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Child Care and Development Fund (CCDF) Plan

for

State/Territory New Hampshire

FFY 2019–2021

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, 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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Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children. On November 19, 2014, the Child Care and Development Block Grant (CCDBG) Act of 2014 was signed into law (Pub. L. 113-186). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for state and territory grantees. In September 2016, the final rule was released. The final rule makes regulatory changes to the CCDF program based on the CCDBG Act of 2014. These changes strengthen requirements to protect the health and safety of children in child care; help parents make informed consumer choices and access information to support child development; provide equal access to stable, child care for low-income children; and enhance the quality of child care and the early childhood workforce.

The Plan is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule. The Preprint provides a tool for states and territories to describe to ACF their progress on the following sections:

1. Define CCDF Leadership and Coordination With Relevant Systems
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Families
5. Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements and deadlines.

CCDF Plan Submission

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site 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. (See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

1 Define CCDF Leadership and Coordination With Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Coordination with child care resource and referral (CCR&R) systems are explained, and Lead Agencies outline the work they have done on their disaster preparedness and response plans.

1.1 CCDF Leadership

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

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

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

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: New Hampshire Department of Health and Human Services, Street Address: 129 Pleasant St.

City: Concord

State: NH

ZIP Code: 03301

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

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Jeffrey

Lead Agency Official Last Name: Meyers

Title: Commissioner

Phone Number: 603-271-9200

Email Address: Jeffrey.meyers@dhhs.nh.gov

1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Debra

CCDF Administrator Last Name: Nelson

Title of the CCDF Administrator: Bureau Chief

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

Street Address: 97 Pleasant St.

City: Concord

State: NH

ZIP Code: 03301

Phone Number: 603-271-8153

Email Address: Debra.Nelson@dhhs.nh.gov

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

CCDF Co-Administrator First Name: Dianne

CCDF Co-Administrator Last Name: Chase

Title of the CCDF Co-Administrator: Assistant Bureau Chief

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

Street Address: 97 Pleasant St.

City: Concord

State: NH

ZIP Code: 03301

Phone Number: 603-271-7190

Email Address: Dianne.Chase@dhhs.nh.gov

Description of the role of the Co-Administrator: The Assistant Bureau Chief (ABC) dedicates .5 FTE to CCDF and .5 FTE to Head Start Collaboration, funded by each grant, respectively. Relative to CCDF, the ABC assists the Division of Economic and Housing Stability, Bureau of Child Development and Head Start Collaboration Bureau Chief with administering objectives and managing day-to-day operations for the Bureau. Included are: 1) the Child Care Scholarship Program and child care quality improvement initiatives in the areas of child care disaster preparedness; health; safety and nutrition in child care programs; early learning standards; quality rating and improvement system; professional development system; and child outcome measurement and data sharing; as well as quality initiative contracts.

1.2 CCDF Policy Decision Authority

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

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

All program rules and policies are set or established at the state or territory level.

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

1. Eligibility rules and policies (e.g., income limits) are set by the:
State or territory Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. _____ Other. Describe: _____.
2. Sliding-fee scale is set by the: State or territory Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. _____ Other. Describe: _____.
3. Payment rates are set by the:
State or territory Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. _____ Other. Describe: _____.
4. Other. List other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices): _____

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

a) Who conducts eligibility determinations?

CCDF Lead Agency

Temporary Assistance for Needy Families (TANF) agency

Other state or territory agency

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

Child care resource and referral agencies

Community-based organizations

Other.

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

CCDF Lead Agency

TANF agency

Other state or territory agency

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

Child care resource and referral agencies

Community-based organizations

Other. _____

c) Who issues payments?

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

1.2.3 What processes will the Lead Agency use to monitor administrative and implementation responsibilities performed by agencies other than the Lead Agency as indicated above, such as through written agreements or monitoring and auditing processes (98.11(a)(3))? Describe those processes and any indicators or measures used to assess performance.

The Department issues contracts for the administration and implementation of responsibilities performed by other agencies, including the child care resource and referral agency. The process for monitoring contracts is generally the same for all organizations, although each is tailored to its accountabilities. Oversight for each contract is assigned to a BCDHSC staff member, who receives, reviews and approves invoices and reports/other products, which are submitted on a predetermined schedule as specified in the approved contract. Expenditures are compared to line items/amounts in the approved budget and staff contacts 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 staff works with the contractor on the issues (i.e., by exploring opportunities to improve progress or by reducing the contract amount). NH has one statewide contract for CCR&R provided by Child Care Aware® of NH, a program of Southern New Hampshire Services (SNHS). Child Care Aware® of NH submits invoices and reports on a quarterly basis.

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

NH participates in the National Data System for Child Care - Child Care Aware® of America, and various applications and services available through this system, including NACCRAware. NACCRAware generates child care referrals and reports, and manages provider, client, community and group data. NH has taken advantage of the opportunity for states to customize fields within the NACCRAware application for a fee, and, on multiple occasions, shared this information with other states via national webinars. For example, a color-coded training calendar was developed for NH in the TTAM module, which other states can access. Additionally, several of NH's suggestions for customization deemed beneficial to other states were incorporated into the NACCRAware application.

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

NH DHHS Bureau of Resource Management, Protection of Confidential Information Confidentiality Policy 062005 informs all Department of Health and Human Services (DHHS) employees of their responsibility to protect all confidential information and records within their control and for releasing information only to authorized agencies or individuals as provided for by law, rules, and regulations. Retrievable at: <http://intranet/policies/index.html>, Human Resources, Confidentiality. Additionally, the DHHS DCYF Child Care Provider Agreement (Form 1860) requires providers receiving CCDF “to keep all information concerning children and their families confidential except as otherwise allowed under law” (p. 2). Retrievable at: <https://www.dhhs.nh.gov/dcyl/cdb/documents/provideragreement.pdf>.

1.3 Consultation in the Development of the CCDF Plan

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

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

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

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

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

1.3.1 Describe the Lead Agency’s consultation in the development of the CCDF plan.

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

On May 22, 2018 the BCDHSC will mail a letter to a selected number of urban and rural general purpose local governments requesting feedback on the draft CCDF plan, which included highlighted sections that may be of particular interest to them, such as 1.8, Disaster Preparedness Response Plan. Feedback will be reviewed and incorporated into the Plan as applicable and possible.

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

Spark NH, Early Childhood Advisory Council, is the Governor-appointed State Advisory Council for NH. The BCDHSC consulted with the Council as follows:

- The Bureau Chief serves as chair of both the Council and the Executive Committee, and other staff members serve on the Policy Committee and Workforce and Professional Development Committee, respectively. As such, the Bureau was engaged in the development, dissemination and promotion of a policy blueprint entitled, “Children: The Bedrock of the Granite State: A Framework for Action for New Hampshire’s Young Children,” available at: <http://sparknh.com/resources/framework-for-action>, which informed the development of the plan.

- On August 24, 2017, the former CCDF Administrator presented to, and engaged in discussion with, the Council on CCDF, highlighting changes from the 2014 Reauthorization and areas that may be of particular interest to the Council;
- Council and committee members were engaged in CCDF Plan-related discussions at various times over the past nine months, including QRIS design, start up and funding, which informed the development of the plan. As chair of the Spark NH Council and Executive Committee, the Bureau Chief meets with the Governor's office staff to discuss support for key early childhood work, including QRIS; and
- CCDF quality funds were allocated to Spark NH over the past three years to: a) promote access to, and build commitment for, quality early childhood programs and services; b) foster public awareness of the importance of early childhood; c) coordinate the development and use of a system for the meaningful integration of information about young children and their families; d) coordinate the implementation of an integrated and comprehensive strategic plan for early childhood in NH; e) strengthen NH's early childhood infrastructure.

c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state.
N/A (NH has no recognized Indian tribe(s) or tribal organizations.)

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.
N/A

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

- a) Date(s) of notice of a public hearing. May 21, 2018 *Reminder:* Must be at least 20 calendar days prior to the date of the public hearing.
- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include specific website links if used to provide notice.

The Notice of public hearing was posted on the Home page in the "News and Events" section on the NH DHHS website, which is ADA compliant.

(<http://www.dhhs.state.nh.us/index.htm>) Notice of the public hearings was also distributed via the website and/or email lists of the Child Care Licensing Unit (CCLU), Spark NH (<http://sparknh.com/news>), Child Care Aware of NH (<http://nh.childcareaware.org/about-us/news-reports/>), Early Learning NH, Family Support NH, NH Association for the Education of Young Children (<http://nhaeyc.org/advocacy-2/>), NH Afterschool Network (<http://nhafterschool.org/news.html>), Head Start Directors Association, A Comprehensive Resource for Out-of-Schooltime Staff (ACROSS) NH , and the NH Child Care Advisory Council.

- c) Date(s) of the public hearing(s). June 11, 2018 *Reminder:* Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan.
- d) Hearing site(s) or method(s), including how geographic regions of the state or territory were addressed.

An in-person Public Hearing will be held at the DHHS Brown Building, 129 Pleasant St., Concord, NH with live webinar broadcast throughout the state. The BCDHSD also will notify the public that, those who wish to comment before or after the hearing, or were unable to attend the Public Hearing in person or via webinar, are invited to submit written comments to the BCDHSC via a dedicated email address:

DHHS.ChildDevelopment@dhhs.nh.gov.

e) How the content of the Plan was made available to the public in advance of the public hearing(s).

The content of the Plan was made available to the public on the DHHS website on the CDB home page and publications page (<http://www.dhhs.state.nh.us/dcyf/cdb/publications.htm>). The following partners also distributed the content of the Plan to their email lists or made it available on their website, either by posting a PDF of the document or by providing a link to the DHHS website: NH DHHS Child Care Licensing Unit (CCLU), Spark NH, Child Care Aware® of NH, Early Learning NH, Family Support NH, NH Association for the Education of Young Children, NH Afterschool Network, ACROSS NH, and the Child Care Advisory Council.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?

DHHS will meet with representatives from Spark NH and the Child Care Advisory Council to review comments and solicit recommendations for changes. DHHS will then make final decisions on recommended changes to be included in the Plan.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)).

a) Provide the website link to where the plan, any plan amendments, and/or waivers are available.
<https://www.dhhs.nh.gov/dcyf/cdb/publications.htm>

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

Working with advisory committees. Describe:

BCDHSC staff meets bi-monthly with Spark NH, Early Childhood Advisory Council, and the Child Care Advisory Council, which inform constituents and others about the Plan and its availability through email and various meetings that they attend. Some of our partner organizations post links to the Plan on their websites, including Spark NH (<http://sparknh.com/news>), NH Afterschool Network (NHAN) (<http://nhafterschool.org/news.html>), and Child Care Aware of NH (<http://nh.childcareaware.org/about-us/news-reports/>).

Working with child care resource and referral agencies. Describe:

Child Care Aware of NH makes the Plan available through a link on their website and will distribute the link through their weekly electronic newsletter and on their Facebook page.

Providing translation in other languages. Describe:

DHHS contracts with The Language Bank for translation services. Should translation services be requested regarding the Plan, DHHS will contact the Language Bank for assistance
<https://www.thelanguagebank.org/contact-language-bank>.

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

The following organizations shared information on the Plan through social media networks including Twitter and Facebook: Child Care Aware of NH, Spark NH, NHAN, and NHAEYC.

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

The following provider groups and parent groups will be notified by email and in-person at various meetings of the availability of the Plan: Spark NH, Early Learning NH, Child Care Aware® of NH, ACROSS NH, NH Afterschool Network (NHAN), Family Support NH through the New Hampshire Children's Trust, Head Start Parent Advisory Council, and the Head Start Directors Association.

Other. Describe: N/A

1.4 Coordination With Partners To Expand Accessibility and Continuity of Care

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

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

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

Include in the descriptions the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school; enhancing and aligning the quality of services; linking comprehensive services to children in child care settings; or developing the supply of quality care for vulnerable populations. Check who you will coordinate with and describe all that apply.

(REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals and process:

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

will be encouraged to reach out to their local governments to promote coordination and sharing of information. Lastly, a link to a statewide map of licensed child care programs (available at: <http://nh.childcareaware.org/data-report/data-reports/>) will be shared with municipalities as part of the coordination.

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

Section 1.2, 2, b) describes the BCDHSC's relationship with, and participation on, Spark NH, Early Childhood Advisory Council, including the development and promotion of the policy blueprint: "Children: The Bedrock of the Granite State: A Framework for Action for New Hampshire's Young Children." Collaboration will occur regarding all four policy areas, as follows:

- Healthy children and families. Promoting healthy social-emotional development and addressing toxic stress via Watch Me Grow and the Pyramid Model initiative, to which Spark NH has dedicated resources;
- Positive early learning experiences. Jointly promoting access to developmental screening through Watch Me Grow;
- Strong families. Jointly promoting access to home visiting and family support, and collaborating on increasing compensation (wages and benefits) for providers via work on the Impact Project, which the BCDHSC co-leads with Early Learning NH and Spark NH; and
- A coordinated early childhood system. The BCDHSC contracts with Spark NH to support activities relative the development of a coordinated early childhood system, including the capacity to integrate early childhood data, and other activities. Additionally, BCDHSC staff are participating on a Spark NH-lead task force to explore options for early childhood governance in the state, such as creating a new early childhood entity (e.g., Office of Early Childhood), co-locating programs/services within an existing agency/organization, or strengthening collaboration across state agencies (e.g., DHHS and Department of Education) through formal agreements across state agencies.

Does the Lead Agency have official representation and a decision-making role in the State Advisory Council (or similar coordinating body)?
 No
 Yes

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

N/A—There are no Indian tribes and/or tribal organizations in the state.

(REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act

(Part C for infants and toddlers and Section 619 for preschool). Describe the coordination goals and process:

The BCDHSC integrates its work with that of the DHHS Family Centered Early Supports and Services Program (Part C) and the NH Department of Education Preschool Special Education Program (Part B/619) through our joint efforts on Spark NH (as described previously); Watch Me Grow; the Pyramid Model statewide initiative and related efforts, including the NH Department of Education's iSocial and SPDG (State Personnel Development Grant) projects; the Early Childhood Governance Task Force, and the Governor's Collective Vision for Early Childhood Education in NH (a Governor convened, multi-meeting series designed to share information on existing programs and services, identify gaps and explore opportunities for state investment in early childhood).

(REQUIRED) State/territory office/director for Head Start state collaboration. Describe the coordination goals and process:

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

Following the merger of the Head Start Bureau and the Child Development Bureau into the BCDHSC in November 2017, the former HSCO administrator serves as Bureau Chief and divides her time between the Head Start and CCDF requirements, as does the Assistant Bureau Chief, who began her position in May 2018. Over the next several months, an integration plan will be developed, which maximizes resources and specifies roles and responsibilities for all bureau staff relative to both programs.

(REQUIRED) State agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process:

- The BCDHSC worked with the CCLU and Public Health on licensed and license exempt rules relative to health and safety. Public health staff reviewed and provided input on these rules (including immunizations and Safe Sleep), which was incorporated into the final rules.
- The former HSCO and CDB have worked in close collaboration with Public Health since 2010, beginning with a joint effort to bring the I Am Moving, I Am Learning (IMIL) movement from Head Start to child care programs across the state. Also in 2010, Public Health launched the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) initiative within Head Start and licensed child care programs alike. Fifteen Head Start and 106 child care programs that care for more than 8,000 children have completed NAP SACC since 2010, collectively making more than 695 improvements to their nutrition and physical activity policies and practice. The BCDHSC will continue to collaborate with Public Health on

supporting programs to participate in NAP SACC and other nutrition/physical activity efforts. NAP SACC is included in the health component of the state's newly-revised QRIS.

- Public Health staff participates with the BCDHSC on the state Child Care Emergency Preparedness Plan.
- Special Medical Services staff participates with the BCDHSC on the Watch Me Grow Management Team and state Steering Committee.

(REQUIRED) State agency responsible for employment services/workforce development. Describe the coordination goals and process:

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

- Ensure that the DHHS New Heights system, which addresses Child Care Scholarship Program eligibility, generates accurate reports and is updated to reflect CCDF rules changes, such as 12 month eligibility;
- Incorporate information on CCDF rules changes in training for Family Service Specialists;
- Engage in discussions on improving policy and quality to better serve families and children; and
- Inform families about the Child Care Scholarship Program via Child Care Aware® of NH via routine presentations at DHHS District Offices during NHEP Orientations.

