmonary resuscitation (CPR) and first aid within 90 days of the first date of employment; (2) Obtain certification in (m)(1) above by the American Red Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council, or other nationally recognized organization; and (3) Maintain current certifications required in (m)(1) above. (n) During all operating hours, on and off premises, there shall be at least one staff person who is trained and currently certified as specified in (m) above, with all children. (o) CPR and first aid training as specified in (m) above may be received via correspondence or on-line, provided a skill test is required to be performed prior to becoming certified. (p) Programs shall maintain on file, available for review by the department, copies of current CPR and first aid certificates and licenses.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.20: (m) The center director, site director, family child care provider, and all staff used to meet staff to child ratios shall: (1) Be certified in pediatric cardiopulmonary resuscitation (CPR) and first aid within 90 days of the first date of employment; (2) Obtain certification in (m)(1) above by the American Red Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council, or other nationally recognized organization; and (3) Maintain current certifications required in (m)(1) above. (n) During all operating hours, on and off premises, there shall be at least one staff person who is trained and currently certified as specified in (m) above, with all children. (o) CPR and first aid training as specified in (m) above may be received via correspondence or on-line, provided a skill test is required to be performed prior to becoming certified. (p) Programs shall maintain on file, available for review by the department, copies of current CPR and first aid certificates and licenses.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.11 First Aid and Pediatric Cardiopulmonary Resuscitation (CPR). If CPR is performed on a child while in the care of the program, staff shall: Notify the child's parent immediately; Notify the department within 48 hours; and Provide to the department a written report which details the nature and circumstances which led to CPR being performed within one week of the incident**

He-C 6914.04 (h) Each license-exempt child care provider and employee providing supervision of children or
required to meet staff to child ratios, shall submit proof according to (k) below to DHHS that the provider
and each employee has current certification in:
(1) Pediatric cardiopulmonary resuscitation (CPR) which shall include instruction in CPR and
foreign body airway obstruction management for infants and children by the American Red
Cross, American Heart Association, Emergency Care and Safety Institute, National Safety
Council, or other nationally recognized organization; and
(2) Pediatric first aid.
(i) CPR and first aid training as specified in (h)(1) and (h)(2) above may be taken via correspondence
or online, provided a skill test is performed in person prior to becoming certified.

He-C 6914.05 (8) Complete and maintain current pediatric first aid and CPR certifications as required by He C 6914.04(h);

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.11 First Aid and Pediatric Cardiopulmonary Resuscitation (CPR). If CPR is performed on a child while in the care of the program, staff shall: Notify the**

child's parent immediately; Notify the department within 48 hours; and Provide to the department a written report which details the nature and circumstances which led to CPR being performed within one week of the incident

He-C 6914.04 (h) Each license-exempt child care provider and employee providing supervision of children or
required to meet staff to child ratios, shall submit proof according to (k) below to DHHS that the provider
and each employee has current certification in:
(1) Pediatric cardiopulmonary resuscitation (CPR) which shall include instruction in CPR and
foreign body airway obstruction management for infants and children by the American Red
Cross, American Heart Association, Emergency Care and Safety Institute, National Safety
Council, or other nationally recognized organization; and
(2) Pediatric first aid.
(i) CPR and first aid training as specified in (h)(1) and (h)(2) above may be taken via correspondence
or online, provided a skill test is performed in person prior to becoming certified.

He-C 6914.05 (8) Complete and maintain current pediatric first aid and CPR certifications as required by He C 6914.04(h);

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.11 First Aid and Pediatric Cardiopulmonary Resuscitation (CPR). If CPR is performed on a child while in the care of the program, staff shall: Notify the child's parent immediately; Notify the department within 48 hours; and Provide to the department a written report which details the nature and circumstances which led to CPR being performed within one week of the incident**

He-C 6914.04 (h) Each license-exempt child care provider and employee providing supervision of children or
required to meet staff to child ratios, shall submit proof according to (k) below to DHHS that the provider
and each employee has current certification in:
(1) Pediatric cardiopulmonary resuscitation (CPR) which shall include instruction in CPR and
foreign body airway obstruction management for infants and children by the American Red
Cross, American Heart Association, Emergency Care and Safety Institute, National Safety
Council, or other nationally recognized organization; and
(2) Pediatric first aid.
(i) CPR and first aid training as specified in (h)(1) and (h)(2) above may be taken via correspondence
or online, provided a skill test is performed in person prior to becoming certified.

He-C 6914.05 (8) Complete and maintain current pediatric first aid and CPR certifications as required by He C 6914.04(h);

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 4002.20: (m) The center director, site director, family child care provider, and all staff used to meet staff to child ratios shall: (1) Be certified in pediatric cardiopulmonary resuscitation (CPR) and first aid within 90 days of the first date of employment; (2) Obtain certification in (m)(1) above by the American Red Cross, American Heart Association, Emergency Care and Safety Institute, National Safety Council, or other nationally recognized organization; and (3) Maintain current certifications required in (m)(1) above. (n) During all operating hours, on and off premises, there shall be at least one staff person who is trained and currently certified as specified in (m) above, with all children. (o) CPR and first aid training as specified in (m) above may be received via correspondence or on-line, provided a skill test is required to be performed prior to becoming certified. (p) Programs shall maintain on file, available for review by the department, copies of current CPR and first aid certificates and licenses.**

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.33: (a) All center directors, agency administrators, site coordinators, or site directors, and all other child care staff who are responsible for the supervision of children, or who are necessary for the staff to child ratios, shall keep on file documentation of completion of a minimum of 6 hours of professional development, which shall be completed in accordance with the following: (1) Within 90 days of the first date of employment; (2) Within 2 weeks for programs operating 3 months of the year or less; or (3) By providing documentation of previous completion. (b) The 6 hours of professional development required in (a) above shall include: (12) Prevention, recognition, and reporting of child abuse and neglect;**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.33: (a) All center directors, agency administrators, site coordinators, or site directors, and all other child care staff who are responsible for the supervision of children, or who are necessary for the staff to child ratios, shall keep on file documentation of completion of a minimum of 6 hours of professional development, which shall be completed in accordance with the following: (1) Within 90 days of the first date of employment; (2) Within 2 weeks for programs operating 3 months of the year or less; or (3) By providing documentation of previous completion. (b) The 6 hours of professional development required in (a) above shall include: (12) Prevention, recognition, and reporting of child abuse and neglect;**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6914.04 (e) Each license-exempt child care provider and each employee providing supervision of children or required to meet staff to child ratios, shall submit proof according to (k) below that the provider and employee has completed a minimum of 6 hours of training in all required health and safety topics listed below: (1) Prevention and control of infectious diseases; (2) Prevention of sudden infant death syndrome and use of safe sleeping practices; (3) Administration of medication, consistent with standards for parental consent; (4) Prevention of and response to emergencies due to food and allergic reactions; (5) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; (6) Prevention of shaken baby syndrome and abusive head trauma; (7) Recognizing and reporting child abuse and neglect; (8) Emergency preparedness and response planning; (9) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants (10) For providers offering transportation, appropriate precautions in transporting children; and (11) Child development, birth through 12 years.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6914.04 (e) Each license-exempt child care provider and each employee providing supervision of children or required to meet staff to child ratios, shall submit proof according to (k) below that the provider and employee has completed a minimum of 6 hours of training in all required health and safety topics listed below: (1) Prevention and control of infectious diseases; (2) Prevention of sudden infant death syndrome and use of safe sleeping practices; (3) Administration of medication, consistent with standards for parental consent; (4) Prevention of and response to emergencies due to food and allergic reactions; (5) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; (6) Prevention of shaken baby syndrome and abusive head trauma; (7) Recognizing and reporting child abuse and neglect; (8) Emergency preparedness and response planning; (9) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants (10) For providers offering transportation, appropriate precautions in transporting children; and (11) Child development, birth through 12 years. e compliance**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6914.04 (e) Each license-exempt child care provider and each employee providing supervision of children or required to meet staff to child ratios, shall submit proof according to (k) below that the provider and employee has completed a minimum of 6 hours of training in all required health and safety topics listed below: (1) Prevention and control of infectious diseases; (2) Prevention of sudden infant death syndrome and use of safe sleeping practices; (3) Administration of**

medication, consistent with standards for parental consent; (4) Prevention of and response to emergencies due to food and allergic reactions; (5) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; (6) Prevention of shaken baby syndrome and abusive head trauma; (7) Recognizing and reporting child abuse and neglect; (8) Emergency preparedness and response planning; (9) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants (10) For providers offering transportation, appropriate precautions in transporting children; and (11) Child development, birth through 12 years.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 4002.33: (a) All center directors, agency administrators, site coordinators, or site directors, and all other child care staff who are responsible for the supervision of children, or who are necessary for the staff to child ratios, shall keep on file documentation of completion of a minimum of 6 hours of professional development, which shall be completed in accordance with the following: (1) Within 90 days of the first date of employment; (2) Within 2 weeks for programs operating 3 months of the year or less; or (3) By providing documentation of previous completion. (b) The 6 hours of professional development required in (a) above shall include: (12) Prevention, recognition, and reporting of child abuse and neglect;**

He-C 6914.04 (e) Each license-exempt child care provider and each employee providing supervision of children or required to meet staff to child ratios, shall submit proof according to (k) below that the provider and employee has completed a minimum of 6 hours of training in all required health and safety topics listed below: (1) Prevention and control of infectious diseases; (2) Prevention of sudden infant death syndrome and use of safe sleeping practices; (3) Administration of medication, consistent with standards for parental consent; (4) Prevention of and response to emergencies due to food and allergic reactions; (5) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; (6) Prevention of shaken baby syndrome and abusive head trauma; (7) Recognizing and reporting child abuse and neglect; (8) Emergency preparedness and response planning; (9) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants (10) For providers offering transportation, appropriate precautions in transporting children; and (11) Child development, birth through 12 years.

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **He-C 4002.15: (b) A licensee, permittee, or his or her designee shall: (1) As mandated reporters, report to the division for children, youth, and families at 1-800-894-5533, if the licensee, permittee, child care staff, or other person involved with a program suspects that a child is being abused or neglected, in accordance with RSA 169-C:29;**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **He-C 4002.15: (b) A licensee, permittee, or his or her designee shall: (1) As mandated reporters, report to the division for children, youth, and families at 1-800-894-5533, if the licensee, permittee, child care staff, or other person involved with a program suspects that a child is being abused or neglected, in accordance with RSA 169-C:29;**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **He-C 6916.13 Prevention, Recognition, and Reporting of Child Abuse and Neglect Any staff or other person involved with a program who suspects that a child is being abused or neglected shall be a mandated reporter in accordance with RSA 169-C:29 and shall report the suspected abuse to the division for children, youth, and families by calling 1-800-894-5533.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **He-C 6917.13 Prevention, Recognition, and Reporting of Child Abuse and Neglect Any staff or other person involved with a program who suspects that a child is being abused or neglected shall be a mandated reporter in accordance with RSA 169-C:29 and shall report the suspected abuse to the division for children, youth, and families by calling 1-800-894-5533.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **He-C 6917.13 Prevention, Recognition, and Reporting of Child Abuse and Neglect Any staff or other person involved with a program who suspects that a child is being abused or neglected shall be a mandated reporter in accordance with RSA 169-C:29 and shall report the suspected abuse to the division for children, youth, and families by calling 1-800-894-5533.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **He-C 4002.15: (b) A licensee, permittee, or his or her designee shall: (1) As mandated reporters, report to the division for children, youth, and families at 1-800-894-5533, if the licensee, permittee, child care staff, or other person involved with a program suspects that a child is being abused or neglected, in accordance with RSA 169-C:29;**

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

[x] Yes, confirmed.

[ ] No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

[x] Yes.

[ ] No. If no, skip to Section 5.4

If yes, describe the standard(s).

i. Nutrition. Describe: **He-C 4002.31 (g) Children shall have access to drinking water and be encouraged to drink water throughout the day. (h) Child care programs that provide meals and snacks shall ensure they meet the daily meal patterns listed in the United States Department of Agriculture (USDA) �Child Meal Pattern� (11/26/2016) and USDA �Infant Meal Pattern� (11/29/2016) available as listed in Appendix B and copies of which are available in Appendix C. (n) Child care staff shall not serve low fat or non-fat milk, or other non-dairy milk products such as soymilk, oat milk, and almond milk, to children younger than 2 years of age unless authorized to do so in writing by the child's parent and the child's licensed health care practitioner. (o) Programs that provide formula or cereal shall provide iron fortified formula or cereal unless restricted in writing by a child's parent and the child's licensed health care practitioner.**

ii. Access to physical activity. Describe: **For licensed centers and licensed family providers: He-C 4002.19: (e) Programs shall provide opportunity for at least 60 minutes daily of gross motor activity for children age 18 months and older, except preschools operating 5 or fewer hours per day shall provide at least 20 minutes of gross motor activity daily.**

iii. Caring for children with special needs. Describe: **For licensed centers and licensed family providers: He-C 4002.13: a) The licensee shall accept and make reasonable accommodations to welcome and serve, or continue to serve, any child with a disability. (b) In determining whether accommodations are reasonable and necessary, the program shall: (1) Refer to the Americans with Disabilities Act; and (2) If applicable, request parental release of information from professionals providing services to the child specific to the disability. He-C 4002.24: (a) The play area shall: (1) Be accessible to children with disabilities; He-C 4002.31:(t) During meals and snacks, child care personnel shall: (1) Encourage children to serve**

themselves, when appropriate; (2) Help children with disabilities to participate in meal and snack times with their peers;

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **N/A**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	**Is the pre-service or orientation training on this standard appropriate to different settings and age groups?**	**Does the Lead Agency require staff to complete the training before caring for children unsupervised?**
a. Prevention and control of infectious diseases (including immunizations)	[ ]	[ ]	[ ]
b. SIDS prevention and use of safe sleep practices	**[x]**	**[x]**	**[x]**
c. Administration of medication	**[x]**	**[x]**	[ ]
d. Prevention and response to food and allergic reactions	**[x]**	**[x]**	[ ]
e. Building and physical premises safety, including identification	**[x]**	**[x]**	[ ]

of and protection from hazards, bodies of water, and vehicular traffic			
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[ ]	[ ]	[ ]
g. Emergency preparedness and response planning and procedures	[ ]	[ ]	[ ]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[x]	[x]	[x]
i. Appropriate Precautions in transporting children, if applicable	[x]	[x]	[ ]
j. Pediatric first aid and pediatric CPR (age-appropriate)	[x]	[x]	[x]
k. Child abuse and neglect recognition and reporting	[x]	[x]	[ ]
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	[ ]	[ ]	[ ]

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **NH was cited and notified of non-compliance on May 23, 2024 that pre-service/orientation training includes all 11 health and safety topics and child development for all CCDF-eligible providers.**

NH will modify trainings to include:
For Licensed Child Care Centers and Licensed Family Child Care, there was no evidence that pre-service/orientation training requirements cover immunization exemptions, immunization grace periods, the five domains for child development training, and the following sub-components of emergency preparedness and response planning: communication and reunification with families and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

For License-Exempt Centers and License-Exempt Family Homes, there was no evidence that pre-service/orientation training requirements cover immunizations, including exemptions and grace periods, prevention of child maltreatment, all subcomponents of emergency preparedness and response planning, and the five domains for child development training.