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

(REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK). Describe the coordination goals and process:

The NH Department of Education (DOE) administers a K-12 public school system and the Part B/619 Preschool Special Education Program. There is no state-funded pre-K in NH at this time; rather, individual school districts may elect to support public pre-K, which includes children with and without disabilities.

Over the past decade, the former Head Start Collaboration Office and Child Development Bureau have partnered with the DOE on key initiatives toward a common goal of enhancing the quality of early childhood programs and fostering smooth transitions for children entering kindergarten, as the following examples illustrate:

- The development and dissemination of Kindergarten Readiness Indicators (2012) (<https://www.dhhs.nh.gov/dcyf/headstart/documents/nh-kindergarten-readiness.pdf>);
- The establishment of an Early Childhood Leadership Team in 2015 and an Early Childhood Strand in 2016 for the DOE Annual Educators' Summer Summit, which the Bureau Chief co-led. In 2017 over 500 public school and community leaders from throughout the state attended the Summit;

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

(REQUIRED) State/territory agency responsible for child care licensing. Describe the coordination goals and process:

The BCDHSC and CCLU collaborate on the development of child care policy and rules, training for providers and monitoring procedures to ensure consistency between CCDF and child care licensing. The CCDF supports two full-time staff positions within the CCLU for monitoring child care programs. The BCDHSC and CCLU also collaborate regarding compliance with in-state and out-of-state criminal background checks and on developing procedures to enhance the state's capacity to investigate instances of possible child abuse within child care programs.

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

Through Child Care Aware® of NH, the BCDHSC ensures that child care providers have information on CACFP and encourages/supports them to enroll by connecting program directors to Southern NH Services for technical assistance on CACFP participation.

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

- The BCDHSC leads the state Homelessness Task Force, which includes the NH Department of Education Director of Education for Homeless Children & Youth, Child Care Aware® of NH, ACROSS NH, and Head Start Training and Technical Assistance Office. The Task Force's mission is to promote expedited access to child care for children without homes, as well as to train providers regarding the identification of, and support for, children in their care who are without homes. The Task Force also provides consumer education to families via the Child Care Aware® of NH website The Director of Education for Homeless Children & Youth is the liaison for the McKinney-Vento regional coordinators, who in turn, are liaisons to the local coordinators.
- BCDHSC staff presented a session at the May 11, 2018 Annual Statewide Homeless Education Liaison Meeting on expedited child care and consumer education.
- The BCDHSC will share with early childhood providers a guide developed by SchoolHouse Connection (a national organization working to overcome homelessness through education) entitled, "Pathways to Partnership: Early Childhood Education," which was designed to help LEA liaisons and homeless service providers develop a basic understanding of, and build partnerships with, five key early childhood programs (including CCDF and Head Start). Available at: <https://www.schoolhouseconnection.org/pathways-to-partnership-early-childhood-education/>

(REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program. Describe the coordination goals and process:

NH's TANF program is operated by the DHHS BFA. CCDF/TANF coordination was described previously in this section (1.4.1, bullet 7).

(REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals and process:

The DHHS BFA administers NH's Medicaid and CHIP. The BCDHSC ensures that families and providers have access to information on Medicaid and CHIP via the Child Care Aware® of NH website (<https://www.nhhealthyfamilies.com/>).

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

In 2017 NH's DHHS Commissioner established a new Division for Behavioral Health, Bureau of Children's Health to better serve the mental health needs of NH's citizens, with a focus on those with substance misuse challenges, as well as on children's mental health. The BCDHSC has collaborated with the Bureau of Children's Health on multiple initiatives/activities aimed at improving access to early childhood mental health services, early identification of social-emotional challenges for children aged birth to five years and building early childhood program capacity to better support the social-emotional needs of young children. Included are partnerships on the early childhood Pyramid Model initiative, the NH DOE's Safe Schools/Healthy Students State Management Team, and the Children's Behavioral Health Collaborative Comprehensive Plan. Beginning this year, the two Bureaus will collaborate on early identification and referral of young children with social emotional challenges through the Watch Me Grow system.

(REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process:

- As noted previously in this section, NH has one statewide contract for CCR&R supports and services, provided by Child Care Aware of NH, a program of Southern New Hampshire Services (SNHS), which offers training, technical assistance, coaching, and support to providers, child care referrals to families, and consumer education to providers and families.
- BCDHSC staff has met with NH 2-1-1 to discuss opportunities to collaborate on disseminating information on CCDF to families and providers. This option will be further explored prior to September 30, 2018.
- DHHS holds contracts with: a) Granite State College for tuition assistance to early childhood providers; b) SERESC's Preschool Technical Assistance Network for training and technical assistance to child care programs on social-emotional challenges and trauma-informed care; and c) ProSolutions for online training at no cost to NH providers (please see:

https://www.prosolutionstraining.com/content/?id=89/New_Hampshire/. As specified in its contract for 2019, ProSolutions will add courses to meet NH's health and safety requirements.

- The BCDHSC works to coordinate training and technical assistance from the Office of Head Start and the Office of Child Care by identifying opportunities to include both Head Start and child care providers in professional development opportunities.

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

- DHHS partners with NHAN (NH Afterschool Network) (<https://www.nhafterschool.org/>) toward its mission to "actively support the development, sustainability, and accessibility of high quality afterschool experiences for NH youth." BCDHSC staff participates on the NHAN advisory committee.
- DHHS holds a contract with ACROSS NH to support two, low-cost conferences each year, and free trainings presented by master trainers at various locations in all regions of the state. Trainings include Afterschool Orientation, Afterschool Basics, Credential Information and Work Sessions, and trainings in all core knowledge areas for program leaders and directors (<http://www.acrossnh.org/>).

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

BCDHSC staff co-leads a task force to develop a Statewide Child Care Disaster Plan. Representatives from the DHHS Emergency Services Unit (ESU) and the NH Department of Safety (DOS), Homeland Security and Emergency Management (HSEM) serve on the task force to help ensure that the Statewide Child Care Disaster Plan is coordinated with those of the ESU and HSEM.

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

State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:

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

State/territory institutions for higher education, including community colleges. Describe:

BCDHSC staff convenes a quarterly meeting of the Institutions of Higher Education (IHE) Roundtable for information sharing and discussion on early childhood workforce and professional development challenges. BCDHSC also serves as a liaison between the IHE Roundtable and the EarlyEdU Alliance. Over

the past year, the IHE Roundtable has served as a state EarlyEdU Alliance team. The EarlyEdU Alliance® is a higher education collaboration for Head Start and early childhood teaching (<https://www.earlyedualliance.org/>).

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

The BCDHSC partners with the University of NH, Institute on Disability on multiple initiatives, including Watch Me Grow, professional development opportunities, and LEND (Leadership Education in Neurodevelopmental and Related Disabilities), with the goal of ensuring that CCDF activities support the needs of children with and without disabilities. Institute on Disability staff serves on statewide advisory and steering committees.

- State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe:

The BCDHSC collaborates with the DHHS Maternal and Child Health Home Visiting (MCH) program on three key initiatives: 1) Project LAUNCH (Linking Actions for Unmet Needs in Children's Health; 2) The early childhood Pyramid Model initiative; and 3) Watch Me Grow, NH's developmental screening and referral system. Project LAUNCH (a MCH project funded by SAMHSA) has supported Pyramid Model training and coaching for early childhood providers (child care, Head Start, pre-K) on Pyramid model readiness, evidence-based practices and Positive Solutions for Families. MCH has also funded materials, training, and the development of the website and data system for Watch Me Grow, which the Bureau Chief co-manages with MCH and other DHHS partners. MCH and BCDHSC staff participates on the Pyramid Model State Leadership Team, Watch Me Grow State Management Team, and Watch Me Grow statewide Steering Committee.

- Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment. Describe:

Child Care Aware of NH provides a link to information on the DHHS Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, a mandatory service under Medicaid covered benefits (<https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>).

- State/territory agency responsible for child welfare. Describe:

For many years and prior to a recent reorganization, CCDF has been located in the DHHS Division for Children, Youth, and Families, Child Development Bureau—one of 10 bureaus supporting its mission to strengthen families, protect children and prevent child abuse and neglect. The BCDHSC Chief serves on the DCYF Management Team and Bureau staff works collaboratively with the other bureaus on activities such as Preventive and Protective child Care, Watch Me Grow developmental screening and referral system, child care provider payments through the Bridges data system, supporting foster and adoptive families to access child care scholarship, cross-sector professional development, quality initiatives with the Bureau of Organizational Learning and Quality Improvement, and others. As of June 2018, the BCDHSC will be located in the new Division of Economic and Housing Stability, which brings together multiple DHHS

programs and services focused on prevention. The DCYF/BCDHSC partnership will continue as before the reorganization.

- State/territory liaison for military child care programs. Describe:

The National Data System for Child Care NACCRAware application identifies families with military connections and provides opportunities for Child Care Aware of NH to connect those families with military-related resources.

- Provider groups or associations. Describe:

DHHS provides financial support for the NH Association for Infant Mental Health's annual conference and assists the Association in disseminating information about the conference and other Association professional development opportunities to Head Start, child care, preschool and other providers.

- Parent groups or organizations. Describe:

BCDHSC staff attends monthly meetings of the NH Head Start Parent Association, sharing information on Bureau activities and assisting the group with planning and convening their annual Parent Advocacy Day conference. Additionally, staff seeks input from the Association on Bureau activities and publications as appropriate, and recruits representatives to participate in state level initiatives and organizations, such as Spark NH, Early Childhood Advisory Council, and the Governor's Collective Vision for Early Childhood Education in NH (Collective Vision). The Association holds a seat on Spark NH. It also selected a representative to participate in the Collective Vision initiative, who co-presented with the Bureau Chief during information sharing on programs and services and participated in a session with the First Lady on family support.

- Other. Describe:

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

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

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between the Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

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

No.

Yes. If yes, describe at a minimum:

- a) How you define “combine” _____
- b) Which funds you will combine _____
- c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations _____
- d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level? _____
- e) How are the funds tracked and method of oversight _____

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

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the child care program (98.55(f)).

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

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

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

Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

If checked, identify the source of funds: State of NH general funds

If known, identify the estimated amount of public funds that the Lead Agency will receive: \$ _____

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

If checked, are those funds:

- donated directly to the State?
- donated to a separate entity(ies) designated to receive private donated funds?

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

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

State expenditures for preK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent): _____

- If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services: _____
- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$ _____

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

State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked, The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

- No
- Yes

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

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

- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care: _____
- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$ _____

1.6**Public-Private Partnerships**

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

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

- NH supported a contract with Early Learning NH to enroll child care and other early childhood providers and programs in the State Early Learning Alliance (SELA), a shared services organization aimed at maximizing child care program resources via cost savings for its members and improving program quality by allowing programs to reinvest savings into program improvement. Early Learning NH is a 501(c)3 non-profit organization committed to ensuring that all New Hampshire children have the opportunity to reach their full potential by supporting early learning programs, raising public awareness of the importance of early childhood, promoting effective policies and fostering public/private partnerships, including with the Bezos Foundation to bring Vroom (<https://www.vroom.org/>) to NH. Vroom is a “brain building” initiative designed to support parents, caregivers and others to foster development in young children by applying evidence based, interactive strategies within everyday activities. BCDHSC staff participates on a Vroom advisory group and disseminates information on Vroom at all relevant meetings and conferences.
- NH enjoys a strong partnership with philanthropic organizations throughout the state, including the Endowment for Health, NH Charitable Foundation, HNH Foundation and Tillotson Foundation, which have forged a common agenda of support for early childhood in the state. These organizations have funded a multitude of important initiatives to move the early childhood system forward, including the Pyramid Model, Spark NH, the Impact Project (designed to develop/promote recommendations for addressing early childhood workforce issues in the state, including recruitment and retention, compensation and alternative career pathways), Watch Me Grow, the Governor’s Collective Vision for Early Childhood Education in NH, the Early Childhood Governance Task Force, and others. Additionally, the philanthropic community has supported grant writers to work with DHHS and DOE on federal grant opportunities, including the Preschool Development Grant.
- As members of Spark NH and a partner to Early Learning NH, BCDHSC staff works to foster relationships with NH’s business community, such as participating in business leaders’ forums.

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

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

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or 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 Section 619 and Part C of the Individuals with Disabilities Education Act;
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;
- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use section 7.6 to address how quality set-aside funds, if applicable, are used to support a statewide CCR&R system.

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

No. The state/territory does not fund a CCR&R system and has no plans to establish one.

Yes. The state/territory funds a CCR&R system. If yes, describe the following:

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

Child Care Aware® of NH, the statewide Child Care Resource & Referral (CCR&R) program:

- Promotes and markets high quality, culturally competent, child care resource and referral services statewide to families, providers, businesses and community members;
- Maintains a comprehensive website that is easily accessible, up-to-date and user-friendly;
- Disseminates marketing materials and information, to promote public awareness, through various means such as hospitals, churches, realtors, libraries, etc.;
- Provides statewide child care resource and referral services to families who may or may not be receiving assistance or services from the NHEP or the Department;
- Follows up with clients two to three weeks after an initial referral is taken using a developed evaluation and follow up process using various methods such as phone calls, a paper survey, etc.;
- Collaborates with DHHS contractors and other stakeholders to maximize the cost-benefit of providing statewide services to families and child care programs;

- Provides web-based services for families and child care providers through the use of the NACCRAware Suite of Data Services (NDS);
- Maintains the database for the state, ensuring that the database is updated with current information on a regular basis and any duplicate or unnecessary data are deleted;
- Ensures that data collection and reports are accurate and consistent statewide;
- Provides statewide child care resource, referral, recruitment, and educational training and targeted technical assistance services to licensed center and family based as well as license exempt childcare providers;
- Provides targeted technical assistance to providers to fill unmet child care needs throughout the state, including but not limited to, infant care, special needs care and child care during non-traditional hours;
- Provides Child Care Basics Trainings and other workshops, including health and safety trainings, on a statewide level;
- Markets and facilitates training opportunities to ensure child care program professionals statewide have the opportunity to meet Child Care Licensing and Federal Office of Child Care training requirements;
- Provides technical assistance (TA) services to child care providers and programs with a strength-based approach throughout the state of NH and places an emphasis on targeted TA; and
- Provides culturally responsive services to families and child care providers from diverse language and cultural backgrounds.

b) How the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated.

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

1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

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

The Statewide Child Care Disaster Plan was developed in collaboration with the following partners:

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

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

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

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

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

checks for child care personnel. State life safety codes and local public health regulations also supersede licensing rules.

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

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

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

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

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

The BCDHSC worked with NH Emergency Services Unit, NH DOS HSEM, Child Care Aware of NH, ACROSS NH and the DHHS CCLU to establish procedures for coordinating the post-disaster recovery of child care services.

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

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

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

The BCDHSC also provided input into the CCLU rules around emergency preparedness for training and practice drills. The BCDHSC incorporated the emergency preparedness requirements for training and practice drills in the

license-exempt provider enrollment and monitoring rules. Note: volunteers are not cited in those rules. Prior to September 30, 2018, the BCDHSC and CCLU will collaborate to include guidance for child care programs to ensure that volunteers are apprised of emergency procedures.

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

By 9/30/2018, the plan will be posted at <https://www.dhhs.nh.gov/dcyf/cdb/publications.htm>

2 Promote Family Engagement Through Outreach and Consumer Education

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

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

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

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

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

2.1.1 Describe how the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language:

DHHS contracts with the Language Bank, a non-profit community-based organization that provides interpretation services in all languages required. The menu of languages is updated as the need changes, for example, when a new refugee population immigrates. Interpretation services are provided over the phone or face-to-face by appointment. DHHS District Offices have a regularly scheduled time block for language specific interpretation services; ALS interpreters or documents in Braille are also provided upon request.

Further support is offered through the DHHS website, which provides a tool for translating text into 90 languages. The client application, which can be translated, as needed, for financial assistance is already available in English, Spanish and Nepali in hard copy.

Child Care Aware of New Hampshire (CCAOH), NH's statewide Child Care Resource and Referral program, has 24/7 access to the Language Line, which utilizes interpreters to provide outreach and services to non-English speaking clients. CCAoNH schedules both phone and face-to-face appointments for limited or non-English speaking clients to ensure they can communicate effectively.

By contract, CCAoNH is required to have a Bilingual Outreach Specialist on staff who specifically works with Spanish-speaking families. The Bilingual Outreach Specialist is responsible for providing child care referrals and translation of collateral materials with information about the services provided by and through CCAoNH, including applications, referral packets, and others.

NH state-sponsored consumer education website, which is hosted and maintained by CCAoNH, is accessible in multiple languages through the Google translation service (<http://nh.childcareaware.org/>).

2.1.2 Describe how the Lead Agency or partners provide outreach and services to eligible families with a person(s) with a disability:

Department of Health and Human Services maintains TDD Access Relay at 800-735-2964 and the NH Relay 7-1-1 for individuals who are deaf or hard of hearing. CCAoNH provides outreach and services to clients with disabilities needing a child care referral by utilizing this service. If an American Sign Language interpreter is needed, CCAoNH accesses an interpreter for clients. A client who is blind is able to receive referrals and consumer education information over the phone. This phone number and service offerings are widely publicized to clients through the Consumer and CCAoNH websites, the Child Scholarship: Child Care Assistance pamphlet (Form 2527) along with many other resources materials and locations. An ALS interpreter or documents in braille are provided upon request. CCAoNH and all District Offices are accessible. Additionally, clients can request CART (Communication Access Realtime Translation) services at any location for both entities.

2.2 Parental Complaint Process

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

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

Parents can submit any complaints regarding licensed and license exempt (LE) child care providers and services, by phone, email or in-person (at DHHS District Offices) to the DHHS Child Care Licensing Unit in Concord. Information on how to file a complaint may be found at: <https://www.dhhs.nh.gov/oos/cclu/complaint.htm>.

Contact information for the Child Care Licensing Unit is below:

Child Care Licensing Unit
NH Department of Health & Human Services
129 Pleasant Street

Concord, NH 03301

Telephone: (603) 271-9025 or (800) 852-3345, ext. 9025

Weblink to E-Mail: <https://www.dhhs.nh.gov/oos/cclu/contact.htm>

This information is provided to parents on the CCAoNH website <http://nh.childcareaware.org/child-care-licensing/>.

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

All complaints regarding licensed and license-exempt child care providers and their services are accepted, logged, and processed at the location(s) listed in section 2.2.1. Upon receipt of the complaint the information is reviewed by the Licensing Coordinator for completeness of information, level of severity, applicability to the State Laws, jurisdiction of Child Care Licensing, and Child Care Licensing staff. If deemed appropriate (see criteria below) an investigation is opened.

A complaint investigation is conducted into a licensed child care provider by the CCLU when it meets the following conditions:

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

Further, the complaint needs to contain an allegation violation of in accordance with He-C 4002:

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

After the initial screening, the complaint is assigned to a Licensing Coordinator at the District Office level. This Coordinator ensures an onsite visit is conducted to further investigate the complaint. This visit is usually unannounced, except in some cases where a complaint is self-reported by the provider. In that case, the CCLU representative will ask the site contact to assemble certain staff members or documentation to further inform the investigative process.

The complaint process must be completed within 30 days, meaning both the investigation and the report. Complaint visits are second only to new program visits; unless the complaint is deemed serious then the complaint will take priority over new visits. Typically, a visit is conducted for every complaint when there is an allegation of a critical rule. If there are only non-critical rules alleged, CCLU will contact the provider by phone and follow-up at the next on-site visit. A CCDF LE provider is subject to a visit if there is any complaint about the safety of the environment or the treatment of children.

If CCLU determines there is preponderance of evidence, interpreted as more likely than not that the violation occurred, in a licensed provider location, a Statement of Findings is issued listing the violations found as a result of the investigation and any other violations found during the visit. The visit is considered a monitoring visit. The provider will receive an official Statement of Findings from the CCLU representative. This Report is subject to a 6-day waiting period before being posted online for public viewing. This waiting period allows the provider to dispute the accuracy of the report, not to demonstrate the corrective action taken. The licensed provider must document all corrective actions taken within the time period designated in the Statement of Findings. These actions are reported, by the program in a Corrective Action Plan and once accepted by the Unit, replaces the publicly posted Statement of Findings on the CCLU provider database, accessible through the DHHS/DEHS/CCLU website (<https://nhlicenses.nh.gov/verification/?facility=Y>) or through a link on the CCAoNH consumer education website (<http://nh.childcareaware.org/child-care-licensing/>).

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

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

Initially, all complaints for Un-Licensed Providers go through the same submission, screening and review process as the Licensed Provider as noted in section 2.2.1.

A complaint investigation is conducted on a license-exempt provider when the CCLU receives a complaint which meets the conditions specified in Section 2.2.1 and 2.2.2 and contains allegations of violations in accordance of Health and Safety Rules for CCDF Facility Based License-Exempt Child Care Providers, He-C 6916 or Health and Safety Rules for CCDF Family, Friend, or Neighbor License-Exempt Child Care Providers, He-C 6917.

License – exempt providers are subject to the same visitation process described in Section 2.2.2 for licensed providers, but instead of receiving a Statement of Findings they will receive a Monitoring Visit Report. To demonstrate the changes, corrections deletions or additions made as a result of a monitoring visit and associated complaint, the license-exempt provider submits a Program Improvement Plan (PIP).

LE Provider's Monitoring Reports and Program Improvement Plans are posted online following the same procedures as listed in Section 2.2.2.

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

Complete records of substantiated complaints on both licensed and license-exempt providers are maintained with the program's record while they are licensed, then up to four years after a program has ceased operating. After four years the complete record of closed programs is purged from the system.

CCLU maintains an in-house database known as "My License Office," which includes a history of founded complaint allegations for both licensed and license-exempt programs.

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

As discussed in Sections 2.2.1 through 2.2.3, all results from substantiated complaints against licensed and license-exempt programs are included on the Statement of Findings or the Monitoring Visit Report available on the public website, until said document is replaced with a completed and approved Corrective Action Plan or Program Improvement Plan, based on the license status of the program. A parent can also request a statement of findings for any substantiated complaint against a currently licensed or license-exempt program.

2.3 Consumer Education Website

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

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved are considered substantial changes and CCDF Plan Amendments will be required.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

DHHS contracts with CCAoNH to host and maintain the consumer education website. The website is a user-friendly, regularly updated site that meets best practices standards for Child Care Aware of America, National Association for the Education of Young Children (NAEYC) and National Afterschool Association (NAA). It incorporates resource buttons for use with tablets and smartphones to accommodate the increasing number of people who use these modalities.

This site offers a “How Do I?” tab that addresses frequently asked questions in addition to a search feature. The main page directs the consumer to different featured tabs or “buttons” that include child care search (online referral search), NH Professional Registry (online workforce history for users and training search), Child Care Licensing Unit, and Child Care Aware Training Academy and additional tabs specific for families, providers, resources, and data reports. A list of informative and related resources and links for both families and providers are provided on the main page of the website, with tabs specific to the various stakeholder groups as outlined below:

- The “Families” tab provides the following selections: Helping Children Grow, Quality Care Matters, Types of Child Care, Child Care Licensing, and Family Resources.
- The “Providers” tab provides the following selections: Helping Children Grow, Child Care Licensing, Professional Development, Child Care Training Academy (an online customizable training component), Annual Training Calendar, First Aid & CPR, Health & Safety Trainings, Smart Horizons Online trainings, and Provider Resources.

In addition, the main page includes a funding disclaimer and complaint policy, along with social media links to Facebook and Pinterest.

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

The website ensures non-English speaking families will have access to all resources by utilizing the Google translation service. This service is accessible by self-selecting the language choice button on the main page. This service translates the entire website navigation system and web-created pages into the chosen language. CCAoNH is in the process of further enhancing the access for non-English speakers by upgrading the linked

databases and other information with translation software or pre-translated documents. This will support compliance with state mandates and best practice guidelines.

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

CCAOH will contract with a website developer to redesign the Consumer Education website. The new website will be 508 compliant to ensure that it is accessible to individuals with disabilities. The work is anticipated to begin by September 30, 2018.

2.3.4 Lead Agency processes related to child care.

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

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

The links annotated here include information on the licensing process and the criteria for being a licensed or license-exempt program. The link can be accessed directly from the DHHS site or through the CCAoH consumer education website. Link to the licensing process on the DHHS website:

<https://www.dhhs.nh.gov/oos/cclu/forms.htm>.

Link to information on licensed and license-exempt child care, including rationale, on the DHHS website:
<https://www.dhhs.nh.gov/oos/cclu/quality.htm>.

- b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:

Link to this information on the DHHS website is: <https://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm> the

- c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.6:

The link to this information on the DHHS website is: <https://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm>.

2.3.5 List of providers

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

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

From the main CCAoH consumer website(<http://nh.childcareaware.org/>) the “child care search” button links to a searchable licensed provider database. It is necessary to create a profile prior to accessing the database. It can be reached directly at this link or through the CCAoH consumer education website.

<https://orm.naccraware.net/orm/ormLogin.action?uid=40QLIRZO4O2WSCD>.

- b) Which providers are included in the searchable list of child care providers:

- Licensed CCDF providers
- Licensed non-CCDF providers
- License-exempt center-based CCDF providers
- License-exempt family child care (FCC) CCDF providers
- License-exempt non-CCDF providers
- Relative CCDF child care providers
- Other. Describe: _____

b) Describe what information is available in the search results. Specify if the information is different for different types of providers:

Included in the search results are: a) provider's name; b) business name; c) address; d) phone number; d) website; e) type of care; f) ages served; g) days and hours of operation; h) financial assistance provided or accepted; and i) quality rating.

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

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

- Quality rating and improvement system

NH currently has three designations for quality child care: Licensed; Licensed Plus; and Accreditation (nationally accredited programs).

- Licensed programs include child care centers and family child care homes. The CCLU regulates quality based on ratio, group size, health, safety and training.
- A Licensed Plus designation indicates that a child care program has practices above and beyond required licensing standards. Programs that are Licensed Plus may be in the process of becoming nationally accredited.

- National accreditation:

We recognize National Accreditation as a level of quality within our QRIS.

- Enhanced licensing system

- Meeting Head Start/Early Head Start requirements

In option 2 of our Licensed Plus standards, programs can submit documentation of compliance with Head Start standards in lieu of submitting documentation for 15 out of 16 required standards. Programs also submit documentation of completion of a NH Early Learning Standards training.

- Meeting prekindergarten quality requirements

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

- Licensed CCDF providers. Describe the quality information:

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

Licensed non-CCDF providers. Describe the quality information:

The program's name, address, and quality rating (Licensed Plus or NAEYC accredited) is published.

- License-exempt center-based CCDF providers. Describe the quality information: _____
- License-exempt FCC CCDF providers. Describe the quality information: _____
- License-exempt non-CCDF providers. Describe the quality information: _____
- Relative child care providers. Describe the quality information: _____
- Other. Describe: _____

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available.

Certify by describing:

- a) How monitoring and inspection reports are in plain language. Include a website link to a sample monitoring report, or if reports are not in plain language, describe how plain-language summaries are used to meet the regulatory requirements. Include a link to a sample report and summary.

All monitoring reports include the licensing rule cited and the evidence found. The goal is for all evidence to be clear so that anyone reading the report has an understanding of what was found. The link to access child care program reports, "Child Care Search" is: <https://nhlicenses.nh.gov/verification/Search.aspx?facility=Y>. To access this search, child care must be selected under the required field "profession." The search then can be completed by entering just a zip code; additional identifying information can be added to narrow the search. The monitoring report can be found under "*Statement of Findings and Other Licensing Documents*" on the provider's report page. The Child Care Search link is easily accessible on the homepage of Consumer Education website by clicking on the button titles "Child Care Licensing": <http://nh.childcareaware.org/>.

- b) How monitoring and inspection reports and/or their plain-language summaries prominently display any health and safety violations, including any fatalities or serious injuries.

The most serious violation(s), including fatalities or serious injuries that occurred as a result of violations of rules, are listed first in the Statement of Finding and subsequent Corrective Action Report for licensed report and the Monitoring Visit Report and the Program Improvement Plan.

- c) The process for correcting inaccuracies in reports.

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

Dispute Resolution Process is available to licensed providers, which allows them to dispute findings within 14 days of the issuance of the monitoring history report: He-C 4002.11 Informal Dispute Resolution:

An opportunity for informal dispute resolution shall be available to any applicant, licensee or permittee who disagrees with a finding of violation made by the department, per RSA 170-E: 10-a.

A notice to the department requesting an informal dispute resolution shall be submitted in writing by the applicant, licensee, center director, or site director no later than 14 days from the date the statement of findings was issued by the department and shall include information and any additional documentation, if applicable, the applicant, licensee, or permittee believes is needed to show why the applicant, licensee, or permittee is not in violation as noted in the statement of findings issued by the department.

In accordance with RSA 170-E:10-a, written notice of the department's decision shall be provided to the applicant or licensee within 30 days from receipt of the request and receipt of any and all information from the applicant, licensee, or permittee.

An informal dispute resolution shall not be an option for any applicant, licensee, or permittee against whom the department has initiated a fine, conditional license, or action to suspend, revoke, deny, or refuse to issue or renew a license or permit.

An Appeals process is available to license exempt providers in accordance with He-C 6914.09, Appeals Process:

- (a) A child care provider may appeal a decision made by DHHS within 30 calendar days of the receipt of the notification when:
 - 1) The application for enrollment has been denied;
 - 2) Payments have been withheld;
 - 3) Enrollment has been terminated or not renewed; or
 - 4) The child care provider has been disqualified.
- (b) The request for an appeal shall be made in accordance with He-C200.
- (c) If the child care provider files an appeal in accordance with He-C 200 within 15 calendar days for the date on notification and requests continuation of a child care scholarship, then a child care scholarship shall continue at the established payment rate.
- (d) If the child care provider opted to continue to receive child care scholarship payment during an appeal, and the decision is upheld by the hearings officer, the provider shall repay to DHHS any payment made after the effective date on the letter notifying the provider of his or her non-renewal or termination.
- (e) If the hearings officer finds in favor of the child care provider, then the non-renewal or termination shall not take effect.

d) The process for providers to appeal the findings in the reports, including the time requirements.

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

- e) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports are posted within its timeframe.

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

f) How many years of reports that the state/territory posts on its website, if any, beyond the required minimum of 3 years, where available (98.33(a)(4)(iv)).

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

g) The policy for removing reports after a certain amount of time has passed (e.g., after 7 years).

Reports are currently removed after 5 years. In January 2019, reports will be removed after 3 years. CCLU staff reviews the information shared online every time they are in the database record of a program and makes reports nonpublic that fit the criteria. The same policy will pertain to CCDF license-exempt providers.

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

N/A

- License-exempt non-CCDF providers
- Relative child care providers
- Other. Describe:

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. The information on serious injuries and deaths should be organized by category of care and licensing status, however, Lead Agencies are not required to breakdown the instances of substantiated child abuse by category of care and licensing status.

Certify by providing:

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

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

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

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

CCLU does not make the determination whether or not the incident rises to the level of substantiated abuse; rather, child care licensing rule He-C 4002.25(e)(2), referencing corporal punishment as defined in He-4002.01(o), is cited for physical acts against a child. Licensing makes a referral to law enforcement when the mistreatment of children is severe enough that it may rise to the level of abuse and result in criminal

charges. Abuse and neglect are included, but not defined, in He-C 4002. CCLU uses the state definition under RSA 169-C:3:

II. "Abused child" means any child who has been:

- (a) Sexually abused; or
- (b) Intentionally physically injured; or
- (c) Psychologically injured so that said child exhibits symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect; or
- (d) Physically injured by other than accidental means.

CCLU rule states under He-C 4002.25(e) – Behavior Guidance and Treatment of Children - that:

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

- (1) Abuse or neglect children;
- (2) Use corporal punishment;
- (3) Attempt to control children's behavior by actions which are damaging to children, including but not limited to:
 - a. Requiring children to stand or sit facing walls or corners;
 - b. Verbally shaming children;
 - c. Belittling children;
 - d. Ridiculing children;
 - e. Yelling at children;
 - f. Name calling;
 - g. Making verbal threats to children;
 - h. Confining infants or toddlers in high chairs or other seating devices or equipment, which restricts their movement, as a disciplinary technique; and
 - i. Placing or confining children in equipment that is not appropriate for their age, including but not limited to cribs, playpens or highchairs;
- (4) Withhold food from children or forcibly feed children;
- (5) Discipline children for not eating;
- (6) Shame, humiliate, or discipline any child for toileting accidents or lapses in toileting habits;
- (7) Use isolation as a form of discipline;
- (8) Prohibit children from using the toilet as a form of discipline;
- (9) As a means of discipline, require children to:
 - a. Sleep or rest; or
 - b. Go to their cot, mat, crib, bed, or playpen or other sleeping or rest facilities; and
- (10) Discipline a child for not sleeping at rest or nap time.