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

[x] No

[ ] Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No. If no, describe: **Licensed center based providers are monitored on all standards.**

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **Department of Health and Human Services, Child Care Licensing Unit**

NH was cited and notified of non-compliance on May 23, 2024 for the following:

The Monitoring Team did not find evidence the Lead Agency has requirements for prevention of shaken baby syndrome and abusive head trauma and Background Checks including FBI fingerprints and State Criminal Registry checks with fingerprints for staff under 18 years old and therefore does not monitor Licensed Centers and Licensed Family Child Care for compliance for these topics.

In addition, the Lead Agency does not have a requirement for volunteer emergency preparedness training and practice drills for Licensed Child Care Centers and therefore does not monitor compliance for this topic.

Although the Lead Agency does monitor all licensed providers for pre-service/orientation training, the training does not include and therefore NH does not monitor Licensed Centers and Licensed Family Child Care for compliance for these topics: immunization exemptions, immunization grace periods, the five domains for child development training, and the following sub-components of emergency preparedness and response planning: communication and reunification with families and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

Additionally, substitutes are exempt from ongoing training requirements and therefore, the Lead Agency does not monitor ongoing training for substitutes.

b. Licensed CCDF family child care providers

i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No. If no, describe: **Licensed family child care providers are monitored on all standards.**

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Department of Health and Human Services, Child Care Licensing Unit**

NH was cited and notified of non-compliance on December 12, 2021 and on May 23, 2024 for the following:

The Monitoring Team did not find evidence the Lead Agency has requirements for prevention of shaken baby syndrome and abusive head trauma and Background Checks including FBI fingerprints and State Criminal Registry checks with fingerprints for staff under 18 years old and therefore does not monitor Licensed Centers and Licensed Family Child Care for compliance for these topics.

In addition, the Lead Agency does not have a requirement for volunteer emergency preparedness training and practice drills for Licensed Child Care Centers and therefore does not monitor compliance for this topic.

Although the Lead Agency does monitor all licensed providers for pre-service/orientation training, the training does not include and therefore NH does not monitor Licensed Centers and Licensed Family Child Care for compliance for these topics: immunization exemptions, immunization grace periods, the five domains for child development training, and the following sub-components of emergency preparedness and response planning: communication and reunification with families and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

Additionally, substitutes are exempt from ongoing training requirements and therefore, the Lead Agency does not monitor ongoing training for substitutes.

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

[x] No.

[ ] Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

[ ] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **N/A in home providers are not licensed**

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative

of the full complement of health and safety requirements. **N/A in home providers are not licensed**

[ ] No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A in home providers are not licensed**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Department of Health and Human Services, Child Care Licensing Unit**

NH was cited and notified of non-compliance on May 23, 2024 for the following:

The Monitoring Team did not find evidence that the Lead Agency has requirements for staff under 18 years old to complete FBI fingerprints and State Criminal Registry checks with fingerprints and therefore does not monitor these requirements for License-Exempt Centers and License-Exempt Family Homes. There was no evidence that pre-service/orientation training for License-Exempt Centers and License-Exempt Family Homes includes immunizations, including exemptions and grace periods, prevention of child maltreatment, all components of emergency preparedness and response planning, and the five domains for child development training and therefore does not monitor compliance for these topics.

b. License-exempt CCDF family child care providers

i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Department of Health and Human Services, Child Care Licensing Unit**

NH was cited and notified of non-compliance on May 23, 2024 for the following:

The Monitoring Team did not find evidence that the Lead Agency has requirements for staff under 18 years old to complete FBI fingerprints and State Criminal Registry checks with fingerprints and therefore does not monitor these requirements for License-Exempt Centers and License-Exempt Family Homes. There was no evidence that pre-service/orientation training for License-Exempt Centers and License-Exempt Family Homes includes immunizations, including exemptions and grace periods, prevention of child maltreatment, all components of emergency preparedness and response planning, and the five domains for child development training and therefore does not monitor compliance for these topics.

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **An announced monitoring inspection occurs annually on all standards.**
He-C 6914.04 (8) If license-exempt shall:
a. If home based:
1. Submit to an annual announced monitoring visit as defined in He-C 6916.03(l) prior to DHHS enrollment; and
2. Comply with all the minimum standards for health and safety as required by He-C 6916;

NH was cited and notified of non-compliance on December 13th 2021 and May 23, 2024 for the following:

The Monitoring Team did not find evidence that the Lead Agency has requirements for

staff under 18 years old to complete FBI fingerprints and State Criminal Registry checks with fingerprints and therefore does not monitor these requirements for License-Exempt Centers and License-Exempt Family Homes. There was no evidence that pre-service/orientation training for License-Exempt Centers and License-Exempt Family Homes includes immunizations, including exemptions and grace periods, prevention of child maltreatment, all components of emergency preparedness and response planning, and the five domains for child development training and therefore does not monitor compliance for these topics.

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **Department of Health and Human Services, Child Care Licensing Unit.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

a. Does the Lead Agency post:

i. **[x]** Pre-licensing inspection reports for licensed programs.

ii. **[x]** Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

iii. **[ ]** Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:

iv. **[ ]** Other. Describe:

b. Check if the monitoring and inspection reports and any related plain language summaries include:

i. **[x]** Date of inspection.

ii. **[x]** Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **The online system indicates, with**

a visual symbol of an exclamation point in a red circle, the regulations that when are found non-compliant identify a greater risk to the health and safety of children.

iii. **[x]** Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **The corrective action plan provided by the child care provider, or as directed by the department, is presented with the citation and evidence.**

iv. **[x]** A minimum of 3 years of results, where available.

v. If any of the components above are not selected, please explain:

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

i. Provide the direct URL/website link to where the reports are posted: **https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch**

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Per RSA 170-E:10, the findings of investigatory and monitoring visits, and final decisions relative to licensure of the child day care agency shall be considered public information, posted on the department's website, and available for review by members of the public. The findings of investigatory and monitoring visits and final decisions relative to licensure shall be posted on the department's website not less than 21 business days from the date of the finding or decision, and shall be available on the website for a period of 3 years.**

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

[x] Yes.

[ ] No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

[x] Yes.

[ ] No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

[x] Yes.

[ ] No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The qualifications for a NH Child Care Licensing Coordinator are found in the Department's Human Resource Supplemental Job description for this position: Education: Bachelor's degree in early childhood education, child development, education, social services, or a discipline focused on children or social programs. Each additional year of approved formal education may be substituted for one year of required work experience. Experience: Four years' experience in early childhood education, child development, education, or social services delivery. Each additional year of approved work experience may be substituted for one year of required formal education. Preferred Qualifications: Responsibility for program implementation, direct service delivery, program management, planning and evaluation. Special requirements: Must be able to satisfactorily complete or meet additional training criteria relevant to the assigned program area; such as but not limited to: Basic Child Care Licensing Health and Safety Course. Child Care Licensing Coordinators have an approximate 3-month mentorship with an experienced licensing coordinator before completing inspections independently. The National Association for Regulatory Administration Licensing Curriculum is also used in training new licensing coordinators. DHHS makes available translation services for instances when a licensing coordinator needs to communicate with a provider in the provider's language, which includes having a translator during inspections.**

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **The Child Care Licensing Unit has 11 inspectors, who are assigned to a specific territory. The ratio ranges from 60-75 programs per inspector. This ratio allows for at least one unannounced inspection, in addition to completing complaint inspections, pre-licensure inspections, revision of licenses, and onsite consultations. Reports indicating program annual inspection dates, regularly reviewed by supervisors, assist with ensuring that all inspections are completed annually.**

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

a. Licensed child care centers: **He-C 4002.33: (f) The center director, agency administrator, site coordinator, site director, and all child care staff shall complete 18 hours of professional development within their first 12 months of hire, and annually thereafter, in accordance with the following: (1) A minimum of 3 hours shall be in health and safety topics listed in (b)(2)-(13) above (represents all required CCDF health and safety topics; and (2) The remaining 15 hours shall be in any other areas listed in (k) below. (g) The only exceptions to (f) above shall be: (1) Assistant teachers, associate teachers, group leaders, assistant group leaders, family child care workers, and family child care assistants who work fewer than 25 hours per week year round, or more than 25 hours per week during school vacations, or both, for the same licensee shall: a. Obtain 12 hours of professional development within their first 12 months of hire, and annually thereafter; and b. Of the 12 hours, a minimum of three hours shall be in any of the health and safety areas listed in (b)(2)-(13) above, and the remaining hours shall be in any areas in (j) below; (2) Child care staff attending high school or college full time shall obtain 3 hours of professional development in health and safety areas listed in (b)(2)-(13) above annually; (3) Full time college attendance in (2) above shall mean enrolled in a minimum of 12 credit hours per semester; and (4) Substitutes, as defined in He-C 4002.01(bi).**

NH was cited and notified of non-compliance on May 23, 2024 for requiring a minimum number of hours of annual ongoing professional development for substitutes in Licensed Child Care Centers and Licensed Family Child Care that maintains and updates health and safety training standards.

b. License-exempt child care centers: **All required CCDF health and safety topics are included in He-C 6914.04(e) and He-C 6914.04(h)**
He-C 6916.04 Pre-Service Trainings and Annual Professional Development. All staff shall complete pre-service trainings in accordance with He-C 6914.04. Annual professional development shall be completed in accordance with He-C 6914.04, in that all staff shall: Complete 2 hours of professional development in any of the health and safety topics listed in He-C 6914.04(e) and He-C 6914.04(h); Complete 2 hours of professional development in any of the topics listed in He-C 6914.05(a)(3); and Upload documentation of completion of professional development in (b)(1) and (2) above to the NH professional registry. For staff hired on or prior to the date that the facility-based program initially enrolls with DHHS to receive child care scholarship pursuant to He-C 6914, the annual period for professional development shall begin on the DHHS enrollment date. For staff hired after the date that the facility-based program initially enrolls with DHHS to receive child care scholarship pursuant to He-C 6914, the annual period for professional development shall begin on the date of hire of each individual staff person.

c. Licensed family child care homes: **He-C 4002.34: (h) Family child care providers and family child care workers shall complete professional development requirements in accordance with He-C 4002.33. He-C 4002.33: (f) The center director, agency administrator, site coordinator, site director, and all child care staff shall complete 18 hours of professional development within their first 12 months of hire, and annually thereafter, in accordance with the following: (1) A minimum of 3 hours shall be in health and safety topics listed in (b)(2)-(13) above represents all required CCDF health and safety topics; and (2) The remaining 15 hours shall be in any other areas listed in (k) below. (g) The only exceptions to (f) above shall be: (1) Assistant teachers, associate teachers, group leaders, assistant group leaders, family child care workers, and family child care assistants who work fewer**

than 25 hours per week year round, or more than 25 hours per week during school vacations, or both, for the same licensee shall: a. Obtain 12 hours of professional development within their first 12 months of hire, and annually thereafter; and b. Of the 12 hours, a minimum of three hours shall be in any of the health and safety areas listed in (b)(2)-(13) above, and the remaining hours shall be in any areas in (j) below; (2) Child care staff attending high school or college full time shall obtain 3 hours of professional development in health and safety areas listed in (b)(2)-(13) above annually; (3) Full time college attendance in (2) above shall mean enrolled in a minimum of 12 credit hours per semester; and (4) Substitutes, as defined in He-C 4002.01(bi).

NH was cited and notified of non-compliance on May 23, 2024 for requiring a minimum number of hours of annual ongoing professional development for substitutes in Licensed Child Care Centers and Licensed Family Child Care that maintains and updates health and safety training standards.

d. License-exempt family child care homes: **All required CCDF health and safety topics are included in He-C 6914.04(e) and He-C 6914.04(h)**
He-C 6917.04 Pre-Service Trainings and Annual Professional Development. All staff shall complete pre-service trainings in accordance with He-C 6914.04. Annual professional development shall be completed in accordance with He-C 6914.04, in that all staff shall: Complete 2 hours of professional development in any of the health and safety topics listed in He-C 6914.04(e) and He-C 6914.04(h); Complete 2 hours of professional development in any of the topics listed in He-C 6914.05(a)(3); and Upload documentation of completion of professional development in (b)(1) and (2) above to the NH professional registry. For staff hired on or prior to the date that the facility-based program initially enrolls with DHHS to receive child care scholarship pursuant to He-C 6914, the annual period for professional development shall begin on the DHHS enrollment date. For staff hired after the date that the facility-based program initially enrolls with DHHS to receive child care scholarship pursuant to He-C 6914, the annual period for professional development shall begin on the date of hire of each individual staff person.

e. Regulated or registered in-home child care: **N/A**

f. Non-regulated or registered in-home child care: **All required CCDF health and safety topics are included in He-C 6914.04(e) and He-C 6914.04(h)**
He-C 6917.04 Pre-Service Trainings and Annual Professional Development. All staff shall complete pre-service trainings in accordance with He-C 6914.04. Annual professional development shall be completed in accordance with He-C 6914.04, in that all staff shall: Complete 2 hours of professional development in any of the health and safety topics listed in He-C 6914.04(e) and He-C 6914.04(h); Complete 2 hours of professional development in any of the topics listed in He-C 6914.05(a)(3); and Upload documentation of completion of professional development in (b)(1) and (2) above to the NH professional registry. For staff hired on or prior to the date that the facility-based program initially enrolls with DHHS to receive child care scholarship pursuant to He-C 6914, the annual period for professional development shall begin on the DHHS enrollment date. For staff hired after the date that the facility-based program initially enrolls with DHHS to receive child care scholarship pursuant to He-C 6914, the annual period for professional development shall begin on the date of hire of each individual staff person.

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[ ] Yes.

[x] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints. **NH was cited and notified of non-compliance on May 23, 2024 due to the Monitoring Team not finding evidence that the Lead Agency conducts state criminal repository checks for staff, substitutes, volunteers left alone with children, or other employees who are under the age of 18 in Licensed Centers, Licensed Family Homes, and License-Exempt Centers.**

b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[ ] Yes.

[x] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints. **Individuals younger than 18 years of age do not complete a criminal background check as NH does not allow the release of juvenile records.**

NH was cited for non-compliance on May 23rd 2024 due to the Monitoring Team not finding evidence that the Lead Agency has requirements that include a Federal Bureau of Investigation fingerprint check for staff, substitutes, volunteers left alone with children and other employees, who are under the age of 18, for Licensed Centers, Licensed Family Homes, and License-Exempt Centers.

b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

[ ] Yes.

[x] No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check. **Licensed providers will complete interstate criminal checks after 10/1/24 but these checks are still not implemented for LE providers. BCDHSC is submitting for an emergency rule change for LE providers to be included in the interstate criminal checks.**

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their

State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

[x] Yes.

[ ] No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **RSA 170-E:7, IV states the department is required to conduct an investigation to determine whether the individual, who was the subject of a founded complaint of child abuse or neglect, poses a present threat to the safety of children, and that the individual has the opportunity to present evidence in their behalf to show they do not pose a threat to the safety of children. The individual is requested to provide information, which is assessed along with the information of the finding of abuse or neglect. If the assessment reveals that the**

individual does not currently pose a threat to children they are deemed eligible. If the assessment determines that the individual does pose a threat to children, they are deemed ineligible. If an individual does not respond to the request, then they are deemed ineligible.

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **RSA 170-E:7, IV states the department is required to conduct an investigation to determine whether the individual, who was the subject of a founded complaint of child abuse or neglect, poses a present threat to the safety of children, and that the individual has the opportunity to present evidence in their behalf to show they do not pose a threat to the safety of children. The individual is requested to provide information, which is assessed along with the information of the finding of abuse or neglect. If the assessment reveals that the individual does not currently pose a threat to children they are deemed eligible. If the assessment determines that the individual does pose a threat to children, they are deemed ineligible. If an individual does not respond to the request, then they are deemed ineligible.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual’s eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

[x] Yes.

[ ] No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual’s background check report.

Does the appeals process:

i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

[x] Yes.

[ ] No. Describe:

ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual’s

background report.

[x] Yes.

[ ] No. Describe:

iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

[x] Yes.

[ ] No. Describe:

iv. Get completed in a timely manner.

[x] Yes.

[ ] No. Describe:

v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

[x] Yes.

[ ] No. Describe:

vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

[x] Yes.

[ ] No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

a. FBI criminal background check.

[x] Yes.

[ ] No. If no, describe:

b. In-state criminal background check with fingerprints.

[x] Yes.

[ ] No. If no, describe:

c. In-state Sex Offender Registry.

[x] Yes.

[ ] No. If no, describe:

d. In-state child abuse and neglect registry.

[x] Yes.

[ ] No. If no, describe:

e. Name-based national Sex Offender Registry (NCIC NSOR).

[x] Yes.

[ ] No. If no, describe:

f. Interstate criminal background check, as applicable.

[ ] Yes.

[x] No. If no, describe: **To date we have identified those states that are NFF compliant, meaning no additional interstate, criminal check is required in addition to the FBI check. We are reviewing the other states' policies and procedures to determine the process for requesting and receiving this information and will create a database of those state application sites and processes.**

g. Interstate Sex Offender Registry check, as applicable.

[x] Yes.

[ ] No. If no, describe:

h. Interstate child abuse and neglect registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **Individuals may work under supervision pending receipt of results of interstate child abuse and neglect registry check. If not received within 45 days, individuals are determined fully eligible. If results received indicate a finding, their eligibility would be suspended while investigation is completed to determine if their eligibility would be rescinded.**

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire’s full comprehensive background check?

[x] Yes.

[ ] No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

[x] Yes.

[ ] No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

[x] Yes.

[ ] No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

[ ] Yes.

[x] No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **The agency provides information on how to submit a request to the NH Division of State Police. This information is found on the Child Care Licensing Unit's website. The NH Division of State Police has a process for releasing criminal record information to a third party, so the results are provided to the requesting state directly.**
The agency provides the following public website for a check of the NH Sex Offender Registry:(https://business.nh.gov/nsor/) (https://business.nh.gov/nsor/) https://business.nh.gov/nsor/ State statute describes the requirement for offenders to be on the registry and what offenses are required to be listed and for how long: (http://www.gencourt.state.nh.us/rsa/html/lxii/651-b/651-bmrg.htm) http://www.gencourt.state.nh.us/rsa/html/lxii/651-b/651-b-mrg.htm

The bureau receives out of state abuse and neglect checks from individuals. They are checked in our central registry and on the national sex offender website. After they are checked, they are stamped as being checked and sent back to the lead agency of the requested state.

c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

[ ] Yes. If yes, describe the current policy.

[x] No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **https://www.nh-connections.org/background-record-checks-for-licensed-child-care**
The links on obtaining information is available on this website:
https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing/background-checks-child-care Resources for Former NH Residents Seeking Work in Other States Required to Obtain a Criminal Record Check
https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/cdb-form-2503.pdf
https://www.nhsp.dos.nh.gov/our-services/criminal-records

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. **[ ]** Is the State a National Fingerprint File (NFF) State?

x. **[x]** Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe: **NH is not an NFF state.**

c. Interstate sex offender registry (SOR) check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. If not all boxes above are checked, describe:

d. Interstate child abuse and neglect (CAN) registry check:

i. **[x]** Agency name

ii. **[x]** Is the CAN check conducted through a county administered registry or centralized registry?

iii. **[x]** Address

iv. **[x]** Phone number

v. **[x]** Email

vi. **[x]** Website

vii. **[x]** Instructions

viii. **[x]** Forms

ix. **[x]** Fees

x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

[x] Yes.

[ ] No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

[x] Yes.

[ ] No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

[ ] No.

[x] Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **He-C 6917.03 Definitions. (r) Relative means grandparents, great grandparents, siblings who live in a separate residence, or aunts and uncles, pursuant to 45 CFR 98.41(a)(1)(i)(B)(1).**

Relative providers are exempt from monitoring visits but must complete a Health and Safety Self-Certification form. https://nhgov-my.sharepoint.com/:b:/g/personal/theresa_j_peck_dhhs_nh_gov/Ea4uYZw7xTxHiHQdRh1wzzIB1QtkCXSPvafyTRTyO8tAiQ?e=WfquDc

He-C 6917 except when: (m) Each license-exempt child care provider shall schedule an annual announced monitoring visit no later than 2 weeks after receiving contact from DHHS to determine compliance with He-C 6916 and He-C 6917 except when:
(1) The child(ren) cared for in the child's home with no additional children are not related to the child(ren); or (2) The child(ren) cared for by a relative with no additional children are not related to the child(ren) or provider.

Relative providers must follow all license-exempt standards for health and safety, preservice/orientation trainings, ongoing trainings, and background record checks.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

i. **[x]** Providing program-level grants to support investments in staff compensation.

ii. **[ ]** Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. **[ ]** Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. **[ ]** Subsidizing family child care provider and center-based child care staff retirement benefits.

v. **[ ]** Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. **[ ]** Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

vii. **[x]** Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. **[ ]** Other. Describe:

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **NH will engage in a needs assessment and work with a newly formed state leadership team and the Child Care Advisory Council to strategize how we will work to improve compensation of the child care workforce. NH will implement and incentive structure for the professional development system in FY 25 via CCAoNH.**

NH's public hearing comment period ending on June 28th, 2024, resulted in the community both in favor and not in favor of providing incentives to the child care workforce for engagement in professional development.

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **NH will engage in a needs assessment and work with a newly formed state leadership team and the Child Care Advisory Council to strategize how we will expand access to benefits.**

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **NH contracted with Public Consulting Group**

who subcontracted with Be Well Care Well in late November 2023. Be Well Care Well promotes and supports the well-being of child care providers so they are better equipped for the challenges of their daily work, https://bewellcarewell.com/. There is one coach covering 12 NH programs, who facilitates weekly activities, check ins, and develops a wellness committee in each program. The 12-month program will consist of pre and post assessments, quarterly findings and a final report. The goal of this program is to increase the overall feelings of wellness for child care providers, hence leading to greater educator retention.

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **NH is administering a Child Care Workforce and Recruitment grant. Recipients will complete reports that will inform continued efforts to support recruitment and retention efforts for the childcare workforce. We will monitor the effectiveness and sustainability of this grant program.**

https://www.nh-connections.org/new-hampshire-provider-grant-funds/

6.1.2 Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **Child Care Aware and Across NH provide training and technical assistance to child care programs to support with business management and administrative practices.**

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

i. **[x]** Fiscal management.

ii. **[x]** Budgeting.

iii. **[x]** Recordkeeping.

iv. **[x]** Hiring, developing, and retaining qualified staff.

v. **[x]** Risk management.

vi. **[x]** Community relationships.

vii. **[x]** Marketing and public relations.

viii. **[x]** Parent-provider communications.

ix. **[x]** Use of technology in business administration.

x. **[ ]** Compliance with employment and labor laws.

xi. **[ ]** Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will

facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a. Providers and staff with limited English proficiency: **Child Care Aware of NH and ACROSS NH have translation services available. As needed, translation services can be accessed by Child Care Aware of NH and ACROSS NH staff to translate referrals to families whose first language is not English. Additionally, translation services can provide translation of Child Care Aware of NH materials that include information about the services provided by Child Care Aware of NH, such as helping individuals to become child care providers.**

It was noted during the public hearing comment period ending June 28th 2024, NH New Americans may not have equitable access to becoming a child care provider. NH will work with the State Leadership Team to identify barriers and make plans to remove them.

b. Providers and staff who have disabilities: **NH will provide individualized support to person's with disabilities in collaboration with our Office of Health Equity and technical assistance contracted vendors.**

The Office of Health Equity (OHE) assures equitable access to effective, quality DHHS programs and services across all populations, with specialized focus on racial, ethnic, language, gender and sexual minorities, and individuals with disabilities.

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

[x] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **Professional development requirements for the New Hampshire Early Childhood and Afterschool Professional Development System were developed by two state cross-agency bodies, the New Hampshire Early Childhood Credential Task Force and the New Hampshire Afterschool Network (NHAN). These bodies each included representation from the State Advisory Council (Child Care Advisory Council or CCAC).**
Elements of the framework that were updated include a revision of nearly all credential titles, addition of an Emerging Professional credential, rethinking of professional development levels.

[ ]No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

[x] Yes. If yes, identify the other key groups: **BCDHSC, Child Care Licensing, Child Care Aware of NH, ACROSS NH, Department of Education, PTAN, 2 and 4-year higher education institutions and child care providers.**

It was noted during the public hearing comment period ending June 28th 2024, that gaining content expertise in development of PD framework will enhance the overall PD system.

[ ] No.

6.2.2 Description of the professional development framework

a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **BCDHSC provides Early Childhood Professionals three sets of competencies: NH Infant/Toddler Workforce Specialized Competencies; NH Preschool Workforce Specialized Competencies; and NH Early Childhood Workforce Specialized Competencies. https://www.nh-connections.org/providers/nh-specialized-competencies/. The Early Childhood Family Mental Health Credential has two core competencies, the Advanced Reflective Practice Consultant, and Intermediate Reflective Practice Consultant. https://www.nhaimh.org/ecfmh-credential2. The New Hampshire Out of School Time has a set of competencies through National AfterSchool Association. https://www.acrossnh.org/_files/ugd/86ede4_afba8a791fc745d4ad32615b89a5083a.pdf. The NAA Core Knowledge and Competencies enable afterschool and youth development practitioners to demonstrate expertise and gain a higher level of recognition within their communities.**

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The NH Professional Development System was updated in 2022. The updated lattices include: Early Childhood Educator, which encompasses our previous Family Child Care, Master Teacher and Early Childhood Teacher Credentials, which was previously Early Childhood Master Professional. Some NH institutions of higher education include early childhood and youth development certificate programs as a pathway toward earning a degree and helping providers meet staff educational qualifications for licensing. This coursework also helps professionals meet the requirements for higher levels on the credential lattices. NH DHHS has developed a new information system for early childhood and out of school time programs and professionals. It is called the NH Connections Information System (NHCIS), and it includes several components. All families will find resources to make**

informed decisions about child care services that meet their needs. NH professionals, policy makers and partners will use the system information to make data-driven decisions that improve professionalism and workforce quality to positively impact children. https://www.nh-connections.org/providers/nh-connections-information-system/

iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **In January of 2020 the governor established The Council for Thriving Children as NH's new Early Childhood Care and Education Advisory Council. The council sits at the University of New Hampshire, providing a direct opportunity for higher ed to advise on NH's professional development framework. In 2023 the Council developed the New Hampshire Strategic Plan for Early Childhood. The Council engaged in a comprehensive, inclusive strategic planning process designed to guide the collaborative work of New Hampshire's early childhood system over the next three years. The following are five priority outcomes, representing the greatest opportunity to improve the early childhood system for the key beneficiaries: children, families, and providers. These priority outcomes respond to the analysis findings that considered the performance trends for the early childhood system in New Hampshire. Each of these priority outcomes will be measured and monitored using state-level data.**