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

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

- 1) Slapping;
- 2) Striking;
- 3) Shaking;
- 4) Shoving;
- 5) Spanking;
- 6) Pinching;
- 7) Twisting;

- 8) Kicking;
- 9) Biting;
- 10) Ear pulling or ear twisting;
- 11) Hair pulling;
- 12) Spraying with water as a means of controlling behavior;
- 13) Placing tape over a child's mouth;
- 14) Mechanical restraints, such as tying a child to a chair;
- 15) Rough handling;
- 16) Other forms of aggressive contact; or
- 17) Requiring or forcing a child to take an uncomfortable position such as:
 - a. Squatting;
 - b. Kneeling;
 - c. Standing, holding arms outstretched at sides or overhead;
 - d. Bending; or
 - e. Requiring or forcing a child to repeat physical movements.

License-exempt child care providers are subject to the same process as licensed child care providers. License-exempt child care providers rules He-C 6916-12 (k) or He-C6917-12 (k) are cited.

- c) The definition of "serious injury" used by the Lead Agency for this requirement.

Serious injury is defined as any injury while in the care of the program, including fractures, dislocations, stitches, second or third degree burns, concussions, loss of consciousness, or requires emergency medical treatment or hospitalization.

- d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

Link: <http://nh.childcareaware.org/child-care-licensing/>

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

BCDHSC contracts with CCAoNH to host and maintain the consumer education website. The site's main page directs the consumer to a NH's online child care referral searchable database of licensed and license-exempt (optionally) child care options through a linkable button.

Link: <https://orm.naccraware.net/orm/ormLogin.action?uid=40QLIRZO4O2WSCD>

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

CCAoNH website contains an "about us" tab which includes a "contact us" page. This page contains CCAoNH central phone number, regional office phone numbers or an option to email a question directly on the website. CCAoNH staff is available to answer questions Monday thru Friday, 8:00 am – 4:30 pm.

Link: <http://nh.childcareaware.org/contact/>

2.3.11 Provide the website link to the Lead Agency's consumer education website. <http://nh.childcareaware.org/>

2.4 National Website and Hotline

The CCDBG Act of 2014 required the U.S. Department of Health and Human Services to establish a national website at ChildCare.gov, which includes a ZIP Code-based search of available child care providers, provider-specific information about the quality of care and health and safety compliance, referrals to local CCR&R organizations, and information about child care subsidy programs and other financial supports available to families (658L(b)). Lead Agencies must also provide a description of how they will respond to complaints submitted through the national website and hotline (98.16(hh)).

2.4.1 Describe how the Lead Agency responds to complaints submitted through the national website and hotline regarding both licensed and license-exempt child care providers.

The NH CCLU process for responding to complaints submitted via the national website and hotline for both licensed and license-exempt child care providers is the same as for complaints received directly, as described in section 2.2.2.

2.4.2 Identify the designee responsible for receiving and responding to complaints submitted through the national website and hotline.

The Childcare.gov website provides a toll-free telephone number (800-852-3345) and in-state number (603-271-9025) for NH's CCLU, which receives and responds to complaints submitted via the national website and hotline.

2.5 Additional Consumer and Provider Education

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

In questions 2.5.1 through 2.5.4, certify by describing:

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

Information about the availability of child care services provided through CCDF and other programs for which the family may be eligible is made available through contracted services with CCAoNH and established partnerships with other community and state programs serving, or providing resources to, potentially eligible families, such as Spark NH, Early Childhood Advisory Council, which provides a link to resources for families (<http://sparknh.com/resources/for-families/find-programs-and-services/>). Information is also made available on the DHHS website (<https://www.dhhs.nh.gov/dcyl/cdb/index.htm>).

CCAoNH provides information by phone, email, in-person at the district offices through the NH Employment Program (NHEP) orientations and at various community meetings, events and on CCAoNH website, as follows:

- Information for families includes child care referrals specific to the family's needs and desires for child care, types of care available, and how to choose quality child care.

- Information and resources are provided to child care providers through professional development, training and targeted technical assistance.
- Information to the community and/or general public may include various early childhood resources, information and data relevant to early childhood.
- The CCAoNH website provides links to the DHHS website, which includes information about the NH Child Care Scholarship Program, billing and payment practices, and licensing rules and regulations.

DHHS strives to write materials at a 6th to 8th grade reading level and provides a translation feature that will translate information found directly on the website. DHHS has translation services available upon request for any documents linked on the website. This translation is also available for materials provided through CCAoNH.

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

Information regarding the full diversity of child care choices available is disseminated by the following partnerships:

- Child Care Aware of New Hampshire: www.nh.childcareaware.org
- DHHS Child Care Licensing Unit: <https://nhlicenses.nh.gov/verification/Search.aspx?facility=Y>
- 2-1-1 Support services of NH: <http://www.211nh.org/>

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

DHHS provides the required information about the following programs and benefits to families of eligible children, the general public and providers on the CCAoNH website: <http://nh.childcareaware.org/family-resources/>.

Information is also shared with families of eligible children through a DHHS online, universal application process for all assistance programs (“NH EASY Gateway to Services”: <https://nheasy.nh.gov/#/>) through:

- Each of the 11 district offices located throughout the state; and
- The DHHS website: <https://www.dhhs.nh.gov/dfa/index.htm>.

- X Temporary Assistance for Needy Families program: <https://www.dhhs.nh.gov/dfa/tanf/index.htm>
- X Head Start and Early Head Start programs: <https://www.dhhs.nh.gov/dcyl/headstart/index.htm>
- X Low Income Home Energy Assistance Program (LIHEAP): <https://www.nh.gov/osi/energy/programs/fuel-assistance/>
- X Supplemental Nutrition Assistance Programs (SNAP): <https://www.dhhs.nh.gov/dfa/tanf/emergency.htm>
- X Women, Infants, and Children Program (WIC): <https://www.dhhs.nh.gov/dphs/nhp/wic/index.htm>
- X Child and Adult Care Food Program (CACFP):
https://www.education.nh.gov/program/nutrition/child_adult.htm
- X Medicaid and Children’s Health Insurance Program (CHIP):
<https://www.dhhs.nh.gov/ombp/medicaid/index.htm>

X Programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA): Preschool Special Education: https://www.education.nh.gov/instruction/special_ed/preschool.htm and <http://ptan.seresc.net/blog/search-contacts-database/>
Family-Centered Early Supports and Services (Part C):
<https://www.dhhs.nh.gov/dcbcs/bds/earlysupport/index.htm>

2.5.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information. Information aimed at increasing knowledge on research and best practices concerning children's development is made available through contracted services, state partnership websites and printed materials. It is also provided through professional development, training and technical assistance.

The Consumer Education (CCAOH) website includes a page available to providers, families, and general public titled, Helping Children Grow. Information available on this page encompasses:

- The New Hampshire Early Learning Standards: a statewide resource for everyone who loves, cares for, and educates young children. The Standards provide essential information to support and enhance children's development and learning.
- Vroom: a website and app available for families and general public which includes over 1000 activities designed to help promote brain development. Early learning experts created Vroom tips to complement existing efforts within communities.
- Developmental Milestones: a link to the Center for Disease Control and Prevention website.
- Developmental Screening: Including information on EPDST and Watch Me Grow, NH's developmental screening, referral and information system for families of children ages birth to six years.

Additionally, CCAoNH includes resource pages for families and providers which link to all contracted services and state partnerships.

ACROSSNH maintains a website that is available to providers, families, and the general public that includes on the consumer resource page information about physical health and development, particularly healthy eating and physical activity, parent and family engagement and child care resources of school age children.

CCAOH and ACROSSNH provide training and technical assistance to child care providers aimed at increasing knowledge on research and best practices concerning children's development.

2.5.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.

Through a BCDHSC contracted partnership with the Preschool Technical Assistance Network (PTAN), providers and families have access to early childhood mental health consultation services that are individualized to meet the needs of the child or children via telephone, in person and resource and referral sharing.

PTAN maintains a website that is available to families, providers and general public that includes information about inclusive child care. Topics include information about the social-emotional development of children, positive interventions, as well as resources and tools to support families in responding to their child's social-emotional needs. New research and resources that promote children's social-emotional development are emailed to child care teachers and directors on a regular basis to support their ability to maintain all children in their program. Link: <http://ptan.seresc.net/blog/homenew/>.

ACROSSNH maintains a website that is available to providers, families, and the general public that includes on the consumer resource page, <http://www.acrossnh.org/consumer-resources>, information about social and emotional health and development, parent and family engagement and child care resources of school age children.

Links to both the PTAN and ACROSSNH website links can be found on the Consumer Education website provider and family resource pages:

Provider Resource page - <http://nh.childcareaware.org/provider-resources/>;

Family Resource page - <http://nh.childcareaware.org/family-resources/>

NH is the 28th Pyramid Model State with the national Pyramid Model Consortium. Key stakeholders in the state are working together to develop a sustainable infrastructure that will offer a more systematic approach to ensuring that those who work with young children have the capacity to and support families and strengthen social-emotional development in young children. Link:

<https://www.nhstudentwellness.org/pyramidworkspace.html>.

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

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

The policy must address at, a minimum:

- The steps the program will take to assist the child in maintaining enrollment prior to expelling the child for challenging behaviors.
- Parent notification requirements regarding their child's challenging behaviors; and
- The responsibility of the program if the challenging behavior results in a serious safety risk to the child or others within the program.

The written policy must be provided to parents at enrollment and can only apply when addressing a child's behavior. The expulsion policy is not inclusive of a parent's misconduct or the parent's failure to comply with other child care rules or laws.

As described in section 2.5.5, a BCDHSC contracted partnership with Preschool Technical Assistance Network (PTAN) supports providers and families to access early childhood mental health consultation services that are individualized to meet the needs of the child and are available by telephone, in person and resource and referral sharing.

The purpose of the contract is to provide a statewide program to support the inclusion of young children with special needs in child care programs serving children six weeks through five years of age. PTAN provides on-site and telephone consultation to child care programs, as well as group training to child care teachers and directors to promote the successful inclusion and prevent the expulsion or suspension of young children with special needs.

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

A brochure addressing best practices to prevent expulsion and suspension and the requirements child care programs must develop for a policy, as stated above, to address the limitation of expelling children is distributed widely via the CCLU, CCAoNH child care referral packet and PTAN.

2.6 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA),, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.6.1 Certify by describing:

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

Watch Me Grow, NH's development screening, referral and information system for children ages birth to six years and their families, provides: a) parental completed development screening using Ages and Stages Questionnaires (ASQ-3 and ASQ-Social-Emotional); 2) timely referrals to supports and services based on families' priorities and needs; 3) information for families on health, development, developmental milestones and red flags to development; and 4) tips for families on helping their children grow and learn. Data on developmental screening activities, outcomes and referrals are collected via the Watch Me Grow/Wellgent data system. Information on Watch Me Grow is disseminated in multiple ways, including: 1) distributing brochures at all key early childhood-related state events (conferences, training sessions, meetings, etc. as well as through Family Resource Centers throughout the state that serve as hubs for the system; 2) offering information during presentations/training sessions (e.g., DCYF staff orientation, Spark NH); 3) linking families, providers and the general public to the Watch Me Grow website (www.watchmegrownh.org); and 4) including the link for the Watch me Grow website on the websites for other organizations, as well as on our Consumer Education Website (<http://nh.childcareaware.org/resources>). Additionally, more than 90 organizations throughout the state (including child care programs and preschools) that are formal Watch Me Grow partners either offer development screening and information directly to families or refer them to a Family Resource Center Watch Me Grow hub in their area.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

A link to information on EPSDT is provided on the Consumer Education website (<http://nh.childcareaware.org/helping-my-child-grow/>). Watch Me Grow provides information on, and referrals, to Part C and Part B/619 in NH based on results of screening. NH's Part C program, Family Centered Early Supports and Services, co-funds Watch Me Grow, which satisfies in part its child find requirements. In NH, there is no statewide system for referrals to Part B/619 through the Department of Education. Individual school districts are responsible for carrying out child find activities. However, Watch Me Grow outreaches to school districts to inform them about system and how they can become a Watch Me Grow partner, which numerous districts have done to date.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

Families receive a Notice of Decision regarding their eligibility for Child Care Scholarship. By September 30, 2018, this notice will include a statement on developmental screening, with a link to Watch Me Grow.

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

The Watch Me Grow system is universal (i.e., all young children from birth to age six years can access screening at no cost to the family), and families and early childhood professionals are encouraged to ensure that children are screened “early and often” according to the ASQ screening intervals. Families can access development screening online through the Watch Me Grow website, or connect with a Family Resource Center for a paper copy of the screening tools and/or assistance with completing the tools.

e) How child care providers receive this information through training and professional development.

Training and professional development are available to child care and other early childhood professionals via CCAoNH and the Watch Me Grow System. Family Resource Centers contracted through DCYF to provide Watch Me Grow activities to families also offer training on developmental screening, red flags to development, resources for families and the Watch Me Grow system itself.

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

By September 30, 2018, the BCDHSC will complete the Watch Me Grow Implementation Guide, which will be posted on the DHHS and Watch Me Grow websites.

2.7 Consumer Statement for Parents Receiving CCDF Funds

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

2.7.1 Certify by describing:

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

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

The NOD includes a link to the Consumer Statement found on the Consumer website.

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

The Consumer Statement is available to families via the Consumer Education website and NOD. Included in the statement are:

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

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

<http://nh.childcareaware.org/wp-content/uploads/2018/03/3.18-Consumer-Statement-FINAL.pdf>.

3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

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

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

3.1 Eligible Children and Families

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

3.1.1 Eligibility criteria based on a child's age

a) The CCDF program serves children from birth (weeks/months/years) to 12 years (through age 12). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

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

No

Yes, and the upper age is one day before the child's 18th birthday (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical or mental incapacity:

A child aged 13 through the age of 17 who has a verified medical, physical, developmental, educational, or emotional condition which limits the child's ability to care for himself/herself, or he/she would cause harm to himself/herself or others without supervision as verified on Form 2690, Verification for a Child Experiencing Significant Special Needs.

Children cannot be found initially eligible for NH Child Care Scholarship at age 13. NH Child Care Scholarship terminates for children turning 13 years old at the end of their 12-month eligibility period.

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

No

Yes, and the upper age is one day before the child's 18th birthday (may not equal or exceed age 19).

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

“residing with”: The parent is in the household, except for temporary absences, while the child remains financially supported by the parent.

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

3.1.2 Eligibility criteria based on reason for care

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

“Working”: Working means that the parent is participating in an activity that is designed to assist them in entering, re-entering, or remaining in the workforce, including paid internships, performing duties for VISTA, employment, job search, training leading to employment, Basic Education or activities approved by the NH Employment Program, such as workplace training, barrier resolution or job readiness. Employment hours include one hour of commute time per day of work each week, rest time for the parent who works any four or more hours between 10 PM and 6 AM, and Job Search means that the person is seeking employment in compliance with NHEP requirements, by virtue of being registered with the NH Job Match System or in accordance with unemployment benefits. No minimum number of hours is required.

“Job training”: Any post-secondary training that is preparatory to employment.

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

- For TANF clients who are not receiving NHEP, requirements 1-4 above apply, but the degree may be at the associate or bachelor's level.
- For NHEP participants, the secondary education must be approved on the client's Employability Plan, but acceptable degrees are not indicated.
- For parents receiving TANF Basic Education includes remedial, basic, and alternative education that leads to a high school diploma or equivalent or increases literacy levels. Acceptable programs include high school, General Education Development, English as a Second Language, and Alternative Basic Education. No minimum number of hours is required. Study time equal to one hour for every classroom hour within a week is allowed. Commute time is allowed per unique number of hours child care is needed per week.

“Attending job training or education” (e.g., number of hours, travel time): No minimum hours are required when attending approved training or education. Commute time is allowed per unique number of hours child care is needed per week. Study time equal to one hour for every classroom hour within a week is allowed.

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

No. If no, describe the additional work requirements:
 Yes. If yes, define the job-search time limit, keeping in mind a minimum of 3 months is required to be provided when a parent experiences a non-temporary loss or cessation of eligible activity:

Job Search is available for initial and continuing eligibility for up to a 92-calendar day period. Job Search can be authorized whenever another approved employment related activity occurs in between the next job search request or six months has lapsed after job search ends with no other approved employment related activity.

c) Does the Lead Agency consider engaging in a job search or seeking employment an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination (must provide a minimum of 3 months)?

No.
 Yes. If yes, describe the policy or procedure.

The NH Child Care Scholarship Program allows parents at initial eligibility and redetermination to actively seek employment or parent(s) experiencing homelessness to actively seek employment and housing in the same week. Job Search cannot exceed 92 calendar days.

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

No.
 Yes. If yes:

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

Protective child care is a court-ordered service authorized by a DCYF social worker. It may be provided to children in foster care while the foster parent is working or to children who remain in the parent's home and the family is involved in a founded report of abuse or neglect pursuant to RSA 169-C:3 XII-a. In the latter case, protective care relieves parents of stress of continuous child care and gives parents the opportunity to correct their abusive or neglectful behavior. NH has another service called preventive child care aimed at preventing child abuse and neglect by offering services before the escalation to protective services. Preventive child care is authorized for children who remain in the parent's home. Families create a case plan with their local Family Resource Center for short term child care to address issues that lead to abuse and neglect.

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

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

No
 Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (658E(c)(5))?

No
 Yes

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

No
 Yes

3.1.3 Eligibility criteria based on family income

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?
The total monthly monies received before taxes and other deductions.

b) Provide the CCDF income eligibility limits in the table below. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children).

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

Family Size	(a) 100% of SMI (\$/Month)	(b) 85% of SMI (\$/Month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) (\$/Month) Maximum "Entry" Income Level if Lower Than 85% of Current SMI	(d) (IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	4,436	3,771	2,211	50%
2	5,801	4,931	2,978	51%
3	7,166	6,091	3,744	52%
4	8,531	7,252	4,510	53%
5	9,896	8,412	5,277	53%

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

d) SMI source and year

LIHEP-IM-2017-03 dated June 26, 2017 US DHHS ACF Office of Community Services Division of Energy Assistance.

e) What was the date that these eligibility limits in column (c) became effective?

7/10/2017

f) Provide the citation or link, if available, for the income eligibility limits.

<https://www.dhhs.nh.gov/dcyy/cdb/documents/form-2532.pdf>

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

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

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

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

No.

Yes. If yes, please identify the policy or procedure:

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

N/A

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Examples include partnering with Head Start, prekindergarten, or other high-quality programs to create a package of arrangements that accommodates parent's work schedules; providing more intensive case management for families with children with multiple risk factors; and including in the eligibility determination process a question about whether a child has an Individualized Education Program or Individual Family Service Plan. Describe the Lead Agency's policies and procedures that take into consideration children's development and learning and that promote continuity of care when authorizing child care services.

- BCDHSC partners with Head Start and utilizes a DCYF/Head Start Memorandum of Agreement to enable wrap-around services for children who are enrolled in Head Start for part of the day to attend child care for a remaining portion of the day. The agreement specifies that child care programs may bill the NH Child Care Scholarship Program for the full day rate for children who attend Head Start for part of the day and then attend child care the rest of the day.
- For children receiving Preventive care, the family must have a family service plan which focuses on barriers, needs of the child, and goals which is developed with the both family and worker input.
- For children receiving Protective services, the NH Child Care Scholarship Program covers the cost share and copayment amount in order to remove any financial barriers and to improve continuity of care.
- NH pays a special need differential to child care providers on behalf of eligible children, which is intended to be used for accommodation or classroom adaptation in the child care setting. The cumulative effect of these weekly payments for a child can increase continuity of specialized care received in a particular child care program.
- NH distributed approximately 10,000 copies of the Early Learning Standards statewide to provide essential information to support and enhance children's development and learning.

3.1.7 Graduated phase-out of assistance.

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

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out by implementing 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
- ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a low-income family
 - (B) Provides justification that the second eligibility threshold is:

- (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
- (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)).

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

- a) Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.
 - N/A—The Lead Agency sets its initial eligibility level at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
 - The Lead Agency sets the second eligibility threshold at 85 percent of SMI.
 - Describe the policies and procedures.
 - Provide the citation for this policy or procedure.
 - The Lead Agency sets the second eligibility threshold at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.
 - Provide the second eligibility level for a family of three. ≤\$4255.00/month
 - Describe how the second eligibility threshold:
 - i. Takes into account the typical household budget of a low-income family:

Sources reference NH as having one of the highest State Median Income (SMI) levels in the country, repeatedly ranking NH anywhere from first to fourth in the nation over the past five years. For a family of three, the SMI is \$84,417 and \$100,496 for a family of four. NH also has a very low unemployment rate at 2.8% in July 2017 (Bureau of Labor Statistics). In the 2017 Priorities Report, the Office of Child Care recognizes that New Hampshire has the lowest percent of children ages 0-12 in poverty in the nation, 46% of who are receiving CCDF.

According to the research of the National Center for Children in Poverty at Columbia University (<http://www.nccp.org>, 2015), on average, families need an income of about twice the federal poverty threshold to meet their most basic needs. A typical low-income family of three has an income of \$20,420. The NH Child Care Scholarship Program will serve this same family until their income exceeds \$51,050, an excess of \$10,210.

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

NH's GPO eligibility range is greater than 220% of FPG and less than or equal to 250% of FPG. This allows families to be determined eligible at higher incomes than most other states. For example, a family of three can meet initial eligibility for the NH Child Care Scholarship Program with an annual income of \$44,924 and could remain eligible for a 12-month GPO period with

income up to \$51,050. Having a high eligibility threshold such as this, helps prevent parents from passing up job opportunities in order to retain NH Child Care Scholarship.

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

NH’s 7-step system allows eligible families to remain within a step or move from step-to-step while accommodating very high percentages of income increases. NH ensures that a small increase in earnings will not result in families becoming ineligible for assistance before they are able to afford the full cost of care. For example, a family of three that enters at the maximum Step 1 ($\leq 100\%$ of FPG), can remain eligible for the NH Child Care Scholarship Program with an increase in income of 150%. NH’s GPO, Step 7, accounts for 30% of this income increase.

When considering another example of progressing from step-to step within the system, it would take an increase in income of 18.75% for a family of three to move from the lowest level of Step 4 to the lowest level of Step 5 or a 15.79% increase in income to move from the lowest level of Step 5 to the lowest level of Step 6. When a parent is in low-wage employment, it is very unlikely that typical pay increases will cause a step change at redetermination.

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

NH has decreased reporting requirements of families significantly during the current Plan cycle. Families are not required to report income changes unless it is a benefit to do so. While in GPO, NH chose not to exercise the option to increase cost share when a family experiences an increase in income.

- iv. Provide the citation for this policy or procedure:

FAM Policy Section 900 and 935 and Employment Related Child Care Scholarship Eligibility Rule He-C 6910.06(b). A Division of Housing and Economic Stability Policy Directive dated 5-4-18 was distributed statewide to Family Service Specialists to clarify that Graduated Phase Out (GPO) is not limited to one 12-month eligibility period.

- b) Does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

- No
- Yes

- i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.
- ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)
 - No.
 - Yes. Describe:

3.1.8 Fluctuation in earnings.

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

Describe the Lead Agency's policy related to the fluctuation in earnings requirement, including how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

Income is annualized at initial eligibility and at redetermination for NH Child Care Scholarship. When a parent indicates that the current income does not reflect the total family income of the next 12-month period or the parent has irregular fluctuations in earnings over the course of a year, typically due to gaps in employment from month-to-month or season-to-season or availability of work, income may be annualized over 12 months to better reflect the family's annual income. The Family Service Specialist must ask the parent if the family income fluctuates throughout the year.

3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

X Applicant identity. Describe:

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

X Applicant's relationship to the child. Describe:

DHHS requires one or more of the following:

- The child's birth record containing the name(s) of his/her parent(s); the adult's birth record;
- A marriage certificate containing the names of the parties who were married, including any maiden or previous names used;
- Any additional birth or marriage records necessary to show the relationship of the child(ren) to the adult(s) in the assistance group;
- For a legal guardian, the court documentation indicating the relationship of the adult to the child as that of a legal guardian; or
- For a caretaker relative, one or more of the following documentation: (a) a court order giving the caretaker relative the duty of care, custody, and supervision of the child; (b) a document showing power of attorney for the child(ren) by the caretaker relative with whom the child(ren) lives; or (c) a statement from the child's parent(s) that the caretaker relative is the individual who shall provide care and supervision for the child on his/her behalf.

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

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

- His/her birth certificate; identification which contains a picture of the individual;
- For a legal name change, the court documentation showing the legal name of the individual and the date the name change took effect.

The date and place of birth of each child in the assistance group for which the parent is requesting the benefit of a NH Child Care Scholarship must be verified by one or more of the following documents:

- His/her birth certificate;
- His/her baptismal certificate; or
- His/her US passport. When a child was not born in the US but has either become a US citizen or been lawfully admitted to the US, his/her birth record and one or more of the following documents shall be submitted to verify date and place of birth and citizenship status: his/her certificate of citizenship or naturalization; or the following US Immigration and Naturalization Service (INS) forms or documentation: (a) INS Form I-551, Permanent Resident card; (b) INS Form I-327, Re-entry Permit; (c) INS Form I-94, Arrival Departure Record, stating that the person has been admitted to the US as a refugee under Section 207(c) of the Immigration and Nationality Act; (d) INS Form I-94, Arrival Departure Record, stating that the person has been admitted to the US as an asylee under Section 208 of the Immigration and Nationality Act; or (e) Documentation from INS that the person has lawful temporary or permanent resident status under Section 201 or 302 of the Immigration Reform and Control Act.

X Work. Describe:

To document work, DHHS requires: paystubs that indicate the type of income, the gross amount, frequency and source of payment or a statement from the employer indicating start date, expected weekly hours and expected earnings or for self-employment, a parent's current profit and loss statement or the entire IRS tax filing from the previous year.

X Job training or educational program. Describe:

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

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

X Family income. Describe:

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

X Household composition. Describe:

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

- His/her full name, including maiden name, if applicable, and any other names used previously;
- His/her date and place of birth;
- His/her current address;
- A description of the current household composition, such as whether the family lives independently, or with a relative(s) or others, is homeless, or if the child(ren) living with him/her is a foster child.

X Applicant residence. Describe:

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

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

X Other. Describe:

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

where the individual attends the training or educational program stating that the individual is still considered enrolled by the institution.

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

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

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

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

Time limit for making eligibility determinations. Describe length of time:

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

Track and monitor the eligibility determination process

Other. Describe

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

None

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

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

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

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

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

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

DHHS, Bureau of Family Assistance.

- b) Provide the following definitions established by the TANF agency:

- “Appropriate child care”:

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

- “Reasonable distance”:

Means the distance of the available child care provider from the 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.

- “Unsuitability of informal child care”:

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

- “Affordable child care arrangements”:

Ensure equal access and can be maintained without undue financial hardship to the family.

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

In writing

Verbally

Other. Describe:

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

3.2 Increasing Access for Vulnerable Children and Families

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

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

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

a) How does the Lead Agency define “children with special needs” and include a description of how services are prioritized:

A child experiencing significant special needs means a child through the age of 17 who has a verified medical, physical, developmental, educational and/or emotional disability requiring additional funds for accommodation or classroom adaptation in the child care setting, and children receiving preventive or protective NH Child Care Scholarship.

DHHS prioritizes these children by providing a differential payment to child care providers who certify that they need additional funds to care for a child experiencing significant special needs and that a physician, physician's assistant, advance practice registered nurse, licensed mental health professional or a SAU Special Education Director or Area Agency Director certifies that a child's significant special need requires additional support. For a child age 13 through 17 years of age, the physician, physician's assistant, advance practice registered nurse, licensed mental health professional must certify that the child's condition limits the child's ability to care for himself/herself or he/she would cause harm to himself/herself or others without supervision. The payment is made weekly based on the child's full time, half time or part time attendance. The weekly differential payment for full time attendance is \$50, for half time attendance is \$30, and for part time attendance is \$15. These children receive the same eligibility priority as other CCDF-eligible children. Children receiving preventive or protective child care or who are within 90 days of transitioning out of preventive or protective child care are exempt from a wait list when the parent applies for employment-related NH Child Care Scholarship. Cost share may be waived for these families on a case-by-case basis. Child care providers who are serving children with special needs may receive specialized technical assistance to their program at no cost with the express intent of including children in the program and preventing suspension and expulsion.

b) How does the Lead Agency define of “families with very low incomes” and include a description of how services are prioritized:

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

Families in the first category would be placed on the high priority wait list, when one is in effect, where they will be released twice as quickly as those families on the non-priority wait list. Families in the second category are guaranteed to receive NH Child Care Scholarship.

c) Describe how services are prioritized for children experiencing homelessness, as defined by the CCDF:

- Families who meet the McKinney-Vento definition of homelessness are eligible for Expedited Child Care to improve access to child care services.
- Expedited child care must be determined within 7 calendar days of the date of application with a final eligibility decision made within 30 calendar days.
- The child's care provider must be a currently enrolled DHHS child care provider.

- Expedited child care is allowed with only a person's self-attestation of homelessness and that the parent is participating in employment, training, education or job search as verification.
- The parent does not need to verify income or complete Form 1863 "Provider Verification" to be eligible for expedited child care.
- NH requires FSS to ask a family if they meet the McKinney-Vento definition of homelessness, if they report they live in a home or apartment. Families are prompted to respond to this question when applying online through NH EASY.
- FSS are trained to inform families of the opportunity to receive expedited child care to improve access to child care services. In addition, Child Care Aware of New Hampshire, statewide Child Care Resource and Referral (CCR&R) participates in the Homelessness Task Force and listens for indications of homelessness when doing referrals for families. They are familiar with expedited child care and will also refer families experiencing homelessness to other resources and programs that might benefit them. If they identify a family as homeless, they track it in their referral database. The Child Care Licensing Rules He-C 4002.17(a) provide families experiencing homelessness and children in foster care 60 days to obtain immunization records.

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

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

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

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

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

provider must be a currently enrolled DHHS child care provider. Once expedited child care eligibility has been determined, a New HEIGHTS (eligibility data system) generated notice is sent to both the parent and currently enrolled child care provider indicating child care is authorized for 30 calendar days.

b) Describe the procedures to conduct outreach for children experiencing homelessness (as defined by the CCDF) and their families.

In the renewal of the CCAoNH contract in 2017, a requirement was added regarding training and technical assistance to help providers identify and serve children and families experiencing homelessness. Sessions of the trainings titled "Working With Homeless Youth," "Understanding Homelessness and its Impact on Children and Families," and "Strengthening Families Experiencing Homelessness" are offered. During Leadership Collaboratives presented by Child Care Aware of NH, the topic of homelessness has been discussed and resources have been provided to child care program directors. At several of these sessions, a Homeless Outreach Specialist or a school district homelessness liaison talked about their work and the services for families experiencing homelessness that are offered through their agencies or communities.

CCAoNH has created a TA Initiative titled *Homelessness Identification and Assistance*. Training and TA staff from CCAoNH provides intensive TA around homelessness to child care providers through this initiative.

The ACROSS NH contract also includes a requirement that training on homelessness is provided. The contractor has provided trainings entitled "Afterschool –Summer Concerns: Homelessness and Hunger" and "Afterschool – Working with Children and Families Experiencing Homelessness."

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

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

Several CCAoNH staff attended trainings about homelessness, including "Bridges Out of Poverty" presented by Prudence Pease (a certified Bridges Out of Poverty facilitator). Some staff also attended a poverty simulation through Child Care Aware of America to experience the potential effects of homelessness. As a result of these trainings, the CCAoNH staff is better equipped to support child care providers and the families they serve. Additionally, when the CCAoNH staff members provide child care referrals to families with children from birth through age 12, they are better able to identify families as homeless and provide resources such as family resource centers, homeless shelters, soup kitchens, etc. to these families.