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **The Institutions of Higher Education Roundtable is facilitated by the BCDHSC continues to meet three times/year to discuss the relative topics to the field of early education. CCSNH offers true statewide reach with 7 colleges and 5 academic centers across New Hampshire. The University System of NH and the NH Community College System created and maintains an articulation website that enables students to determine how their credits will transfer across the two systems. For more information about articulation within the University System of NH and the NH Community College System, see: https://www.nhtransfer.org/transfer-agreements.**

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **. The BCDHSC, along with Child Care Aware of NH and ACROSS NH, worked collaboratively to create an enhanced early childhood and afterschool workforce registry, the New Hampshire Professional Registry (or the Registry). This is required of all child care professional in order to track; background screenings, employment, credentials, training and technical assistance. In February of 2024 the Bureau launched a market rate survey. Professionals needed to log into their portal and complete the survey. The survey results will help create a more accurate picture of the child care market, allowing us to advocate for policies that support high-quality child care and establishing fair and competitive rates. It has a positive impact on the entire community by supporting the economic well-being of child care providers and enhancing the overall quality of child care services available to families. This website can be**

viewed after logging in here: https://nhpublichealth.force.com/nhccis/s/login/

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **The BCDHSC has several contracts that provide funding for professional development:
Southern New Hampshire Services CCR&R contract provides many professional development opportunities ranging from Child Care Basics training to Leadership training at little to no cost to providers. Technical assistance is also provided through this contract at no cost. Southern New Hampshire Services expanded its no cost online training options both offered by Child Care Aware of NH staff as well as offered through the New Hampshire ProSolutions online learning platform.
The Boys and Girls Club of Central New Hampshire contracts (ACROSS NH) provides training and technical assistance to school age professional at little or no cost to individuals. T.E.A.C.H. Early Childhood® New Hampshire (T.E.A.C.H. NH) provides comprehensive scholarships to enable early educators to take coursework leading to credentials and degrees by making it possible for them to afford both the time and expense of going to school. Recipients enroll in courses at local colleges while working at least 30 hours per week. In exchange for receiving increased compensation, recipients also agree to remain at the sponsoring program for at least 6 months to 1 year following the completion of their scholarship contract. The commitment period will vary by the type of scholarship that is awarded. T.E.A.C.H. NH offers four scholarship options for teachers and family child care providers in New Hampshire. The Southern NH Services and Department of Labor Early Childhood Apprenticeship Program (ECAP) is a training opportunity for individuals employed in the early childhood field. It is designed to combine classroom instruction and work experience to enhance the quality of care for children while increasing the apprentice's skill level and wages. The goal of ECAP is for individuals to obtain the credential required to work as a teacher in a state licensed child care center, increasing the supply of skilled professionals and the delivery of high quality early education.
ECTA supports New Hampshire's efforts to provide tuition assistance for child care teachers and directors of young children. Our partnership with UNH-College of Professional Studies and the DHHS Division of Economic & Housing Stability enables individuals to increase their knowledge and skills, while working in the field of Early Care and Education. Students, working at least 20 hours per week in a NH licensed early childhood program, are invited to apply.
The Early Childhood 100% tuition paid for several specific courses focusing on critical shortage areas in New Hampshire. Prerequisites are required for these courses:**

- **Infant & Toddler Development**
- **Early Childhood Special Needs**
- **Positive Behavior Guidance**

**50% tuition awards are made for other ECE courses.
Non-ECE courses are not eligible for awards, even if they are required for degree completion.
The PTAN contract provides free trainings for early childhood professionals on topics related to social emotional development.
ProSolutions holds the contract for online health and safety trainings required by**

the CCDF Reauthorization. These trainings are available 24/7 at no charge to providers. BCDHSC partnered with the NH Department of Education, the national Pyramid Model Consortium, PTAN and ProSolutions to offer additional, no cost online trainings that address social emotional development, staff wellness, and trauma informed care.

b. Does the Lead Agency use additional elements?

[x] Yes.

If yes, describe the element(s). Check all that apply.

i. **[ ]** Continuing education unit trainings and credit-bearing professional development. Describe:

ii. **[x]** Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **BCDHSC offers many trainings through ProSolutions, ACROSS and Child Care Aware that support the Bureau's Core Knowledge Areas. As well as the ongoing needs of the field. Additional trainings are offered in the content of age specific, trauma informed, business practices and staff retention.**

It was noted during the public hearing comment period ending June 28th 2024, it was noted that BCDHSC needs to ensure there are multiple pathways including a focus on higher education opportunities as well as a balance of in person and online training options. Some comments were in favor on pre-service training incentives, other comments were not in favor. We will work with the State Leadership to identify strategies for enhancement to our PD framework and incentives for participation in the PD system.

iii. **[ ]** Other. Describe:

[ ] No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **NH uses a set of three competency documents, Infant and Toddler Workforce, Preschool Workforce, and Early Childhood Workforce. These competencies are designed as self-assessment tools, used to identify the knowledge and skill levels of those working with or on behalf of children and their families. They were developed to be applicable to a broad range of provider types, including center-based, family child care, and in-home providers regardless of position, title, or experience level. There are specific competencies which address those working with children ages birth-five, with the Early Childhood Workforce document being more broad in order to include older age groups, non-direct care providers, and professionals in supporting fields.**
The NH Afterschool workforce uses the National Afterschool Association's Core

Knowledge, Skills, and Competencies for Afterschool and Youth Development Professionals. Each of the three competencies booklets includes suggestions for intentional use of the competencies as they relate to specific Core Knowledge Areas. These are specific to school-age children yet are able to serve diverse program structures and a variety of philosophies.

b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **There are numerous entry points into career field, including but not limited to internships, apprenticeships, volunteer opportunities, technical and college training programs, workforce re-entry programs, licensed and license-exempt care opportunities, web-based statewide childcare job search capabilities, and recruiting events and materials, among others. The NH professional development system offers an inclusive lattice for professionals who are at different stages in their career.**

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **NH Child Care Advisory Council is a legislatively enacted advisory group. The purpose of the New Hampshire Child Care Advisory Council (NHCCAC) is to support the development of quality, affordable child care statewide, and provide a forum for the gathering and dissemination of information among groups concerned with child care and related services, to advise and make recommendations to the Commissioner of the Department of Health and Human Services on general policies and legislation regarding child care, and to inform and communicate with the Office of the Governor and the Commissioner of the Department of Education.**
DUTIES AND RESPONSIBILITIES
The NHCCAC shall:
a. Develop a 5-year state plan of recommended improvements of child care services in the state of
New Hampshire, copies to be sent to the speaker of the house, the president of the senate, and the
governor;
b. Submit an annual progress report of the council's 5-year state plan to the speaker of the house, the
president of the senate, and the governor;
c. Review and make recommendations regarding federal plan submissions and proposed legislative
changes to facilitate the development and provision of quality child care services in the state of New
Hampshire;
d. Act as a forum to receive information from child care professional, educators, providers, consumer,
government agencies, and the business community relating to the provision of child care services in
the state of New Hampshire;

e. Encourage cooperation and joint activities among groups concerned with child care and related
services;
f. Interpret to the public the need for child care services;
g. Provide a forum where the points of view of professionals, lay persons, consumers government
agents, educators, providers, the business community and volunteers, can be brought together
toward common goals;
h. Promote citizen interest and involvement in community planning and development of child care
services;
i. Advise the commissioner of health and human services on any issue related to child care in New
Hampshire;
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j. Inform and communicate with the commissioner of education on any issue related to child care in
New Hampshire;
k. Inform and communicate with the governor on any issue related to child care in New Hampshire;
l. Members are expected to attend legislative and other public hearings on child care issues
whenever possible and to contribute according to their areas of expertise.
The council is the advisory body for the federally-funded Child Care Development Fund. The advisory
council may serve as an advisory body when required for state participation in or may coordinate with
other federally-funded child care programs granted to the state of New Hampshire.
https://nhccac.org/wp-content/uploads/2023/12/NH-Child-Care-Advisory-Council-Bylaws.10.21.11.pdf

NH has held Preschool Development Birth-to-Five grant. The 2023 strategic plan Strategic Theme 3 relates to compensation activities. https://councilforthrivingchildren.org/uploads/attachments/cllvc8gnp1i4alkkaujwirtoi-2023-2025-nh-strategic-plan-for-early-childhood-framework.pdf. Currently, the Preschool Development Grant is on a no-cost extension through December of 2024. NH may apply for future PDG funding, but currently has opted out of submitting additional applications.

The NHCCAC has prioritized wages as part of their strategic goals, the Bureau Chief is engaged in all CCAC meetings and will be a partner in working to identify the types of staff and target compensation levels.

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **BCDHSC partners with the NH Community College Systems to align coursework that allows professionals to enter the NH Professional Development system at a higher credential level. This includes CDA completion, practicum**

students, Early Childhood Apprenticeship Program (ECAP) and T.E.A.C.H participants.

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The Narrow Cost Analysis survey gathers wages and benefits for the program hourly rates by role. We can report by town, county, region.**

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **Through the GSQ Capacity Building Contract funded by the BCDHSC, we were able to disperse an incentive to credential recipients who were awarded a credential during a certain time frame.**
NH's QRIS system also offers incentive funds for programs awarded a step in the system. The incentives can be used for personnel costs and professional development for employees.

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

a. Licensed child care centers: **The center director, agency administrator, site coordinator, site director, and all child care staff shall complete 18**
hours of professional development within their first 12 months of hire, and annually thereafter.
Assistant teachers, associate teachers, group leaders, assistant group leaders, family child care workers, and
family child care assistants who work fewer than 25 hours per week year round, or more than 25 hours per week
during school vacations, or both shall obtain 12 hours of professional development within their first 12 months of hire, and annually thereafter.
NH was cited and notified of non-compliance on May 23, 2024 for requiring a minimum number of hours of annual ongoing professional development for substitutes in Licensed Child Care Centers and Licensed Family Child Care that maintains and updates health and safety training standards.

b. License-exempt child care centers: **He-C 6914.05 (a) In order to maintain enrollment license-exempt child care providers and employees providing supervision of children or required to meet staff to child ratios shall: Complete a minimum of 2 hours of annual**

professional development in at least one of the training topics listed below and upload documentation to the NH Professional Registry: Child development, Health and safety or fire safety, caring for children with exceptionalities, nutrition, any child care related courses sponsored or funded by the department, indoor and outdoor learning environments, behavior guidance, leadership, child care administration, or mentoring, financial management, working with families, legal issues in child care, child abuse and neglect; and trauma-informed care, and complete a minimum of 2 hours of annual professional development in any of the health and safety topics listed in He-C 6914.04(e)(1)-(11) and upload the documentation to the NH Professional Registry;

c. Licensed family child care homes: **All child care staff (by definition this includes licensed family child care homes) shall complete 18 hours of professional development within their first 12 months of hire, and annually thereafter.**
Family child care workers and family child care assistants who work fewer than 25 hours per week year round, or more than 25 hours per week during school vacations, shall obtain 12 hours of professional development within their first 12 months of hire, and annually thereafter.
NH was cited and notified of non-compliance on May 23, 2024 for requiring a minimum number of hours of annual ongoing professional development for substitutes in Licensed Child Care Centers and Licensed Family Child Care that maintains and updates health and safety training standards.

d. License-exempt family child care homes: **He-C 6914.05 (a) In order to maintain enrollment license-exempt child care providers and employees providing supervision of children or required to meet staff to child ratios shall: Complete a minimum of 2 hours of annual professional development in at least one of the training topics listed below and upload documentation to the NH Professional Registry: Child development, Health and safety or fire safety, caring for children with exceptionalities, nutrition, any child care related courses sponsored or funded by the department, indoor and outdoor learning environments, behavior guidance, leadership, child care administration, or mentoring, financial management, working with families, legal issues in child care, child abuse and neglect; and trauma-informed care, and complete a minimum of 2 hours of annual professional development in any of the health and safety topics listed in He-C 6914.04(e)(1)-(11) and upload the documentation to the NH Professional Registry;**

e. Regulated or registered in-home child care: **Not applicable. New Hampshire does not have licensed in-home child care providers.**

f. Non-regulated or registered in-home child care: **In order to maintain enrollment, license-exempt child care providers and their employees shall complete a minimum of 2 hours of annual professional development in a variety of topics (child development, health and safety, fire safety, caring for children with exceptionalities, nutrition, any child care related courses sponsored or funded by the department, indoor and outdoor learning environments, behavior guidance, leadership, child care administration, mentoring, financial management, working with families, legal issues in child care, child abuse and neglect, trauma-informed care) as well as complete a minimum of 2 hours of annual professional development in any of the pre-determined acceptable health and safety topics.**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **NH does not have active Indian tribes or Tribal organizations.**

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **Child Care Aware of NH and ACROSS NH have translation services available. As needed, translation services can be accessed by Child Care Aware of NH and ACROSS NH staff to translate referrals to families whose first language is not English. Additionally, translation services can provide translation of Child Care Aware of NH materials that include information about the services provided by Child Care Aware of NH, such as helping individuals to become child care providers. Some of the Child Care Basic trainings have been translated into Spanish. NH's consumer education website, New Hampshire Connections, which is maintained by NH Children's Trust, is accessible in expanded languages through the Google translation service. ProSolutions trainings can be viewed at no cost to the provider in English or Spanish. In addition, DHHS contracts with the Language Bank, along with having in-house translation services, to further augment the service offerings for individuals with limited English proficiency.**
BCDHSC invests quality funds in training, professional development, and post-secondary education opportunities for all members of the child care workforce that address implementing instruction that is developmentally, culturally, and linguistically appropriate. Various professional development opportunities are offered, some that are specific to and others that are reflective of the infant and toddler population, school-age population, and children with disabilities. Examples of just a few of the specific professional opportunities that are offered include: "Creating Inclusive Environments", "Reducing Implicit Bias", "Room for All: Inclusion in School-Age Programs", and "Infant and Toddler Programming and Curriculum".