Additionally, NH DHHS, Division of Family Assistance District Office staff who works with families to determine eligibility for the NH Child Care Scholarship Program have received training on identifying and serving children and their families experiencing homelessness.

The Homelessness Task Force created a brochure "Are You In Temporary Housing And Do You Need Child Care?" for families. This brochure is distributed to a variety of stakeholders and partners (e.g., CCAoNH, DHHS District Offices, child care providers, Homeless Liaisons and others).

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

3.2.3 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply

with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(i)(I); 98.41(a)(1)(i)(C)).

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

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

Children experiencing homelessness (as defined by CCDF).

Child Care Licensing Unit's Rules He-C 4002 permits children experiencing homelessness to enroll in a child care program without immunizations documentation. Families are allowed 60 days to obtain and provide documentation of immunizations from the first day of the child's attendance at the program.

Provide the citation for this policy and procedure.

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

Children who are in foster care.

Child Care Licensing rules permit a child in foster care to enroll in a child care program without immunizations documentation. Families are allowed 60 days to obtain and provide documentation of immunizations from the first day of the child's attendance at the program.

Provide the citation for this policy and procedure.

Documentation of immunizations can be located in the Child Care Licensing rule [He-C 4002.17](#) Child Health Requirements and Communicable Disease Issues. DCYF Policy 1651 Health Care Planning for Children in Placement and DCYF rule He-C 6446.20 Health Care for Children in Care.

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

BCDHSC contracts with CCAoNH to host and maintain the BCDHSC Consumer Education website. This website includes wellness and safety resources for families. The BCDHSC Consumer Education website address is included on the cover of the referral packet that all eligible families receive. In addition outreach specialists provide support to eligible families.

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

No.

Yes. Describe: _____

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

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

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; any changes in age, including turning 13 years old during the 12-month eligibility period; and any changes in residency within the state, territory, or tribal service area.

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

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

be authorized for the NH Child Care Scholarship Program for additional 12-month eligibility periods. When a child returns home to their family during a 12-month eligibility period, this is considered a new episode of need. The parent must apply for NH Child Care Scholarship and, if determined eligible, will receive a new 12-month eligibility period.

- When a Preventive child care case closes, a parent will receive up to 92 calendar days of Job Search to engage in employment or training/education. If the parent engages in employment or training/education, eligibility continues for the remainder of their 12 month eligibility period. If at the end of the 92 calendar day Job Search period, the parent has not engaged in employment or training/education, the child care case will close.
- BCDHSC and DCYF will create a process and procedures by September 30, 2018 to ensure 12-month eligibility for Preventive child care. This process will include changes in rules, policies and systems, as well as training of DHHS staff and DHHS contracted Family Resource Center staff.

b) How does the Lead Agency define “temporary change?”

Up to 92 calendar days.

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

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

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

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

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

- a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?
 - No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program.

X Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

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

NH terminates assistance prior to the end of the 12-month eligibility period only following the non-temporary loss of work or cessation of attendance at a job training or educational program and after providing a 92 calendar day period of job search. NH requires a period of employment or training between job search activities. Job search can be authorized each time a parent has been approved for an employment related activity between the next requested job search. If there is no approved employment related activity then job search cannot be authorized again until 6 months has lapsed from the last date of the authorized job search limit. Documentation or verification of job search activities during the 92 calendar day period is not required. The authorized level of service will remain as determined at eligibility or redetermination. Family cost share will be decreased when a parent reports a loss or decrease of income.

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

When there is a permanent loss of employment or cessation of training or educational program during the 12-month eligibility period, a 92 calendar job search is allowed without verification requirements for each parent.

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

93 calendar days.

- iv. Provide the citation for this policy or procedure.

a)

BCDHSC policies and procedures for a minimum 3-month period of job search can be found in the Employment Related Child Care Scholarship Eligibility rule He-C 6910.10, He-C 6910.13 and the FAM 900 NH Child Care Scholarship, FAM 921.01 Continued Eligibility for Employment, FAM 923.02 Continued Eligibility for Job Search during the 12-Month Eligibility Period, and FAM 925.03 Continued Eligibility for Training/Education and Basic Education.

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

- Not applicable.
- Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.
 - i. Define the number of unexplained absences identified as excessive: _____
 - ii. Provide the citation for this policy or procedure: _____

X A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure:

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

Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

DHHS has a Special Investigations Unit established to collect intentional misspent monies. BCDHSC also collects intentional misspent monies from enrolled child care providers. BCDHSC policies regarding policies and procedures for Recoupment and Overpayment can be found in the Employment Related Child Care Scholarship Eligibility rule He-C 6910.20.

3.3.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

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

No
 Yes

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

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

Additional changes that may impact a family's eligibility during the 12-month period. Describe:

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

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

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

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

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

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

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

- Phone
- Email
- Online forms
- Extended submission hours
- Other. Describe:

NH has an online application system called *NH EASY*, where clients can create an account which allows them to apply for assistance, complete redeterminations, report changes to their case and read notices online. The system is available on-line from 6:00 AM until 12:00 AM (Midnight), Monday through Sunday. There is a single application for cash assistance, medical coverage, food stamps, child care assistance, Medicare beneficiary assistance, and community long term services and supports. Programs of assistance are linked in the New HEIGHTS eligibility system so that reported information is used across programs. Applicants or clients may upload verification documents into the *NH EASY* on-line system or mail them into the Central Scanning Unit, which scans and uploads them into the client's e-folder. Verifications can also be submitted to the District Office in person, by fax, email or mail and will be uploaded into the client's e-folder. FSS are notified when documentation is received in the e-folder and have 10 days to act on information received. Through *NH EASY*, clients are able to view when a document has been received and uploaded and the status of the document, processed or unprocessed, within 3-5 days.

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report.
No other changes apply.

- ii. Provide the citation for this policy or procedure. N/A

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

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

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

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

Reporting requirements for the NH Child Care Scholarship Program have been reduced. A parent is only required to report the following changes within 10 calendar days of the date the change occurs:

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

BCDHSC policies and procedures for not unduly disrupting employment can be found in FAM 900 NH Child Care Scholarship, FAM 901.01 Application Process for NH Child Care Scholarship, FAM 905 Length of Eligibility, FAM 909 Reporting Changes in NH Child Care Scholarship, and FAM 911 Redetermination of NH Child Care Scholarship.

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

Mail
 Email
 Online forms
 Fax
 In-person
 Extended submission hours
 Other. Describe:

- Via *NH EASY*, an online application system as described in section 3.3.3 c.
- New HEIGHTS and *NH EASY* both automatically cross-check the clients' SSN (if provided) with their name and date of birth. FSS may also verify birth records through access to NH Vital Records. Client income can be verified through the Work Number, through NH Employment Security to verify unemployment compensation or through a data exchange with the Social Security Administration to verify Social Security Income or State Supplemental Income.
- When a client is receiving both Food Stamps and the NH Child Care Scholarship, the National Directory of New Hire Information can be used to automatically verify a client's employer.

- FSS are also able to make collateral contacts to obtain other verifications. Clients may complete an application over the phone or obtain application forms on line, or by phone or in person at the District Office.
- Applications or redeterminations may be submitted via fax, email, mail, or in person at the District Office. Telephone applications or redeterminations utilize a phone signature.
- Clients may report changes via *NH EASY*, over the phone (24/7), or in writing.
- Clients will receive notification within five days if further verification is needed. Any other documents that the client wishes to or must submit during the 12-month eligibility can be submitted electronically, by mail, or telephone and does not require a trip to the District Office.
- BCDHCS Policy citations may be found in the NH Family Assistance Manual (FAM) 161, 161.01, 901, 901.01, 905 and 911.

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies *only* to families in their initial/entry eligibility period. See section 3.1.4 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest "Entry" Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest "Entry" Income Level Before a Family Is No Longer Eligible	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	\$1	\$.05	4.75%	\$2,211	\$375.87	17%
2	\$1	\$.05	4.75%	\$2,978	\$506.26	17%
3	\$1	\$.05	4.75%	\$3,744	\$636.48	17%
4	\$1	\$.05	4.75%	\$4,510	\$766.70	17%
5	\$1	\$.05	4.75%	\$5,277	\$897.09	17%

- b) What is the effective date of the sliding-fee scale(s)? July 10, 2017
- c) Provide the link to the sliding-fee scale: <https://www.dhhs.nh.gov/dcyl/cdb/documents/form-2532.pdf>
- d) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)). N/A

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

- The fee is a dollar amount and:
 - The fee is per child, with the same fee for each child.
 - The fee is per child and is discounted for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional fee is charged after certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:
- The fee is a percent of income and:
 - The fee is per child, with the same percentage applied for each child.
 - The fee is per child, and a discounted percentage is applied for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional percentage is charged after certain number of children.
- The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: N/A
 - Other. Describe:

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

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

No.

Yes, check and describe those additional factors below.

- Number of hours the child is in care. Describe:
- Lower co-payments for a higher quality of care, as defined by the state/territory. Describe:
- Other. Describe:

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

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$.
- Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation.

NH Child Care Scholarship Program payments for Preventive child care are based on the DHHS NH Child Care Scholarship Standard Rate methodology pursuant to He-C 6910.17 (a)-(f) except that DHHS does not subtract the family's costs from the DHHS Weekly Standard Rate. The family support agency does not authorize any additional child care fees or co-payments in addition to or that exceed the DHHS NH Child Care Scholarship Weekly Standard Rate. NH Child Care Scholarship for payments for Protective child care are based on the DHHS Weekly Standard Rate as described above and the difference between the Weekly Standard Rate and the child care provider's actual charge, if requested. Preventive and Protective Child Care Eligibility rule He-C 6912.07.

Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation..

3.4.5 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 (98.45(b)(5))?

No.

Yes. If yes:

- a) Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

Inherent in the culture of NH is that residents value freedom and choice in how to live and work in the state. For over 30 years, NH has allowed DHHS enrolled child care providers to have the choice to charge the family the difference between the DHHS paid amount and their actual charge. If the BCDHSC

required child care providers to accept the DHHS weekly standard rate as payment in full, it would be considered an unwanted directive and as a result DHHS could lose providers' participation in the NH Child Care Scholarship Program. Parent access and choice is valued and the BCDHSC does not want to limit access to higher quality child care programs because of increased regulation. The DHHS Commissioner, Legislature, and Governor would not likely support this as a business practice. NH will be implementing changes that address both child attendance and program closure allowances that will benefit child care providers by supporting fixed costs of care.

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

According to the 2016 New Hampshire Early Care and Education Market Rate Survey, 51.16% of licensed child care providers charged families the cost share and 24.56% charged families the difference between the DHHS maximum weekly standard rate and the actual charge (co-payment).

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

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

According to NACCRRAware, a module within the National Data System for Child Care (NDS) through Child Care Aware of America, as of 5/11/2018, 697 DHHS enrolled child care programs participated in the NH Child Care Scholarship Program. Of those 697 programs, 8 did not charge the family the cost share; 18 did not charge the family the co-pay and 5 programs did not charge the family either the cost share or the copay amount.

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

- c) Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

By 9-30-2018 the BCDHSC will have data from the New Hampshire 2018 Market Rate Survey to respond to this question.

3.4.6 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds? Check all that apply.

- Limit the maximum co-payment per family. Describe:
- Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.

NH allows families to become eligible up to, but not over 220% of the Federal Poverty Level at initial eligibility, Tier 1. Income is divided into six step levels based on the family size and income. The cost share is calculated based on a percentage of family income at each step level.

The step levels and percentage of income used to determine the cost share are as follows in Tier 1:

Step 1 100% FPL = 4.75%

Step 2 101% 120% FPL = 7.5%

Step 3 121% 140% FPL = 10.0%

Step 4 141% to 160% FPL = 12.5%

Step 5 161% 190% FPL = 14.0%

Step 6 191% 220% FPL = 17.0%

Graduated Phase Out (GPO) Tier 2

Step 7 221% 250% FPL = 20.0%

BCDHSC calculates one cost share for a family and divides the family cost share equally among all eligible children within the family instead of charging the same cost share for each individual eligible child. BCDHSC specifically chose to have a 7-step scale so that there would be a range in cost share with the lowest cost share for the families with the lowest income. This is significant when the following is considered: In March, 2018, 4.33% of eligible children were in Step 7 and had a cost share of 20% based on their family income. 43% of eligible children were in Step 1 and had a cost share of 4.75%.

Minimize the abrupt termination of assistance before a family can afford the full cost of care (“the cliff effect”) as part of the graduated phase-out of assistance discussed in 3.1.5. Describe:

Family cost share is established upon eligibility. If the family reports a decrease in income during their 12-month eligibility period, the family cost share will decrease. Income will be re-evaluated at each redetermination. Families whose incomes are greater than or equal to 221% of the FPL at redetermination will remain eligible at the highest income eligibility level (currently Step 7) for a new 12-month eligibility period.

Other. Describe:

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

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

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

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

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

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

1. Submission and review of the eligibility application
2. Participation in an eligibility interview with the Family Service Specialist (FSS)
3. Overview, by the FSS, of the NH Child Care Scholarship Program the parent's option to choose any provider that meets their needs
4. Referral, if the parent does not already have a provider, to the CCAoNH website for a provider search;
5. After the selection of a provider, completion of the Provider Enrollment Form (Form 1863)

Once the parent is found eligible, a notice of decision is generated clarifying the eligibility status, restrictions, limitations and scope of services along with the certification period. A second notice generated to the parent and the provider that gives the name of the eligible child, the effective begin and end dates, the step level and the assigned family cost share, and the authorized level of service. These two documents constitute the child care certificate.

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

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

CCAOH is contracted to host and maintain the Consumer Education Website for the BCDHSC where information regarding consumer choice is available. During the initial child care eligibility interview with the FSS, the option to choose from a variety of child care providers is explained. Further, each applicant receives information on the criteria for selection, the availability of the CCAoNH consumer education website as a provider Online Referral Module, and specific things to look for in quality child care.

The Online Referral Module was designed for parents to locate child care to suit their specific needs. In addition, CCAoNH reaches out to parents via weekly visits to the New Hampshire Employment Program (NHEP) Orientations and bi-monthly visits to Workplace Success Career Centers. They will also visit Family Resource

Centers to talk to families upon request. During all of these outreach activities, the option to make choices about child care is explained.

4.1.3 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.4.

Yes. If yes, 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:

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

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

The process for accessing grants or contracts:

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

How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

If contracts are offered statewide and/or locally:

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

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

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

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

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

No.

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

- Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2). Describe:

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

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

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

- Restricted to care by relatives. Describe:
- Restricted to care for children with special needs or a medical condition. Describe:
- Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

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

- Other. Describe:

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note – Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care—such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location, and quality.
- Describe how the alternative methodology will use current, up-to-date data.
- Describe the estimated reporting burden and cost to conduct the approach.

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

MRS

Alternative methodology. Describe: _____

Both. Describe: _____

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors prior to developing and conducting the MRS or alternative methodology.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or other state-designated cross-agency body:

The Bureau of Child Development and Head Start Collaboration's (BCDHSC) Chief is the Chair of Spark NH, the Governor-appointed Early Childhood Advisory Council, as well as the Spark NH Executive Committee. In this role, the Bureau Chief has sought feedback from other Council and Executive Committee members during the development phase of the March 7, 2018 Market Rate Survey.

b) Local child care program administrators:

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

c) Local child care resource and referral agencies:

The BCDHSC CCDF Program Specialist met with the Program Manager and the Lead Outreach Specialist of CCAoNH to seek feedback for particular areas of interest that CCAoNH would like addressed. CCAoNH was primarily interested in staff turnover, which was addressed in the March 7, 2018 Market Rate Survey.

d) Organizations representing caregivers, teachers, and directors: I

- The Chief of the BCDHSC is the State Director of the Head Start Collaboration Office. In that role, she meets regularly with the NH Head Start Directors Association (NH HSDA) and has sought feedback during meetings on content for the March 7, 2018 Market Rate Survey. The HSDA is concerned with staff shortages—particularly qualified infant/toddler teachers.
- The Bureau Chief and Bureau Training Specialist serve on the Pyramid Model State Leadership Team, which discussed the 2018 MRS as a potential avenue to gather data to inform the work of this team in developing state and local capacity to implement the Pyramid Model within early childhood programs.

e) Other. Describe:

As participants in the federal Office of Child Care's Impact Project, the BCDHSC also collected information and feedback from this group whose focus is on the early childhood workforce. With goals to recruit and retain a stable, diverse, and qualified workforce and to increase compensation to the early childhood workforce, there was interest in gathering information in these areas. As a result, additional questions were developed for the March 7, 2018 Market Rate Survey to include the topics of cost share, co-payment, and staff turnover.