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **The NH Preschool Technical Assistance Network is a statewide technical assistance and training network that promotes quality, developmentally**

appropriate and culturally competent early childhood education and special education programs in New Hampshire. The PTAN Child Care Inclusion Project provides services to NH child care teachers and directors to support their successful inclusion and retention of children with challenging behaviors and other special needs. Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child to participate in a broad range of activities and contexts as full members of families, communities, and society regardless of ability. We partner with NH Family Voices for their Watch Me Grow program (WMG). This is NH's developmental screening, monitoring, information, and referral system. Composed of a statewide partnership of organizations and agencies, WMG is designed to support the early identification of children who may need developmental supports and services. It is a system, not a stand-alone program that builds on existing resources in the state. This means agencies and programs that support young children work together to support families. Watch Me Grow is available to all children, including families who simply want to learn more about their child's development. They provide the Ages and Stages Questionnaires (ASQ) along with trainings to programs and families. They have launched a new training portal to provide online trainings.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

i. **[x]** Research-based.

ii. **[x]** Developmentally appropriate.

iii. **[x]** Culturally and linguistically appropriate.

iv. **[x]** Aligned with kindergarten entry.

v. **[x]** Appropriate for all children from birth to kindergarten entry.

vi. **[x]** Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

vii. If any components above are not checked, describe:

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. **[x]** Cognition, including language arts and mathematics.

ii. **[x]** Social development.

iii. **[x]** Emotional development.

iv. **[x]** Physical development.

v. **[x]** Approaches toward learning.

vi. **[x]** Other optional domains. Describe any optional domains: **Creative Expression and Aesthetic Appreciation-From infancy, children respond emotionally, cognitively, and with their whole bodies to the arts and the natural world. Children develop the ability to create and appreciate beauty in all its forms. The arts (music, dance, drama, visual arts) and other forms of creative expression foster children's ability to conceptualize and solve problems, develop their imagination, and experience and express powerful emotions. Through their experiences with the natural world, children develop the capacity for wonder and awe. Experiences with the arts and**
the natural world help children to integrate sensory, emotional, physical, and cognitive learning. Adults can support children's development through providing opportunities to encounter the arts and the natural world and encouraging exploration and creativity

vii. If any components above are not checked, describe:

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The revision of the 2005 NH Early Learning Guidelines began in 2012. The updated version was published in 2016 with a name change to NH Early Learning Standards. It was updated in order to be a much more comprehensive tool than previous versions and to reflect updated research on child development.**

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **https://www.nh-connections.org/wp-content/uploads/2022/09/NH-Early-Learning-Standards.pdf**

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. **Southern New Hampshire Services uses the guidelines to create trainings around the five developmental domains. It has been incorporated into the NH Professional Development System's Core Knowledge Areas �Promoting Child Growth and Development� and �Developing as a Professional�.**

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

i. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.

iv. **[x]** Will be used to deny children eligibility to participate in CCDF.

v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **From 2019-2023, various needs assessments were conducted through the Preschool Development Grant. These included: Statewide B-5 Systems Needs Assessment, Statewide Early Childhood Needs Assessment, and Statewide Early Childhood Systems Needs Assessment. Methods and activities used included parent and family surveys, family focus groups, and Family Resource Center surveys and interviews. Primary data was pulled from focus groups with families with young children, a survey of parents, a survey of ECCE workforce members, a survey of kindergarten teachers, a survey of the state's Family Centered Early Supports and Services (early intervention) workforce, and a survey of staff at children's programs across the state's community mental health centers. These activities helped us to assess the needs in various communities and use the data to inform how to direct quality funds. For more detailed information on the outcomes of these assessments and the recommendations for incorporating the findings: https://chhs.unh.edu/early-childhood/preschool-development-grant/grant-activities**

b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **From the data provided by the results of these focus groups and surveys, we identified a need in improving our data system coordination and integration, better communication of resources to families with young children, and a need for training opportunities in the area of early childhood mental health, and a push for efforts to address the early childhood staffing crisis. We learned that we need to address the challenges in our QRIS while simultaneously working to improve the quality of child care spaces.**
We were then able to designate quality funding toward various pilots, contracts, and grants designed to address these findings including the continued build-out of our data system NHCIS, Workforce Recruitment and Retention projects, a revision of our Child Care Scholarship marketing efforts, continued build-out of our revised QRIS, evaluation and validation of our QRIS, etc. Many of these quality projects are ongoing.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-and-development-fund**

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **BCDHSC has created more trainings available through contractors to support the child care workforce.**
We will continue to adapt our trainings based on the needs of the providers, children, and their families. Over the coming years we intend to provide the workforce with additional training and resources to help support families in crisis, children with disabilities and health challenges.
We are growing our Professional Development System by creating a network of validated trainings, trainers and professional training organizations. We plan to build a tiered incentive system that will be tied to an on-going professional development pathway. These incentives will be distributed directly to the Early Childhood and Out-Of-School time workforce. Issuing these incentives will take place this fiscal year.

ii. Developing, maintaining, or implementing early learning and developmental guidelines.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The BCDHSC ensures the Early Learning Standards (ELS) are available at all agency-hosted events. SNHS provides training on the standards periodically and offers a YouTube video training to provide on-demand knowledge of the ELS. BCDHSC will be reviewing all trainings being presented through the contractors to ensure the ELS are being referred to frequently, offered to providers, and implemented in relevant ways.**

iii. Developing, implementing, or enhancing a quality improvement system.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **New Hampshire currently supports two different Quality Rating and Improvement Systems. During this plan period, we will merge and shift the two systems to incorporate elements of both in order to simplify choices and accessibility for New Hampshire's child care providers. Our system will also be enhanced in order to incorporate quality indicators that are not addressed in its current iteration. Within the system, myriad investments are and will continue to be funded by the agency including and not limited to program coaching, practice-based coaching, assessments, incentives, and the development of resources that will help sustain our quality system.**

The public comment period ending June 28th 2024, resulted in comments regarding the complexity and confusion around the current QRIS system. NH will be working with the State Leadership Team to enhance the Granite Steps to Quality program.

iv. Improving the supply and quality of child care services for infants and toddlers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **We offer a wide variety of Infant and Toddler specific trainings through ProSolutions and SNHS. Both in-person and online options are available. There are Infant and Toddler learning collaboratives that meet once a month to discuss topics ranging from curriculum to health and safety. Technical assistance (TA) is also available from SNHS's Infant and Toddler Specialist. They provide TA to providers to expand program capacity, with an emphasis on unmet childcare needs statewide with infants and toddlers being one of the areas of focus. SNHS also provides scholarships, stipends, support and mentoring to a minimum or twenty-five T.E.A.C.H NH recipients annually, with the priority being given to individuals working in infant and or toddler classrooms in early care/childcare programs. The NHECPDS also includes an Infant and Toddler Endorsement. This endorsement recognized the early childhood workforce who work with or on behalf of our youngest and most vulnerable children, this credential lattice includes criteria for knowledge and**

experience specific to the infant and toddler field. In our guidebook we also have suggested I/T trainings for the credential applicants.
The Bureau will begin analyzing provider visit data supplied from the NH Child Care Licensing Unit. With this data we will be investing in targeted training and technical assistance for high risks health and safety needs of infants and toddlers. With this data we can also provide specific resources and materials to the programs based on the report.

v. Establishing or expanding a statewide system of CCR&R services.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **SNHS CCR&R plan to apply for a Pre-Apprenticeship Program Development Grant that targets high school students planning on entering the early childhood field. These opportunities are available through federal funding to the Community College System of New Hampshire to improve statewide apprenticeship resources and networks.**

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

[ ] No plans to spend in this category of activities at this time.

[x]Yes. If yes, describe current and future investments. **NH's plans to work to correct non-compliance findings for child care licensing, monitoring, inspection and health and safety standards during the 3 year plan cycle.**

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **BCDHSC plans to conduct annual surveys at the program level to get information on specific and concrete ways our QRIS supports are improving the knowledge and skill levels of the child care workforce, thereby impacting overall quality of the care provided. We will use the results to revise and enhance our QRIS to ensure that participation in the system results in positive impacts on children, families, and staff. In addition to program-level surveys, we have contracted with a vendor to create an ongoing evaluation and validation plan which, when executed will help us understand the impact and effectiveness of our QRIS system on a continuing basis.**

viii. Accreditation support.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Granite Steps for Quality system recognizes accreditation by the National Association for the Education of Young Children as high quality. Programs that have achieved nationally accredited status are able to apply in our quality rating system at a higher step without having to submit evidence of meeting our system standards**

and they are able to invoice for a higher amount of quality incentive funds. New Hampshire currently contracts with the Maine chapter of NAEYC and is working toward reinstatement of a New Hampshire chapter. We will reinstate the New Hampshire affiliate chapter of NAEYC during this plan period and develop a system of accreditation support in order to encourage more programs toward the voluntary pursuit of accreditation.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **BCDHSC partners with the New Hampshire Association for Infant Mental Health in collaborating and awarding the Early Childhood Family Mental Health Credential. Together we support early childhood professionals in achieving Early Childhood Mental Health credentials, competencies, and core principles. This is an evidence-based field having a family-centered, strengths-based, holistic, multi-disciplinary, inclusive focus that works to strengthen the emotional, physical, social, and cognitive wellbeing of children from 0-5 years of age and their caregivers.**
The Granite Steps for Quality (NH's QRIS) will be revised during this plan cycle in order to include quality indicators that are not currently addressed. Indicators such as health and safety, eco-friendly environments, nutrition, and physical activity will be addressed within the standards or through supplemental endorsements.

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Bureau of Child Development and Head Start Collaboration and the Child Care Licensing Unit offer web-based NH Health & Safety Training modules on ProSolutions. These allow child care providers to meet CCLU's health and safety training requirements on their own time, in a location of their choosing, at no cost to them. The NH Health and Safety Training Program is available in both English and Spanish. The Health and Safety trainings are required of existing staff and of any new staff hired. All staff initially must complete 9 professional development hours in health and safety. Yearly, 6 of 18 required professional development hours must be in health and safety.**

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers.

Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **NH has a legislatively enacted Advisory Council. The Bureau Chief sits on this council. The duties of the Department of Health and Human Services shall include, but not be limited to:**
(a) Informing and reporting to the advisory council on matters related to the provision of quality child
care regarding:
in a timely manner,
(i) any proposed changes to administrative rules
(ii) any proposed legislation
at least semi-annually,
(iii) federal and state child care revenues and expenditures
(iv) financial reporting and statistics related to child care subsidies
(v) the status of other federal and state child care grants
(vi) information on consumer and provider utilization and availability.
The Department of Health and Human Services shall provide administrative support to the advisory council.

This council meets on the second Thursday of even months. The Bureau Chief meets with the chair and director of the council on a monthly basis and as needed to coordinate on matters related to child care. The anticipated results from this collaboration is to partner with child care programs in NH to strengthen access to child care, the child care workforce, and the overall quality of services in child care settings.

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved:

[x] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **NH has joint Early Childhood Integration Teams. One is through the Department of Education and the other is through the Department of Health and Human Services. Disability agencies are represented on both councils and meet monthly to coordinate services across divisions and departments. NH is currently working on measurable objectives to support the Council for Thriving Children's strategic plan. The anticipated results from this coordination is to strengthen communication, awareness and shared goals across state systems to support the overall health and wellbeing of NH families.**

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The CCDF Administrator is also .40 FTE Head Start Collaboration Director under the Bureau of Child Development and Head Start Collaboration.**

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **NH has joint Early Childhood Integration Teams (ECIT). One is through the Department of Education and the other is through the Department of Health and Human Services. The Division of Public Health Administrator leads the DHHS ECIT team and coordinates with the Department of Education ECIT team. The teams meet monthly to coordinate services across divisions and departments. NH is currently working on measurable objectives to support the Council for Thriving Children's strategic plan. The anticipated results from this coordination is to strengthen communication, awareness and shared goals across state systems to support the overall health and wellbeing of NH families.**

f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The BCDHSC is under the Division of Economic Stability (DES) with the Bureau of Employment Supports. Monthly DES leadership meet to coordinate efforts across programs. The anticipated result is to partner and recruit more professionals into the child care workforce.**

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **New Hampshire's Department of Education (NHED) is the agency responsible for public education.**
The Bureau coordinates with them in a number of ways, including through two joint Early Childhood Integration Teams (ECIT), one through the Department of Education and the other through the Department of Health and Human Services. The teams meet monthly to coordinate services across divisions and departments. NH is currently working on measurable objectives to support the Council for Thriving Children's strategic plan. The anticipated result from this coordination is to strengthen communication, awareness, and shared goals across state systems to support the overall health and wellbeing of NH families.

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Child Care Licensing Bureau Chief sits on the Child Care Advisory Council with the Bureau Chief of Child Development and Head Start Collaboration. We coordinate on all State of NH rules and regulations and CCDF rules and regulations that relate to Child Care Licensing.**

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **NH CACFP program is administered by the Department of Education. NH has joint Early Childhood Integration Teams (ECIT). One is through the Department of Education and the other is through the Department of Health and Human Services. The teams meet monthly to coordinate services across divisions and departments. NH is currently working on measurable objectives to support the Council for Thriving Children's strategic plan. The anticipated results is collaboration and recruitment of child care programs participating in the CACFP program.**

j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **NH has joint Early Childhood Integration Teams (ECIT). One is through the Department of Education and the other is through the Department of Health and Human Services. The teams meet monthly to coordinate services across divisions and departments. NH is currently working on measurable objectives to support the Council for Thriving Children's strategic plan. McKinney-Vento State coordinators participate in monthly meetings to support the overall health and wellbeing of NH families.**

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The BCDHSC is under the Division of Economic Stability (DES) with the TANF program. Monthly DES leadership meet to coordinate efforts across programs. NH has joint Early Childhood Integration Teams (ECIT). One is through the Department of Education and the other is through the Department of Health and Human Services. The teams meet monthly to coordinate services across divisions and departments. NH is currently working on measurable objectives to support the Council for Thriving Children's strategic plan. The anticipated result of this coordination is expanding access for families and improve the overall health and well-being of NH families.**

l. State/Territory agency responsible for Medicaid and the State Children’s Health Insurance Program. Describe the coordination and results of the coordination: **NH DHHS houses Medicaid and CHIP. NH has an Early Childhood Integration Team (ECIT). The team meets monthly to coordinate services across divisions and departments. NH is currently working on measurable objectives to support the Council for Thriving Children's strategic plan. The anticipated result of this coordination is overall improvement of health and wellbeing of NH families.**

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **NH DHHS is responsible for mental health services. NH DHHS has an Early Childhood Integration Team (ECIT). The team meets monthly to coordinate services across divisions and departments. NH is currently working on measurable objectives to support the Council for Thriving Children's strategic plan. The anticipated result of this coordination is overall improvement of health and wellbeing of**

NH families.

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **BCDHSC contracts with Southern New Hampshire Services to provide:**
Free marketing for providers with child care openings through our Child Care Resource & Referral services
Training and professional development opportunities for early childhood professionals including access to scholarships and apprenticeships for continued education
Guidance for early childhood professionals regarding licensing, credentialing and accreditation as well as managing their education, experience and workplace information through the New Hampshire Connections Information System (NHCIS)
Focused Collaborative Group Meetings and Family Child Care Networking Collaborative Meetings to provide participants with information around targeted topics of interest, Child Care Aware of NH program updates, essential local/state information and professional development opportunities
Conferences, training opportunities and other full-day events
Monthly e-newsletters
Technical assistance and consultation to early childhood programs throughout the state on various topics that support quality early childhood programming
Comprehensive access to resources and information about local, state and national child care related issues at NH Connections
Social media connections and up-to-date information through our Facebook page and private Facebook groups for providers

BCDHSC meets monthly to ensure coordination of services and efforts for all CCDF activities.
https://www.snhs.org/services/child-care-aware

o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **BCDHSC has a contract with ACROSS NH which is a project dedicated to supporting out of school time (OST) professionals in their work to create high quality, innovative programs for New Hampshire's school age children. They provide technical assistance and professional development opportunities to out of school time providers throughout the year. https://www.acrossnh.org/**

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The NH Department of Safety-Homeland Security and Emergency Management. CCA of NH created a webpage with resources and other information to assist families and providers with setting up an emergency preparedness plan. The page also details the four phases of emergency preparation. The website can be found at this link Emergency Planning - NH Connections (nh-connections.org). This coordination and collaboration between agencies give providers and families the tools and information that they need to ensure that they are prepared when an emergency happens.**

q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and

describe the coordination and results of the coordination.

i. **[x]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The CCDF Administrator has a dual role as the Head Start Collaboration Director. This allows Head Start to be represented in all aspects of child care related initiatives. The CCDF Administrator meets monthly with the Head Start Director's to identify needs and align systems related to Early Head Start and Child Care Partnership grants.**

ii. **[ ]** State/Territory institutions for higher education, including community colleges. Describe:

iii. **[ ]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:

iv. **[ ]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe:

v. **[ ]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:

vi. **[x]** State/Territory agency responsible for child welfare. Describe: **Through the DHHS Early Childhood Integration team the lead agency coordinates services specifically to support child care access to children engaged in the DCYF program, understand barriers that exist and work to solve access needs across the state.**

vii. **[x]** Child care provider groups or associations. Describe: **NH NAEYC sits on the Child Care Advisory Committee and the State Leadership Team we collaborate in anticipation of strengthening the child care systems specifically recruitment and retention of qualified workforce.**

viii. **[x]** Parent groups or organizations. Describe: **NH BCDHSC plans to engage a state leadership team this year and engage with parent groups through this newly developed team. The anticipated results is inclusion of parent perspectives to enhance or systems in all three core functions: access, workforce and quality programs.**

ix. **[ ]** Title IV B 21st Century Community Learning Center Coordinators. Describe:

x. **[ ]** Other. Describe:

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead

Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

[x] No. (If no, skip to question 8.2.2)

[ ] Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

[ ] Title XX (Social Services Block Grant, SSBG)

[ ] Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

[ ] State- or Territory-only child care funds

[ ] TANF direct funds for child care not transferred into CCDF

[ ] Title IV-B funds (Social Security Act)

[ ] Title IV-E funds (Social Security Act)

[ ] Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations?

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

[ ] Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

[x] Yes. If yes, describe which funds are used: **State general funds.**

[ ] No.

b. Does the Lead Agency use donated funds to meet match requirements?

[ ] Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. **[ ]** Donated directly to the state.

ii. **[ ]** Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

[x] No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

[ ] Yes.

[x] No. If no, describe: **NH does not have public pre-Kindergarten funds.**

8.3 Coordination with Child Care Resource and Referral Systems

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

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

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

[x] No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

[ ] No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

[ ] Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **NH partners with the New Hampshire Charitable Foundation to support the Early Childhood Governance Funding project with the Department of Education and The Council for Thriving Children.**

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The plan was created in the Fall of 2018.**

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

i. The plan was developed in collaboration with the following required entities:

[x] State human services agency.

[x] State emergency management agency.

[x] State licensing agency.

[x] State health department or public health department.

[x] Local and State child care resource and referral agencies.

[x] State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. **[x]** The plan includes guidelines for the continuation of child care subsidies.

iii. **[x]** The plan includes guidelines for the continuation of child care services.

iv. **[x]** The plan includes procedures for the coordination of post-disaster recovery of child care services.

v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

[x] Procedures for evacuation.

[x] Procedures for relocation.

[x] Procedures for shelter-in-place.

[x] Procedures for communication and reunification with families.

[x] Procedures for continuity of operations.

[x] Procedures for accommodations of infants and toddlers.

[x] Procedures for accommodations of children with disabilities.

[x] Procedures for accommodations of children with chronic medical conditions.

vi. **[x]** The plan contains procedures for staff and volunteer emergency preparedness training.

vii. **[x]** The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe:

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **https://www.nh-connections.org/providers/emergency-planning/**

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **Parents are able to call 211 or submit complaints via https://www.nh-connections.org/providers/child-care-licensing/ or https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing**

The Child Care Licensing Unit will investigate concerns/complaints:
-That are based upon first-hand knowledge or information reported directly by a child who has first-hand knowledge;
-When there is sufficient specific information for the department to determine that the allegation(s), if proven to be true, would constitute a violation of any Child Care Licensing Rule or Law;

-That involve an incident that occurred within the last 6 months; or
-That involves an incident that occurred anytime if the complaint alleges physical injury or abuse, verbal or emotional abuse, or the danger of physical injury to one or more children.

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **Parental complaints which require translation can be accessed at https://www.dhhs.nh.gov/programs-services/minority-equity-services/communication-language-assistance. Also, https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing which the website allows for a language change for the child care licensing website.**
The Child Care Licensing Unit will investigate concerns/complaints:
-That are based upon first-hand knowledge or information reported directly by a child who has first-hand knowledge;
-When there is sufficient specific information for the department to determine that the allegation(s), if proven to be true, would constitute a violation of any Child Care Licensing Rule or Law;
-That involve an incident that occurred within the last 6 months; or
-That involves an incident that occurred anytime if the complaint alleges physical injury or abuse, verbal or emotional abuse, or the danger of physical injury to one or more children.

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **Parental complaints that require accommodations for persons with disabilities can be accessed at https://www.dhhs.nh.gov/programs-services/minority-equity-services/communication-language-assistance. This direct link will allow access for parents requiring accessibility by using the Toggle Userway.**
The Child Care Licensing Unit will investigate concerns/complaints:
-That are based upon first-hand knowledge or information reported directly by a child who has first-hand knowledge;
-When there is sufficient specific information for the department to determine that the allegation(s), if proven to be true, would constitute a violation of any Child Care Licensing Rule or Law;
-That involve an incident that occurred within the last 6 months; or
-That involves an incident that occurred anytime if the complaint alleges physical injury or abuse, verbal or emotional abuse, or the danger of physical injury to one or more children.

d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[x] Yes. If yes, describe: **Upon receipt of the complaint, an immediate review is completed by the CCLU. If deemed appropriate (see criteria below), an investigation is opened. The complaint needs to contain an allegation of non-compliance in accordance with He-C 4002 for licensed providers, or: He-C 6916 and; He-C 6917 for LE providers, or any provision of RSA 170-E, as follows: �Based upon first-hand knowledge or on information reported directly by a child who has first-hand knowledge; �When there is sufficient specific information for CCLU to determine that the allegation(s), if proven to be true, would constitute non-compliance of any Child Care Licensing Rule or Law; �That involve an incident that occurred within the last 6 months; or �Involves an incident that occurred any time if the complaint alleges physical injury or abuse; verbal or emotional abuse; or**

the danger of physical injury to one or more children. For licensed providers, an unannounced monitoring visit is always preferable and conducted to verify compliance of allegations not easily verified through other means. A license exempt provider is subject to a visit if there is any complaint about the safety of the environment or the treatment of children. The visit is announced for license exempt providers Licensing coordinators are expected to do an inspection and complete the report within 14 days of the complaint intake, provided all information has been received to complete the investigation. This allows for supervisory review and issuance of findings within 30 days. Complaints that include other agencies, such as those with police involvement, may take additional time. Complaint visits are second only to pre-licensure inspections to open a new program; unless the complaint is deemed serious then the complaint will take priority over pre-licensure inspections.

[ ] No.

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

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Per RSA 170-E:10, the findings of investigatory and monitoring visits, and final decisions relative to licensure of the child day care agency shall be considered public information, posted on the department's website, and available for review by members of the public. The findings of investigatory and monitoring visits and final decisions relative to licensure shall be posted on the department's website not less than 21 business days from the date of the finding or decision and shall be available on the website for a period of 3 years. https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations

to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

i. Provide the URL for the Lead Agency's consumer education website homepage: **Home - Child Care Aware of NH (nh-connections.org)**

The public comment period ending June 28th 2024 resulted in comments that NH Connections our consumer education site is challenging to find information on. NH will develop a new consumer education website in FY 2025.

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

[x] Yes.

[ ] No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

[x] Yes.

[ ] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **https://www.nh-connections.org/providers/child-care-licensing**

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:: **https://www.nh-connections.org/providers/child-care-licensing**

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **https://www.nh-connections.org/providers/child-care-licensing**

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **https://www.nh-connections.org/providers/child-care-licensing**

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list

of all licensed providers searchable by ZIP code?

[x] Yes.

[ ] No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch**

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

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

[x] License-exempt family child care CCDF providers.

[ ] License-exempt non-CCDF providers.

[ ] Relative CCDF child care providers.

[ ] Other (e.g., summer camps, public pre-Kindergarten). Describe:

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	**[x]**	**[x]**	**[x]**	**[ ]**	**[ ]**
Enrollment capacity	**[x]**	**[x]**	**[x]**	**[ ]**	**[ ]**
Hours, days, and months of operation	**[x]**	**[x]**	**[x]**	**[ ]**	**[ ]**
Provider education and training	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Languages spoken by the caregiver	**[x]**	**[x]**	**[x]**	**[ ]**	**[ ]**
Quality information	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Monitoring reports	**[x]**	**[x]**	**[x]**	**[ ]**	**[ ]**
Willingness to accept CCDF certificates	**[x]**	**[x]**	**[x]**	**[ ]**	**[ ]**
Ages of children served	**[x]**	**[x]**	**[x]**	**[ ]**	**[ ]**

Specialization or training for certain populations	[x]	[x]	[x]	[ ]	[ ]
Care provided during nontraditional hours	[x]	[x]	[x]	[ ]	[ ]

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

i. **[x]** All licensed providers. Describe: **Search by radius, route, town, program type, age group**

ii. **[x]** License-exempt CCDF center-based providers. Describe: **Search by radius, route, town, program type, age group**

iii. **[x]** License-exempt CCDF family child care providers. Describe: **Search by radius, route, town, program type, age group**

iv. **[ ]** License-exempt, non-CCDF providers. Describe:

v. **[ ]** Relative CCDF providers. Describe:

vi. **[ ]** Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

i. **[x]** Quality improvement system.

ii. **[x]** National accreditation.

iii. **[x]** Enhanced licensing system.

iv. **[x]** Meeting Head Start/Early Head Start Program Performance Standards.

v. **[ ]** Meeting pre-Kindergarten quality requirements.

vi. **[ ]** School-age standards.

vii. **[x]** Quality framework or quality improvement system.

viii. **[ ]** Other. Describe:

b. For what types of child care providers is quality information available?

i. **[x]** Licensed CCDF providers. Describe the quality information: **Our consumer education website has a child care search function that allows members of the public to view a program's quality rating and any endorsements that the program might hold. The quality ratings are a 1-4 rating scale and are based on two standards: staff qualifications and environments.**

ii. **[ ]** Licensed non-CCDF providers. Describe the quality information:

iii. **[ ]** License-exempt center-based CCDF providers. Describe the quality

information:

iv. **[ ]** License-exempt FCC CCDF providers. Describe the quality information:

v. **[ ]** License-exempt non-CCDF providers. Describe the quality information:

vi. **[ ]** Relative child care providers. Describe the quality information:

vii. **[ ]** Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

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

i. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

ii. **[x]** The total number of deaths of children in care by provider category and licensing status.

iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

iv. **[x]** The total number of children in care by provider category and licensing status.

v. If any of the above elements are not included, describe:

b. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Child Care Licensing unit fields all reports of serious injuries or death of children that occurs in child care programs. Both licensed and licensed exempt providers are reported to BCDHC via email. The data is kept in NHCIS data system. https://www.nh-connections.org/providers/child-care-licensing/**

ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **RSA 169-C:37**
pertains to the substantiation of child abuse or neglect. Under this statute, a report of child abuse or neglect is considered substantiated if the Department of Health and Human Services finds, by a preponderance of the evidence, that the

child in question has been abused or neglected12.

The process involves an investigation where evidence is gathered and evaluated to determine if the allegations are true. If substantiated, appropriate actions are taken to ensure the child's safety and well-being, which may include protective custody, court orders, and other interventions13.

iii. The definition of "serious injury" used by the Lead Agency for this requirement: **Serious injury is defined as any accident or illness occurring at the program that results in medical treatment by a physician or other health care professional, hospitalization, or death.**

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **https://new-hampshire.my.site.com/nhccis/s/nh-all-incidents-report**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

[x] Yes.

[ ] No.

[ ] Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information: **https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to this information: **Consumer Education website: https://www.nh-connections.org/contact/**

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to the sliding fee scale. **https://www.nh-connections.org/families/child-care-scholarship/**

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The lead agency uses their Resource and Referral contractor to share information with eligible parents and the general public. Our contractor provides materials to child care providers by visiting child care programs on a monthly basis with the most update date marketing materials. These materials are for sharing with families and also the child care provider. This information shows the most update policies and eligibility changes. The contractor also has a Monthly Minute's newsletter that is sent by email to all child care providers. The newsletter has up to date information regarding eligibility.**
Part of the contractors scope of work is to have the resource and referral agency present at all NH District Offices on a monthly basis. This allows the contractor to speak one on one with families who are interested in CCDF. The materials are also available for families at the district offices.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.

- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

[x] Yes.

[ ] No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

[x] Yes.

[ ] No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Lead Agency makes information available to families on our Consumer Education website and also from our Resource and Referral contractor. The consumer website link https://www.nh-connections.org/families/helping-children-grow/.**
The Lead Agency provides many different resources available to families such as the developmental milestones for children which a tracker app is provided. Also, we have resources

through Watch Me Grow, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. This is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.
The Parent Information Center (PIC), a New Hampshire statewide family organization, strives to achieve positive outcomes for children and youth, with a focus on those with disabilities and special healthcare needs. This is achieved through its partnerships with families, educators, youth, professionals and organizations.
The Early Learning Standards are provided to families, child care programs and on our consumer education website. The New Hampshire Early Learning Standards are a statewide resource for everyone who loves, cares for, and educates young children. The Standards provide essential information to support and enhance children's development and learning

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

[x] Yes.

[ ] No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The lead agency contracts with Preschool Technical Assistance Network (PTAN) to provide consultation to providers regarding developmental disabilities and challenging behaviors of young children. Their consultation and coaching services are heavily steeped in the Pyramid Model, a framework of evidence-based practices promoting young children's healthy social and emotional development. In this plan year, our vendor contracted for school-age supports will be engaged in helping the agency to develop social-emotional quality indicators for school-age programs based on a framework that addresses older age groups. Information and resources for the general public can be found on our consumer education website https://www.nh-connections.org/families/helping-children-grow/**

9.3.7 Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **In He-C 4002.16 Requirements for Written Policies and Procedures and Job Descriptions.**
(a) Licensees shall have and implement written policies regarding:
(1) A retention plan to prevent expulsion of children, which outlines how the program will address children's
behaviors that pose a serious safety risk, which includes at a minimum:
a. Parent notification and ongoing communicating regarding their child's behavior;
b. The steps the program will take to assist the child in maintaining enrollment;
c. Parent notification when the child's enrollment cannot be maintained; and

d. The responsibilities of the program if the child's behavior results in a serious safety risk to the child or others within the program
In He-C 6917.12 Child development for LE providers
(o) Providers shall develop and implement a written policy to address the limitations of expelling children from child care for challenging behaviors
(p) The policy in (o) above should address at a minimum:
1. The steps the provider will take to assist the child in maintaining enrollment prior to expelling the child for challenging behaviors;
2. Parental notification requirements regarding their child's challenging behavior; and
3. The responsibilities of the provider if the challenging behavior results in a serious safety risk to the child or others within child care.
(q) The written policy in (o) above shall be provided to parents at enrollment.

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **In He-C 4002.16 Requirements for Written Policies and Procedures and Job Descriptions.**
(a) Licensees shall have and implement written policies regarding:
(1) A retention plan to prevent expulsion of children, which outlines how the program will address children's
behaviors that pose a serious safety risk, which includes at a minimum:
a. Parent notification and ongoing communicating regarding their child's behavior;
b. The steps the program will take to assist the child in maintaining enrollment;
c. Parent notification when the child's enrollment cannot be maintained; and
d. The responsibilities of the program if the child's behavior results in a serious safety risk to the child or others within the program
In He-C 6917.12 Child development for LE providers
(o) Providers shall develop and implement a written policy to address the limitations of expelling children from child care for challenging behaviors
(p) The policy in (o) above should address at a minimum:
1. The steps the provider will take to assist the child in maintaining enrollment prior to expelling the child for challenging behaviors;
2. Parental notification requirements regarding their child's challenging behavior; and
3. The responsibilities of the provider if the challenging behavior results in a serious safety risk to the child or others within child care.
(q) The written policy in (o) above shall be provided to parents at enrollment.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,

- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

[x] Yes.

[ ] No. If no, describe:

b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

[x] Yes.

[ ] No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

[x] Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **Families receive a Notice of Decision regarding their eligibility for the NH Child Care Scholarship Program. This notice includes a statement on developmental screening, with a link to https://nhfv.org/watch-me-grow-nh-ages-0-5/.**

[ ] No. If no, describe:

d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.

[x] Yes.

[ ] No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability.

These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The Lead Agency's organizational structure is designed to ensure rigorous oversight and implementation of internal controls that bolster program integrity and accountability. BCDHSC works closely with the Program Integrity unit and the Finance unit to ensure program integrity and quality assurance with three key areas of focus: finance, operations and programming. DHHS has a Special Investigations Unit (SIU) to which DHHS staff (BCDHSC or Bureau of Client Services) refers clients or providers when suspected of unintentional program violations.**

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The BCDHSC assigns a designated staff person to oversee each of its grants and contracts. This individual works with the contractor to monitor all grants and contracts by (a) reviewing invoices prior to submitting for payment, (b) reviewing data, deliverables and reports submitted to the BCDHSC according to each contract's requirements (e.g., monthly, quarterly, etc.), and (c) collaborating with the DHHS Bureau of Finance to ensure that expenditures are occurring as expected over time (i.e., reviewing monthly appropriations statements and ongoing reports specific to grants and contracts). In addition, the BCDHSC Bureau Chief and Budget Team regularly review the Fiscal monthly/quarterly and annual budget and expense reports along with the contractual obligations, deliverables, and reporting to further ensure both compliance and accuracy. Funds are subject to a three-level approval process before payment: 1) BCDHSC contract contact accepts, reviews and**

processes the invoice with verifying signature; 2) the invoice is then forwarded to the Finance Unit where it is reviewed, tracked into the system, funded; and 3) before any payments are released, the payments are reviewed and verified by a supervisor-level staff person in Finance. The payment is also scrutinized for appropriate budget allocation and allowable expenses under Federal guidelines, especially those specific to the CCDF funding guidelines.

DHHS uses an electronic financial management system to document, track, approve, pay and monitor the entire provider billing system. This is done in tandem with the provider eligibility and licensing systems to monitor all payment activities for accuracy and timeliness. The NH Child Care Scholarship payments are made on behalf of an eligible child directly to a DHHS-enrolled child care provider within 21 calendar days from receipt of the provider's correctly completed invoice based on the child's attendance up to the authorized service level. Invoices processed on Monday, Tuesday, and Wednesday result in a payment made on Friday. Invoices processed Thursday or Friday result in a payment made the following Tuesday. Typically payments are made within 10 days. As of August 2017, child care provider web billing became mandatory as a mechanism to (a) expedite the billing and payment process for providers, and (b) reduce billing errors by requiring providers to complete certain fields such as arrival and departure time, absent or present, A.M or P.M. and the actual provider charge, prior to submitting the claim for payment. Additionally, BCDHSC staff conducts audits for billing accuracy when an issue arises from a conversation with a provider, parent or district office.

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **DHHS uses standard accepted accounting practices to manage all financial procedures, which includes review of contract and internal expenses to ensure they are both reasonable (cost effective, best practice) and allowable under state and federal guidelines for expenditures, specifically those pertaining to CCDF (i.e., discretionary/nondiscretionary status; permitted funding utilization; timelines for encumbering and expending funds, etc.). The tracking systems include both budgeting and expenditure activities. During the budget planning and implementation processes, the BCDHSC consults federal and state partners as necessary to resolve questions regarding allowable costs. Prior to payments, a fund code is applied and checked against the approved budget expense. In the event of a discrepancy or question, Finance reaches out to the BCDHSC Chief to review the expense and coding. A monthly financial statement including a budget and expense report is generated for review by the Finance representative and the BCDHSC Chief to ensure both financial integrity and adherence to the CCDF cost guidelines. As part of the contracting process, applicants are required to demonstrate that costs are reasonable and allowable within Federal rules. Once the grant/contract is awarded, the BCDHSC staff member responsible for monitoring a grant or contract carefully reviews each invoice and compares expenditures to the approved budget prior to submitting for payment. If a question arises as to whether a charge is reasonable or allowable, the contract manager will contact the contractor/grantee to resolve the issue, and the cost will either be approved or denied. In addition, all payments are scrutinized for appropriate budget allocation and allowable expenses under Federal guidelines, especially those specific to the CCDF funding guidelines. The grant manager will document risk and communications with the vendor via**

the contracts quality management process. These systems are created on excel spreadsheets and housed in secured SharePoint sites.

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The CCDF ACF-696 report is prepared and submitted quarterly, and contains cumulative federal, State Matching and MOE expenditures by grant year. Each quarter, after the monthly Cost Allocation Plan is run, the quarterly expenses are summarized by cost center (also called Activity numbers). Each Activity Number is assigned a line number from the ACF-696 for reporting purposes. The summarized costs are transferred to a workbook that staff use to calculate the federal share of costs by ACF-696 report line, as well as the appropriate grant to which the expenses are assigned. The Department spends Mandatory and Matching funds first. The Federal Reporting Staff also maintain Desk Review Workbooks designed by ACF to track benchmarks by grant year to ensure that the department is also meeting the Quality and Infant Toddler Benchmarks. The total benchmark is calculated each year based on the expected allotments published by ACF. Upon the completion of the ACF-696, the report and all supporting details (including the Cost Allocation detail and Desk Review workbooks) and sent to the Bureau of Child Development and HeadStart Collaboration Financial Manager for review and approval. The Financial Manager will notify Federal Reporting Staff of their approval, and forward to the Division of Economic Stability Director for signature. Upon receipt of approval from the Financial Manager, Federal Reporting staff enter and submit the ACF-696 in the On-Line Data Collection (OLDC) module of the GrantSolutions website.**

d. Other. Describe: **If BCDHSC determines that a contract is underperforming based on the status of benchmarks and/or deliverables, BCDHCS applies Department policy that ensures vendors entering into Agreements with the Department satisfactorily complete contractual requirements, address Vendors who are underperforming, and provide remedies in the event of default.**

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: **Utilization of a multi-tiered system of checks and balances with the program and Bureau of Finance to identify and mitigate potential risk to CCDF program and ensure expenses are allowable and reasonable under state and federal guidelines for expenditures, specifically pertaining to CCDF.**

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **DHHS uses standard accepted accounting practices to manage all financial procedures, which includes review of contract and internal expenses to ensure they are both reasonable (cost effective, best practice) and allowable under state and federal guidelines for expenditures, specifically those pertaining to CCDF (i.e., discretionary/nondiscretionary status; permitted funding utilization; timelines for encumbering and expending funds, etc.). The tracking systems include both budgeting and expenditure activities. During the budget planning and implementation processes, the BCDHSC consults federal and state partners as necessary to resolve questions regarding allowable costs. Prior to payments, a fund code is applied and checked against the**

approved budget expense. In the event of a discrepancy or question, Finance reaches out to the BCDHSC Chief to review the expense and coding. A monthly financial statement including a budget and expense report is generated for review by the Finance representative and the BCDHSC Chief to ensure both financial integrity and adherence to the CCDF cost guidelines. As part of the contracting process, applicants are required to demonstrate that costs are reasonable and allowable within Federal rules. Once the grant/contract is awarded, the BCDHSC staff member responsible for monitoring a grant or contract carefully reviews each invoice and compares expenditures to the approved budget prior to submitting for payment. If a question arises as to whether a charge is reasonable or allowable, the contract manager will contact the contractor/grantee to resolve the issue and the cost will either be approved or denied. In addition, all payments are scrutinized for appropriate budget allocation and allowable expenses under Federal guidelines, especially those specific to the CCDF funding guidelines.

The Financial Compliance Unit (FCU) consists of fourteen full-time and one part-time staff to assist in ensuring the oversight and implementation of effective internal controls for program integrity and accountability for the Department of Health and Human Services (DHHS). There are currently two full time and one part time staff assisting the Bureau of Child Care.

The Child Care unit in conjunction with the FCU will develop a checklist to assist in the review of the back-up documentation of the invoice submitted for payment by the childcare providers. The Child Care unit will review the details of the information submitted by the providers to ensure the allowability of each expense based on a risk assessment.

Prior to awarding any new contract, a risk assessment is completed. This assists in determining the amount of monitoring needed to ensure disbursements are made in accordance with all guidelines.