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

NH's Market Rate Survey is mailed to every licensed early childhood and school age program in the state based on a list provided by the DHHS CCLU. Follow up telephone calls, sufficient to achieve a minimum 60% response rate in each of five regional areas of the state, are conducted following an initial response period of two weeks. To confirm the accuracy of provider responses, CCAoNH provides independent verification of responses for a random sample of 50 participating child care programs. Responses are kept confidential, with only a Final Report provided to the BCDHSC. Follow-up calls are also made to clarify incomplete or unclear responses.

The MRS was designed as a point-in-time survey that includes 39 questions for capturing program demographics (town, type, quality level, hours of operation/care, enrollment, child attendance) and costs/rates.

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

a) Geographic area (e.g., statewide, or local markets). Describe:

The NH Market Rate Survey is conducted on a statewide basis. Program location is collected by town, which enables the researcher to analyze data within each region of the state.

b) Type of provider. Describe:

All licensed child care providers, based on a current list provided by the DHHS Services CCLU are sent a survey.

f) Age of child. Describe:

The survey asks for rates for children from infant (6 weeks) through 6 years by age range: 6 weeks to 12 months, 13-24 months, 25-35 months, 36-59 months, and 60-72 months.

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

Two Market Rate Survey (MRS) dates are referred to in this Plan because rates from the December 2, 2015 Market Rate Survey remain in effect through June 30, 2019. On July 1, 2019 new rates calculated from the March 7, 2018 Market Rate survey will go into effect for a two-year period. The number of questions contained in the NH MRS increased from 30 on December 2, 2015 to 39 on March 7, 2018. It includes information on hourly, daily, weekly, and monthly rates as charged for both full- and part-time care; capacity, desired capacity, current enrollment, and attendance; number of scholarship children; profit or not-for-profit status; identification as a Head Start program; months, days, and hours of program operation; whether the program charges the assigned cost share to parents and if so total amount collected last month; whether the program charges parents the difference between the maximum weekly standard rate and their actual charge (co-payment) and if so, total amount collected last month; quality designation of Licensed-Plus or nationally accredited as of the survey date; and an assessment of the program impact if providers did not charge cost share and/or co-payment.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public.

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

A public presentation of the December 2, 2015 Market Rate Survey (MRS) was conducted on the evening of July 19, 2016, at 129 Pleasant St. Concord, NH. The Market Rate Survey, an Executive Summary of the MRS, and a Power Point presentation entitled, "New Hampshire Child Care and Early Education Market Rate Surveys 1999-2025: What We Know and Where We're Headed," were posted on the DHHS website at the following link: <http://www.dhhs.nh.gov/dcyl/cdb/index.htm>. The March 7, 2018 Market Rate Survey report is due on or before June 30, 2018 with a public presentation within 30 days thereafter. Additional data will be collected by the researcher via a provider focus group to include provider cost of implementation of the health, safety, quality and staffing requirements and the cost of Licensed Plus and national accreditation. These results will be incorporated into the final 2018 report.

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

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

b) Date the report containing results was made widely available—no later than 30 days after the completion of the report.

The March 7, 2018 Market Rate Survey report is due on or before June 30, 2018 with a public presentation within 30 days thereafter. A public presentation of the December 2, 2015 Market Rate Survey (MRS) was conducted on the evening of July 19, 2016 and the report was made widely available in advance of the public presentation.

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

The Market Rate Survey, an Executive Summary of the MRS, and a Power Point presentation entitled, "New Hampshire Child Care and Early Education Market Rate Surveys 1999-2025: What We Know and Where We're Headed" were posted on the DHHS website at the following link:

<http://www.dhhs.nh.gov/dcyl/cdb/index.htm>. The results of the March 7, 2018 MRS will be posted at the same online location. Additionally, the researcher presented the results of the survey to, and solicited feedback/comments from, members of the Child Care Advisory Council.

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

NH considered stakeholder views by adding a new questions to the 2018 Market Rate Survey that came directly from stakeholders and by deciding to change the rate percentiles analyzed so that these data would be more practical and easy to use should a provider rate increase occur. Stakeholder views and comments from meetings/presentations on the 2018 MRS preliminary findings will be taken into consideration during the writing of the final report.

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates *at least* every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. If the Lead Agency conducted an MRS (only or in combination with an alternative methodology), also report the percentiles based on the most recent MRS. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children).

- a) Infant (6 months), full-time licensed center care in the most populous geographic region
Rate \$222.50 per week (unit of time, e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: 50th
- b) Infant (6 months), full-time licensed FCC home in the most populous geographic region
Rate \$172.50 per week (unit of time, e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: 50th
- c) Toddler (18 months), full-time licensed center care in the most populous geographic region
Rate \$210.00 per week (unit of time, e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: 50th
- d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region
Rate \$167.50 per week (unit of time, e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: 50th
- e) Preschooler (4 years), full-time licensed center care in the most populous geographic region
Rate \$185.00 per week (unit of time, e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: 50th
- f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate \$152.50 per week (unit of time, e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: 50th

g) School-age child (6 years), full-time licensed center care in most populous geographic region
Rate \$141.40 per week (unit of time, e.g., hourly, daily, weekly, monthly, etc.)
Percentile of most recent MRS: 50th

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region
Rate \$78.22 per week (unit of time, e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: 50th

i) Describe how part-time and full-time care were defined and calculated. Full time care is 31 or more hours per week. Half time care is greater than 15 hours but less than or equal to 30 hours per week. Part time care is 1 to 15 hours per week.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 07/03/2017

k) Provide the citation or link, if available, to the payment rates.
<https://www.dhss.nh.gov/dcyl/cdb/documents/maximum-weekly-standard-rates.pdf>

l) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)). N/A

4.3.2 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

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

- Differential rate for *non-traditional hours*. Describe:
- Differential rate for *children with special needs*, as defined by the state/territory. Describe:

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

- Differential rate for *infants and toddlers*. Describe:
- Differential rate for *school-age programs*. Describe:
- Differential rate for *higher quality*, as defined by the state/territory. Describe:

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

- Other differential rates or tiered rates. Describe:
- Tiered or differential rates are not implemented.

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

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

- a) Describe how a choice of the full range of providers pursuant to 98.30(e)(1) is made available; the extent to which child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.
 - NH ensures that parents have access to a full range of child care services that include: licensed child care centers, licensed family homes, license-exempt child care centers, and license-exempt family homes.
 - NH does not limit nor exclude child care by a sectarian provider, geographic location or market saturation.
 - CCR&R will work with families to locate child care to suit the particular needs of a family either in person or through the consumer website hosted by CCAoNH.
 - As of May 2018, NH has 1,088 child care providers enrolled in the NH Child Care Scholarship Program.
 - More than three of every five licensed child care programs, that participated in the December 2015 Market Rate Survey (65.34%), have an arrangement with DHHS to receive scholarships for eligible enrolled children.
 - Potential barriers to participation in the scholarship program are removed for certain populations. For example, when a child is in foster care, NH will pay a child care provider for cost share and/or co-payment. NH also pays registration fees for TANF clients. Child care providers receive full payment for the DHHS authorized service level when providing wrap-around care for a child who attends a Head Start or Early Hear Start program for part of the day.
 - NH achieved a 64.3% provider participation rate in the December 2015 Market Rate Survey and also achieved a 60% response rate in each designated region of the state to adequately reflect rates and availability statewide.
 - Payment practices include an easy-to-use online billing software program which is followed by timely delivery of payment that includes an EFT (Electronic Funds Transfer) option for all enrolled DHHS child care providers.
- b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology.

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

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

New Hampshire chose to provide online training in all eleven CCDF required health and safety trainings free of charge. Once completed, ProSolutions, contracted to provide the online training, transfers through the Application Program Interface completed training notifications to an individual's NH Professional Registry account. Training credit is visible on the individual's training transcript which can be printed and/or emailed. NH addresses quality payments through cash stipends that are made in addition to the base payment rate to help providers cover the cost of quality care.

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality.

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

e) How co-payments based on a sliding fee scale reported in 3.4.1 are affordable (response provided in 3.4.6) (N/A)

f) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

Data show that families receiving the NH Child Care Scholarship utilize four different provider types: licensed center, licensed family, license-exempt center, and license-exempt family, friend, and neighbor. The percentage of children receiving care from licensed providers has continued to increase from 91% in 2013 to 94% in 2015 and 94.5% in 2018.

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

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

Geographic area. Describe:

Type of provider. Describe:

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

X Age of child. Describe:

NH's age categories are closely aligned with the CCLU to provide consistency and to help providers understand what rates are paid based on those age categories to better align with the true cost of care (e.g. the prior age category of 0-3 years is now broken into two age categories of 1-17 months and 18-35 months with corresponding rates higher for the younger group). This change was made in 2009 and continues to be in place today. The age categories for a licensed child care center, licensed family home, and license-exempt family home are defined by number of months as follows: 1-17, 18-35, 36-78, and 79-155. The age categories for a license-exempt center are defined by number of months as follows: 72-78 and 79-155.

X Quality level. Describe:

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

Other.

h) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access:

- Payment rates are set at the 75th percentile or higher of the most recent survey. Describe:
- Feedback from parents, including parent surveys or parental complaints. Describe:
- Other. Describe:

4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.5.1 Certify by describing the payment practices that the Lead Agency has implemented for all CCDF child care providers,

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

Paying prospectively prior to the delivery of services. If implemented describe the policy or procedure.

Paying within no more than 21 calendar days of the receipt of a complete invoice for services. If implemented describe the policy or procedure.

Providers are required to bill DHHS weekly and payments are issued two times each week. For invoices submitted by Wednesday, payment is issued by that Friday, and for invoices submitted by Friday, payment is issued by the following Tuesday. Direct deposit is also available to providers.

b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by:

Paying based on a child's enrollment rather than attendance. If implemented describe the policy or procedure.

Providing full payment if a child attends at least 85 percent of the authorized time. If implemented describe the policy or procedure.

Providing full payment if a child is absent for 5 or fewer days in a month. If implemented describe the policy or procedure.

Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

NH employed an alternative approach which does not meet the approval of the Office of Child Care and, therefore, is not in compliance. NH intends to implement the provision of full payment if a child attends at least 85% of the authorized time. An implementation plan with timelines will commence on October 1, 2018.

c) Reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies, which must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

NH determines an authorized service level for each child based on the parent's participation in an approved activity and the child's need for care. Service levels are authorized at full time (31 hours or more per week), half time (greater than 15 but less than or equal to 30 hours per week) and part time (1-15 hours per week).

Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure.

NH has partially implemented this requirement and, therefore, is not in compliance. NH pays these fees for a small subset of families. Payment will be made for children in preventive or protective care, if the parent asks for the fee to be paid. A parent or foster parent receives an invoice from their child care provider requesting additional fees (e.g., registration fees, field trip fees, etc.). The bill is submitted to Provider Relations for authorization. The invoice is reviewed by a Supervisor and approved if

appropriate. Families receiving TANF have registration fees paid out of TANF funds. An implementation plan with timelines will commence on October 1, 2018.

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

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

e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:

Providers can use the web billing application during claim entry to identify changes in cost share or parent activity immediately. The web billing application prevents providers from billing for children who are no longer eligible. The web billing application provides reports that allow providers to monitor usage of limited services. Notices are automatically generated to the family and the child care provider whenever there is a change to the family's eligibility. A provider is notified whenever child care scholarship is approved, increased, decreased, terminated, when a child is released from the wait list (when one is in effect), or when DHHS establishes or ends the link between the child and provider that controls payments. For ongoing eligibility, a provider is notified when Job Search is initiated; at 72 days from the start of job search to provide information relative to the end of Job Search; at 45 days of no billing from the provider to provide information relative to the end of the child care link due to 90 days of no billing from the provider; at 84 weeks of training used to provide information relative to the close of the lifetime limit of 104 weeks for employment related training and education activities; and at initiation of Graduated Phase Out (GPO). A parent has 10 calendar days to report a change from the date that the change occurs. This can occur by telephone, email, online forms or through the *NH EASY* online application system. DHHS then has 10 days to act on the information received. Through *NH EASY*, clients are able to view when a document has been received and uploaded and the status of the document, processed or unprocessed, within 3-5 days. Additionally, through *NH EASY* all notices are available online.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

DHHS employs a full-time staff member who works with child care providers, district office staff, and sometimes the family to resolve payment inaccuracies and disputes. Calls or emails are typically returned the same day, but not later than the next business day. Families may file an appeal in writing within 30 days of a notice of ineligibility to the DHHS Appeals Unit. Families may choose within 15 days of the notice to continue to receive 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 shall 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 shall be the closure date identified on the notification of redetermination. If the family opted to continue to receive a child care scholarship, any overpayment shall be repaid. If the decision on the appeal does not uphold the DHHS proposed action, eligibility shall be established as provided for in the appeal decision.

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

o, the practices do not vary across areas.
 Yes, the practices vary across areas. Describe:

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

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

4.6.1 For each of the following types of providers, identify any shortages in the supply of quality child care providers, the data sources used to identify shortages, and the method of tracking progress to support equal access and parental choice.

a) Children in underserved areas:

Child Care Aware of NH conducts a follow-up survey with families who received referrals. Data from these calls are used to help determine unmet needs, including underserved areas, care for infants and toddlers, care for children with special needs and care during non-traditional hours. Child Care Aware of NH provides technical assistance to assist child care programs in meeting unmet needs. Programs that were not previously enrolled to accept NH Child Care Scholarship are encouraged to enroll. Some of the technical assistance initiatives are only available to programs that are enrolled in the NH Child Care Scholarship Program which has prompted programs to consider serving families receiving the NH Child Care Scholarship Program. Child Care Aware of NH is also working with programs that are in danger of closing due to unforeseen circumstances to strategize way to remain in operation. NH also worked with Child Care Aware of America mapping project to locate child care deserts. The areas identified focused on licensed providers serving children birth through age 6.

b) Infants and toddlers:

A shortage of infant and toddler care was identified in the North County by CCAoNH through its family survey. CCAoNH undertakes efforts to recruit child care providers, particularly license-exempt, in highly rural areas in the North Country to help satisfy the unmet infant and toddler care needs. CCAoNH has an Infant/Toddler Specialist whose role is to provide training and technical assistance to programs with infant and toddler components. The Specialist helps with emergency planning, implementing the Early Learning Standards, professional development plans, and infant/toddler competencies. Strengthening Families, the NH Professional Registry and Credentialing, particularly supporting the Infant/Toddler credential endorsement. Other Child Care Aware of NH Training and TA Specialists also work with programs serving infants and toddlers in the same capacity.

c) Children with disabilities (include the Lead Agency definition in the description):

A “child experiencing significant special need(s)” means a child through the age of 17 who has a verified medical, physical, developmental, educational, or emotional disability requiring additional funds for accommodation or classroom adaptation in the child care setting.

d) Children who received care during non-traditional hours:

Data from NACCRRAware in May of 2018 indicate that NH currently has 5 license-exempt centers, 2 licensed family homes, and 2 licensed child care centers offering approximately 90 slots for overnight child care. The child care programs are also enrolled in the NH Child Care Scholarship Program. In addition, there are currently 4 license-exempt family homes and 3 licensed family homes offering non-traditional hours.

e) Other. Please describe any other shortages in the supply of high-quality providers. N/A

4.6.2 Based on the analysis in 4.6.1, describe what method(s) is used to increase supply and to improve quality for the following.

a) Infants and toddlers. Check all that apply.

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe:

b) Children with disabilities. Check all that apply.

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe:

c) Children who receive care during non-traditional hours. Check all that apply.

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe:

d) Other. Check and describe:

- Grants and contracts (as discussed in 4.1.3). Describe:
- Family child care networks. Describe:

- Start-up funding. Describe:
- Technical assistance support. Describe:
- Recruitment of providers. Describe:
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging. Describe:
- Other. Describe:

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

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

While there is no formal definition in its rule or policy, the Lead Agency uses data routinely from the following sources: MRS, employment insecurity and other Kids Count data, U.S. Census, FPL, Head Start program locations, TANF (SNAP) services, percent of children receiving USDA Food Program, and DOE reports.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs.