The FCU reviews childcare provider payments to assure all compliance requirements are met. As the reviews are completed, the FCU will work with the Child Care Unit to determine the proper course of action to correct any deficiencies found during the review. The lead agency reviews the data reports and identifies areas in need of enhancement and works to improve those parts of the system.

c. How the results inform implementation. Describe: **Separation of duties is part of how the Department evaluates the effectiveness of fiscal management practices. Each part of the fiscal process is separated so no one individual has control of the entire process and introduces several areas where work is reviewed before advancing in the process. In terms of federal reporting and cash management, the Federal Report is completed based on the output from the cost allocation plan. Each month, after the cost allocation plan is run, an accountant in the Federal Reporting and Cash Management unit will record the federal share of expenses, as determined by cost allocation plan, into a separate federal ledger. These expenses are reviewed monthly by a Business Administrator III. Once reviewed for reasonableness, an accountant will calculate the federal cash due to the Department, which is the reviewed for accuracy by a BA III. Once approved, another accountant will draw cash from the appropriate federal account and create the cash receipt in the State's accounting system, NH FIRST.**

These fiscal processes help to inform allowable dispersants of payments and contract amendments.

d. Other. Describe: **Not Applicable**

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **BCDHSC conducts a quarterly Risk and Reward assessment of each component of the CCDF Plan and aligned the results with the mitigating effort/activity or policy/procedure that applies. This activity helps to ensure that future required modifications to policies and procedures will be identified, vetted and communicated before a critical juncture is reached. Where appropriate, finance, legal, licensing, policy and other internal and external experts and stakeholders are consulted to fully expand the risk and reward picture.**
NH DHHS has a contracts quality management process that provides leadership, consultation and technical assistance using selected systems of data-informed and performance-based contracting and monitoring throughout the contract lifecycle. CQM is the first point of contact when considering a contract that may contain high risks, large dollar amounts, or a significant impact to New Hampshire citizens.

b. The frequency of each risk assessment. Describe: **Monthly the risk section of the contracts quality management system are completed to understand contract risks and document the concern and any follow up for the concern. Quarterly Risk and Reward assessment of each component of the CCDF Plan and aligned the results with the mitigating effort/activity or policy/procedure that applies for all internal entities implementing aspects of the CCDF program.**

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **DHHS, and specifically the BCDHSC, have a multi-tiered system of checks and balances to identify and mitigate potential risk to CCDF program integrity. Risk is categorized into three major areas - financial, programmatic and operational. Multiple checks and balances in each of these areas are utilized regularly and, by design, are interlinked to inform and prompt another set of checks and balances. For example, if a BCDHSC staff liaison reviews and approves an invoice from a CCDF contractor that was improperly coded or included an expense that falls outside of the CCDF funding guidelines for allowable expenses, DHHS accounting will "red flag" the invoice and return it to the BCDHSC contract liaison for clarification. The BCDHSC Chief will be made aware of the issue through the monthly reporting system, along with a direct notification from the accounting staff. The BCDHSC Chief will also apprise DHHS upper management as necessary on these issues. The BCDHSC staff contract liaison will communicate with the contractor to ensure their understanding of the allowable expense policies, obtain a corrected/adjusted invoice, and resubmit to finance with an advice email stating what actions were taken to ensure accuracy and compliance. The contractor may then need to modify the expense category or identify a different funding source for a portion of their work to comply with the contract and CCDF guidelines. Operationally, DHHS engages in the following activities/processes for checks and balances: adherence to standard accounting and business practices; the use of both hardcopy and electronic recordkeeping systems; internal activity report; IT supported computer databases and word processing**

systems that have multiple backups; a concrete hierarchy for completion and oversight of activities and authority for spending approvals; and a detailed state-wide and Bureau emergency plan for ensuring the availability of ongoing child care and payments to providers in the NH Child Care Scholarship program.

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **Internal audits are conducted on an ongoing basis on program eligibility, expenses, and adherence to CCDF guidelines; and multiple reports are run to ensure program Improvement is effective.**

e. Other. Describe: **Not applicable.**

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

i. Describe the training provided to staff members around CCDF program requirements and program integrity: **Nh was cited and notified on May 23,2024 of non-compliance due to the Monitoring Team did not find evidence that the Lead Agency provides training to child care providers and Lead Agency staff on program integrity. NH plans to address this non-compliance by ensuring program integrity is explicitly included in the training for staff in the Bureau of Family Assistance.**

ii. Describe how staff training is evaluated for effectiveness: **For a majority of the first year while a Family Service Specialist is training, all cases completed by the trainee are reviewed by either Family Service Specialist II's or Supervisors before being confirmed. Confirmation for programs is only given once the worker meets and maintains a specific percentage level of accuracy.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The training unit uses this data to determine where more training is needed.**

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: **When child care providers enroll with NH CCDF they are given a web billing training manual and other PowerPoint trainings that coincide with billing for child care scholarship. If providers have additional questions after reading the web billing manual, they are given the opportunity to have a zoom/Teams training, phone call or email communication with the lead agency staff. Right now, we have also started the process of implementing the Enrolled**

Provider training into NHCIS and this will allow providers to enroll online. Next steps, will have the web billing modules posted on NHCIS. Once the provider is enrolled they will be expected to take all module trainings. Certificates and professional development hours will be administered.
Nh was cited and notified on May 23,2024 of non-compliance due to the Monitoring Team did not find evidence that the Lead Agency provides training to child care providers and Lead Agency staff on program integrity" and add how you plan to address this finding for child care providers.

ii. Describe how provider training is evaluated for effectiveness: **The provider relations specialist is available daily to support providers with billing on the web billing portal, answer questions regarding eligibility for the families that they are serving and provide technical assistance through Zoom, TEAMS and phone calls. We are working on implementing a training system to allow providers to take review trainings, mandatory trainings at initial enrollment and at reenrollment. These will cover all billing practices, program integrity and specific guidance on how to look at the eligibility of the child. Data on billing technical assistance and what the billing error or needs are will inform the effectiveness of these trainings. BCDHSC will ensure training covers areas of need through on-going monitoring of this data.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **NH uses our eligibility and billing system to have queries sent to us on a weekly and monthly basis. We run reports that highlight areas of need to improve program integrity on both sides of eligibility and billing.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Triennial Reviews and Report is completed by the Bureau of Program Integrity's Financial Compliance Unit (FCU). They complete 23 audits per month for 12 months. The results are compiled into a final report that is sent to the OCC & BCDHSC. The error rate for 2022 was 3.87%.**
FCU uses the Corrective Action Plan described in the triennial report to complete monthly �Child Care Quality Control Audits�. FCU has been completing these monthly audits since July 2023; tracking results in a report that is distributed to BCDHSC, Bureau of Family Assistance (BFA), and New HEIGHTS, at the end of every month.
As of July 2024, FCU has been working with the BFA Training Unit to develop a more in-depth training for new workers and a refresher for current employees in an effort to mitigate errors seen in the triennial report.

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **In the interim of the triennial reviews, FCU completes Child Care Quality Control Audits. They review one**

District Office per month, a minimum of 13 cases per month. FCU reviews the eligibility documents and process and compile findings into a report that is shared monthly to BCDHSC, they review and then share the report with the District Office.

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. **[ ]** No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.

b. **[x]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **A weakness discovered in the internal Agency is training for eligibility workers on Child Care.**

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. **[x]** Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Child Care eligibility is determined by using the same program, NEW HEIGHTS, that is used for eligibility for all other programs (SNAP, Medicaid, TANF, etc). VCI, New Hire, SS Administration, etc. are all used in this system as well. Therefore, all information is shared, including case comments and Special Investigation referrals for potential fraud violations. We have established 3 Childcare claims due to fraud totaling $28,557.35. One case has been sent for prosecution, but has not been adjudicated. In calendar year 2023, we did not establish any childcare fraud claims.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Child Care eligibility is determined by using the same program, NEW HEIGHTS, that is used for eligibility for all other programs (SNAP, Medicaid, TANF, etc). VCI, New Hire, SS Administration, etc. are**

all used in this system as well. Therefore, all information is shared, including case comments and changes that would affect the Child Care Program. SIU is currently researching our authority to collect on childcare claims due to client error.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:: **Child Care eligibility is determined by using the same program, NEW HEIGHTS, that is used for eligibility for all other programs (SNAP, Medicaid, TANF, etc). VCI, New Hire, SS Administration, etc. are all used in this system as well. Therefore, all information is shared, including case comments and changes that would affect the Child Care Program. There are no State laws that allow SIU to collect on Agency Error childcare claims.**

b. **[ ]** Run system reports that flag errors (include types).

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

c. **[x]** Review enrollment documents and attendance or billing records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **FCU reviews Provider attendance records and billings submitted by the Provider to ensure they're in compliance with Child Care Rule He-C 6918. Findings are compiled into a report that is sent to BCDHSC for their review, prior to sending to the Provider. If intentional violations are found, they are sent to Special Investigations Unit (SIU) for further investigation.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **FCU reviews Provider attendance records and billings submitted by the Provider to ensure they're in compliance with Child Care Rule He-C 6918. Findings are compiled into a report that is sent to BCDHSC for their review, prior to sending to the Provider.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **FCU reviews eligibility documents submitted by the client during their Quality Control reviews to ensure they meet requirements for the program and were processed accurately by worker. Findings are compiled into a report that is sent to BCDHSC for their review.**

d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **FCU reviews eligibility documents submitted by the client during their Quality Control reviews to ensure they meet requirements for the program and were processed accurately by worker. Findings are compiled into a report that is sent to BCDHSC for their review. If intentional violations are found, they are submitted to SIU for further investigation.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **FCU reviews Provider attendance records and billings submitted by the Provider to ensure they're in compliance with Child Care Rule He-C 6918. Findings are compiled into a report that is sent to BCDHSC for their review, prior to sending to the Provider.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **FCU reviews eligibility documents submitted by the client during their Quality Control reviews to ensure they meet requirements for the program and were processed accurately by worker. Findings are compiled into a report that is sent to BCDHSC for their review.**

e. **[x]** Audit provider records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **FCU reviews Provider attendance records and billings submitted by the Provider to ensure they're in compliance with Child Care Rule He-C 6918. Findings are compiled into a report that is sent to BCDHSC for their review, prior to sending to the Provider. If intentional violations are found, they are sent to Special Investigations Unit (SIU) for further investigation.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **FCU reviews Provider attendance records and billings submitted by the Provider to ensure they're in compliance with Child Care Rule He-C 6918. Findings are compiled into a report that is sent to BCDHSC for their review, prior to sending to the Provider.**

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

f. **[ ]** Train staff on policy and/or audits.

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

g. **[ ]** Other. Describe the activity(ies):

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **Client:**
Intentional error (fraud): SIU collects on fraudulent over payments of childcare under federal authority (45 CFR 98.60(i)). There is no threshold of $300; SIU does not have authority to not collect on fraud under $300, since this is mandated in federal regulations. Unintentional Error: Currently, SIU does not have legal authority to collect on childcare because of worker or client errors. There is no threshold of $300, this is for SNAP claims and does not pertain to childcare. The State Plan does indicate that there is collection on childcare for client errors but, in order to implement, BCDHSC would need to put something in rules or law to give SIU the authority to do so. However, RSA 167:17 may apply but we have not had time to review this law which covers all benefit programs. FCU & SIU are unaware of a �basic collection/notification letter�, so we cannot verify if this is done or not, this will need further review.
Results from investigations can be provided by SIU, they requested more information on this request, i.e. how far back does OCC need records on recoupments from?
Provider:
Unintentional Error: When it is determined that a Provider was overpaid funds during a FCU audit, due to an unintentional error, BCDHSC is responsible for recoupment; there is no minimum requirement.
Included is the spreadsheet of the Provider audits completed in 2023 (provider audits were paused 10/2023 and have resumed as of 9/2024).

Special Investigations Unit (SIU) investigates, establishes, and collects on all Family Assistance programs including Child Care pursuant to 45 CFR 98.60. SIU is independent of Policy Development and Eligibility Units, thus indiscriminately enforces eligibility infractions. SIU reports to Bureau of Program Integrity, under the Division of Program Qualify and Integrity.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

   i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Recovery for unintentional program violations is the same as for intentional program violations. DHHS has the Bureau of Program Integrity and Special Investigations Unit to which DHHS staff (BCDHSC or Bureau of Client Services) refers clients or providers when suspected of unintentional program violations. BPI works with the lead agency staff to investigate and determine whether or not an unintentional violation has occurred and develop an appropriate action to be taken, including the recovery of misspent**

funds. Referrals involve other law enforcement and prosecution authorities as appropriate. There is a claim threshold of $300.00. Claims that meet or exceed $300.00 will be pursued for collection.

ii. **[ ]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Child care providers have 4 options for repayment plans.**
Option 1: Lump Sum Repayment: The provider can repay the entire amount of the claim in one lump sum.
Option 2: Monthly Payment Arrangements: Due the first Monday of the Month, in the amount of $_________ (we will allow the provider to choose based on their financial ability)
Option 3: Recoupment via future Bridges N.H. Child Care Scholarship Payments. The overpayment will be deducted from the providers N.H. Child Care Scholarship payments issued by the Department. If you choose this option, you will need to indicate the amount that BCDHSC is to deduct from your weekly payments $_________.
Option 4: Appeal. If the provider feels that this audit finding is incorrect, they can file an appeal.

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Reduction of payments in subsequent months is the initial method utilized to recover funds due to unintentional program violations. In the event the provider continues to operate as a CCDF provider and a settlement amount identified, then the provider will have an agreed upon amount deducted from any subsequent CCDF provider payments until such time that the debt is fully recovered. NH has two programs currently on payment reduction plans.**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Bureau of Program Integrity audits, investigates and collects payments due audit findings. We are still in the final stages of finalizing our procedure regarding the repayment procedure, but we are hoping in 2025 we will have a procedure and policy in place. The Bureau of Integrity has an agency audit manager and two agency auditors under the manager. This process has resulted in revision of process and procedures to recoup funds from improper payments.**

viii. **[ ]** Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[ ] No.

[x] Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The Provider Relations Specialist adjusts claim payments that will benefit the family including improper charge amounts, decreased cost share changes, increased service levels or eligibility errors. The claims are adjusted on Monday mornings, by the Data Management team and are submitted on Monday afternoon by the providers. When the provider submits the adjusted claim timely then the payment will be sent on the next manifest date.**

Recovery for unintentional program violations is the same as for intentional program violations. DHHS has the Bureau of Program Integrity and Special Investigations Unit to which DHHS staff (BCDHSC or Bureau of Client Services) refers clients or providers when suspected of unintentional program violations. BPI works with the lead agency staff to investigate and determine whether or not an unintentional violation has occurred and develop an appropriate action to be taken, including the recovery of misspent funds. Referrals involve other law enforcement and prosecution authorities as appropriate. There is a claim threshold of $300.00. Claims that meet or exceed $300.00 will be pursued for collection.

ii. **[ ]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. **[ ]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities

based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

[x] No.

[ ] Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. **[ ]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. **[ ]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. **[ ]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]**Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. **[ ]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis:

ii. **[ ]**Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis:

iii. **[ ]** Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis:

iv. **[x]** Other. Describe the activities and the results of these activities based on the most recent analysis: **The State of NH does not sanction clients under the NH Child**

Care Scholarship program. On May 23rd 2024, NH was cited due to the monitoring team not finding evidence that the Lead Agency has policies or processes to impose sanctions on clients that commit fraud. Additional time is needed beyond October 1, 2024 to implement this requirement.

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		