NH's supply building strategies incorporate four major initiatives:

- 1) Provision of training and technical assistance to retain and/or increase the number of child care slots and to improve provider business practices;
- 2) Make investments that improve quality;
- 3) Support the use of shared services; and
- 4) Provide quality incentive payments to providers that achieve Licensed Plus or 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 taken on multiple, targeted research projects to identify issues of access and affordability. Issues of affordability can directly impact a parent's choice of child care. In addition, the Bureau Chief and staff meet with advocates, advisory groups, other community stakeholders, and convenes task forces (e.g., Homeless, QRIS) to gain input on how to prioritize investments. NH has a history of making investments to increase access to programs providing high quality child care and development services, particularly to children in families that experience significant poverty.

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

concentrations of children with minority backgrounds.

The BCDHSC participated in an Interactive Mapping Project from Child Care Aware of America (CCAOA) in 2016. This has allowed NH to expand upon the work completed in the December 2, 2015 Market Rate Survey, which looked at Coos and Sullivan counties and the city of Manchester. The Interactive Mapping Project involved a two-pronged approach: one was to look at the cost of care and another was to look at supply and demand. As a result, NH was featured in “Parents and the High Cost of Child Care: 2016 Report,” produced by Child Care Aware of America released on December 7, 2016. In addition, NH’s county level data is featured in the “Parents and the High Cost of Child Care: 2017 Report,” which is currently available online at <http://www.usa.childcareaware.org/advocacy-public-policy/resources/reports-and-research/costofcare/>. In addition to these reports, there are also interactive maps available where data is viewable for all states. In the 2016 report, we looked at county level data for all 10 counties in the state, two types of care (licensed center-based care and licensed home-based care), and two ages of children (infants and four year-olds). Using data from NH’s module of the NACCRRAware Data System and the U.S. Census Bureau’s American Community Survey (2014, Table B19126), affordability was determined by comparing the average cost of child care against the county median income. Some of the main findings in 2016 were as follows:

- Of the 4 states reviewed in (AZ, MA, MN, and NH), NH is the state with the most consistently priced child care.
- The costs of center-based care across NH’s 10 counties follow a normal distribution (“bell curve”) compared to the statewide average cost of care, meaning half of all counties are more affordable than the statewide average and half are less affordable than the statewide average.
- The costs for center-based care of infants exceeded the statewide average in all counties.
- The costs for center-based care of 4-year-olds, was lower than the statewide average in 9 counties.
- The costs for home-based care of infants exceeded the statewide average in all counties.
- The costs for home-based care of 4-year-olds, was lower than the statewide average in 7 counties.
- In Coos County, the geographically largest and most rural county in NH, there are no existing licensed home-based child care programs.

Additionally, we know there are a total of 50 license-exempt family homes and license-exempt centers enrolled with the Child Development Bureau to receive CCDF scholarship so we must consider if there is an issue of preference versus access for more varied types of care in the county. Additional analysis and mapping of these locations is needed before deciding if expansion of access to licensed home-based child care program is indeed an appropriate supply building strategy for Coos County.

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

Through its sharing of information with stakeholders and the general public, the BCDHSC has been able to direct where gaps exist and suggest where private funding might achieve the best return on investment. The BCDHSC shared with Child Care Aware of NH, with funding from the NH Charitable Foundation, that a need existed to increase quality in Concord and Claremont and funding was provided to develop a cohort where child care providers meet monthly to learn about and progress through NH’s QRIS system.

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

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

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

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

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

NH is also half way through its four-year, federal technical assistance project. Through the Impact Project, NH is receiving technical assistance to retain and/or increase the number of qualified staff in child care programs statewide. During the first two years of the Impact Project, NH formed two goal groups: Compensation and Retention and Recruitment and Alternative Pathways. In January of 2018, the Recruitment and Alternative Pathways goal group identified audiences for their work to include: racially and ethnically diverse (including new Americans), millennials, and retired workers. NH developed public-private partnerships with the Endowment for Health and the NH Charitable Foundation to conduct a ECE Workforce Survey to gather baseline information on its workforce. Additional priority strategies were identified by the Compensation Goal Group in March of 2018 to include: tiered reimbursement, quality stipend, and percentage of base rate for higher levels of quality; development of compensation strategies including shared services; and, Department of Labor Apprenticeship Program and Running Start as alternative ways to deliver college and degree programs.

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

5 Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to child care services in the state/territory. States and territories may allow licensing exemptions, but they must describe how such exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care. Lead Agencies also must certify that there are in effect health and safety requirements applicable to

providers serving CCDF children. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures to ensure that providers are complying with the health and safety requirements.

This section covers licensing requirements, health and safety requirements and training, and monitoring and enforcement procedures to ensure that child care providers comply with licensing and health and safety requirements (98.16(n)) as well as exemptions (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)). Criminal background check requirements are included in this section (98.16(o)).

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of CCDF providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.409(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory and note if providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Under RSA 170-E:2, <http://www.gencourt.state.nh.us/rsa/html/XII/170-E/170-E-2.htm>, the following types of child care programs subject to licensure are defined as follows:

- “Family child care home” means “family day care home” as defined in RSA 170-E:2, IV(a), namely “an occupied residence in which child day care is provided for less than 24 hours per day, except in emergencies, for up to 6 children from one or more unrelated families. The 6 children shall include any foster children residing in the home and all children related to the caregiver except children who are 10 years of age or older. In addition to the 6 children, up to 3 children attending a full day school program may also be cared for up to 5 hours per day on school days and all day during school holidays.”
- “Family group child care home” means “family group day care home” as defined in RSA 170-E:2, IV(b), namely “an occupied residence in which child day care is provided for less than 24 hours per day, except in emergencies, for 7 to 12 children from one or more unrelated families. The 12 children shall include all children related to the caregiver and any foster children residing in the home, except children who are 10 years of age or older. In addition to the 12 children, up to 5 children attending a full day school program may also be cared for up to 5 hours per day on school days and all day during school holidays.”
- “Infant/toddler program” means “day care nursery” as defined in RSA 170-E:2, IV(d), namely “a child day care agency in which child day care is provided for any part of a day, for 5 or more children under the age of 3 years.”
- “Group child care center” means “group child day care center” as defined in RSA 170-E:2, IV(c), namely “a child day care agency in which child day care is provided for preschool children and up to 5 school-age children, whether or not the service is known as day nursery, nursery school, kindergarten,

cooperative, child development center, day care center, center for the developmentally disabled, progressive school, Montessori school, or by any other name.”

- “Preschool program” means “preschool program” as defined in RSA 170-E:2, IV(f), namely “a child day care agency providing care and a structured program for children 3 years of age and older who are not attending a full day school program. The total number of hours a child may be enrolled in a preschool program shall not exceed 5 hours per day.”
- “School-age program” means “school-age program” as defined in RSA 170-E:2, IV(g), namely “a child day care agency providing child day care for up to 5 hours per school day, before or after, or before and after, regular school hours, and all day during school holidays and vacations, and which is not licensed under RSA 149, for 6 or more children who are 4 years and 8 months of age or older. The number of children shall include all children present during the period of the program, including those children related to the caregiver.”
- “Night care program” means “night care agency” as defined in RSA 170-E:2, IV(e), namely “a center or family home in which child day care is provided during the evening and night hours. A child day care agency may be licensed for day care, night care, or both.”

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

Programs that are exempt from licensure per RSA 170-E:3, <http://www.gencourt.state.nh.us/rsa/html/XII/170-E/170-E-3.htm> are described in detail in 5.1.3

5.1.2 Which providers in your state/territory are subject to licensing under this CCDF category? Check all that apply and provide a citation to the licensing rule.

Center-based child care. Provide a citation:

<https://www.dhhs.nh.gov/oos/cclu/documents/he-c4002.pdf>

Family child care. Provide a citation:

<https://www.dhhs.nh.gov/oos/cclu/documents/he-c4002.pdf>

In-home care. Provide a citation:

5.1.3 Are any providers in your state/territory that fall under this CCDF category exempt from licensing (98.40(2)(i) through (iv))? If so, describe exemptions based on length of day, threshold on the number of children in care, or any other factors applicable to the exemption.

Center-based child care. If checked, describe the exemptions.

- Kindergartens, nursery schools, or any other daytime programs operated by a public or private elementary or secondary school system or institution of higher learning.
- Municipal recreation programs, including after-school and summer recreation programs.
- Any recreational program as defined in RSA 170-E:2, XI-a, namely any before and/or after school, vacation, or summer youth program for children 6 years of age or older offered by a school or religious group, the Boys and Girls Clubs of America, Girls, Incorporated, the YMCA, or the YWCA, provided that the program:
 - Does not operate in a private home;
 - Notifies parents or guardians that the program is not subject to licensure under RSA 170-E:4; II

- Has policies and procedures to address the filing of grievances by parents and guardians; and
- Is a member in good standing and in compliance with the national organization's minimum standards and procedures.

Family child care. If checked, describe the exemptions.

- 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.

In-home care. If checked, describe the exemptions.

5.1.4 Describe how any exemptions identified above do not endanger the health, safety, or development of children in:

- a) Center-based child care if checked in 5.1.3.
- b) Family child care if checked in 5.1.3e.
- c) In-home care if checked in 5.1.3.

a-b) Persons administering programs 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 exempted from licensing who are in violation of this paragraph shall be enjoined by a court of competent jurisdiction in accordance with the provisions of RSA 170-E:22 from caring for such child and may be enjoined, as the court may determine, from caring for other children. Persons operating a child day care agency without a license in violation of paragraph I who engage in negligent conduct that endangers the health, safety, or welfare of the children in their care shall be subject to the criminal penalties in RSA 170-E:21 and may be enjoined from caring for children in accordance with the provisions of RSA 170-E:22.

Beginning July 1, 2018, all license exempt providers applying to enroll to accept Child Care Scholarship must receive an initial announced health and safety monitoring inspection in accordance with NH's Health and Safety Standards for License-Exempt Child Care Providers He-C 6916 (center based care) or He-C 6917(family and in-home care). Beginning September 30, 2018, all license-exempt child care providers enrolled to accept Child Care Scholarship must receive an announced annual monitoring inspection in accordance with the rules listed above.

5.2 Health and Safety Standards and Requirements for CCDF Providers

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

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the

required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories.

a) Licensed CCDF center-based care

1. Infant

- How does the State/territory define infant (age range):
time of birth to 18 months [He-C 4002.01(ae)]
- Ratio:
 $6 \text{ weeks to 12 months} = 1:4$; $13 \text{ months to 18 months} = 1:5$ [He-C 4002.34(b)]
- Group size:
12 infants for 6 weeks to 12 months; 15 infants for 13 to 18 months [He-C 4002.34(b)]
- Teacher/caregiver qualifications (see also “Qualifications...” following #3):
12 months and younger minimum staffing levels:
 - One associate teacher with up to 4 children;
 - One associate teacher and one assistant teacher with 5 to 8 children; and
 - One lead teacher and 2 assistant teachers with 9 to 12 children.13-18 months minimum staffing levels:
 - One associate teacher with up to 5 children;
 - One associate teacher and one assistant teacher with 6 to 10 children; and
 - One lead teacher and 2 assistant teachers with 11 to 15 children.

2. Toddler

- How does the State/territory define toddler (age range):
19 months through 35 months [He-C 4002.01(bi)]
- Ratio:
 $19 - 24 \text{ months} = 1:5$; $25 - 35 \text{ months} = 1:6$ [He-C 4002.34(b)]
- Group size:
15 toddlers for 19 months to 24 months; 18 toddlers for 25 – 35 months [He-C 4002.34(b)]
- Teacher/caregiver qualifications (see also “Qualifications...” following #3):
19 – 24 months minimum staffing levels:
 - One associate teacher with up to 5 children;
 - One associate teacher and one assistant teacher with 6 to 10 children; and
 - One lead teacher and 2 assistant teachers with 11 to 15 children.25 – 35 months minimum staffing levels:
 - One associate teacher with up to 6 children;
 - One associate teacher and one assistant teacher with 7 to 12 children; and
 - One lead teacher and 2 assistant teachers with 13 to 18 children.

3. Preschool

- How does the State/territory define preschool (age range):
3 years to 6 years (if not enrolled in a full day school program)
- Ratio:
 $36 \text{ to 47 months} = 1:8$; $48 \text{ to 59 months} = 1:12$; $60 \text{ months and over} = 1:15$ [He-C 4002.33(b)]
- Group size: 24
- Teacher/caregiver qualifications (see also “Qualifications...” following #3):
36 to 47 months minimum staffing levels:
 - One associate teacher with up to 8 children;

- o One associate teacher and one assistant teacher with 9 to 16 children; and
- o One lead teacher and 2 assistant teachers with 17 to 24 children.

48 to 59 months minimum staffing levels:

- o One associate teacher with up to 12 children; and
- o One associate teacher and one assistant teacher with 13 to 24 children.

60 months and over minimum staffing levels:

- o One associate teacher with up to 15 children; and
- o One associate teacher and one assistant teacher with 16 to 30 children

Qualifications for all infant/toddler/preschool teachers [He-C 4002.32]

Associate Teacher:

(n) An associate teacher in a center based program shall be at least 18 years of age, have a high school diploma or general equivalency diploma, and meet one of the following options:

- (1) A minimum of 9 credits in child development, early childhood, or elementary education, or other field of study focused on children, including at least one 3 credit course in child growth and development, from a regionally accredited college;
- (2) A minimum of 1500 hours of supervised child care experience in a licensed child care program or public or private elementary school, with written recommendation from the center director or school administrator, documentation of at least 3 credits in child development, early childhood or elementary education, or other field of study focused on children awarded by a regionally accredited college or university, and the following:
 - a. A written plan for completion of at least 6 additional credits in child development, early childhood or elementary education, or other field of study focused on children from a regionally accredited college or university; and
 - b. Within 12 months of the date the individual begins working as an associate teacher, documentation of qualification as specified in (1) above available for review by the department;
- (3) A minimum of 1000 hours of supervised child care experience in a licensed child care program and documentation of successful completion of a 2 year vocational child care course;
- (4) Current certification as para II educator by the department of education; or
- (5) Written documentation from or on file with the department that she or he was qualified and employed as an associate teacher on or before the date of the adoption of these rules on 11/6/2017.

Lead Teacher:

(m) A lead teacher in a center based program shall have a high school diploma or general equivalency diploma, be at least 18 years of age, have a minimum of 1000 hours experience working with children in a licensed child care program, and meet one of the following pre-service training/education options:

- (1) A minimum of 18 credits in child development, early childhood or elementary education, or other field of study focused on children from a regionally accredited college or university, including at least 3 credits in child growth and development;
- (2) Documentation of a non-expired child development associates (CDA) in center based programs awarded by the council for professional recognition;
- (3) A credential from a teacher preparation program accredited by MACTE; or
- (4) Documentation from or on file with the department that she or he was qualified for and employed in the position of lead teacher on or before the effective date of these rules in 2017.

Assistant Teachers:

(o) Assistant teachers in a center based program, whether paid or volunteer, shall:

- (1) Be at least 16 years of age; and

(2) Work with children only under the direct supervision and observation of a staff person who meets at least the minimum qualifications of an associate teacher.

4. School-age [He-C4002.36(f)]

- How does the State/territory define school-age (age range):
56 months and older enrolled in a full day school program
- Ratio:
1:15 [He-C 4002.36(f)]
- Group size:
45 [He-C 4002.36(f)]
- Teacher/caregiver qualifications (see also “Qualifications...”below)-:
Minimum staffing levels:
 - One group leader with up to 15 children;
 - One group leader and one assistant group leader with 16 to 30 children; and
 - One site director and 2 assistant group leaders with 31 to 45 children.

Qualifications for school age teachers [He-C 4002.32]

(s) A group leader in a school-age program shall be at least 18 years of age, have a high school diploma or general equivalency diploma, and one of the following:

- (1) Experience working with school-age children, totaling 600 hours;
- (2) Documentation of at least 3 credits in child development, education, recreation, or other field of study focused on children, awarded by a regionally accredited college or university;
- (3) Documentation that she or he is a certified coach; or
- (4) Documentation from or on file with the department that she or he was qualified and employed as a group leader in a school-age program on or before the adoption of these rules in 2017.

(t) An assistant group leader in a school-age program, whether paid or volunteer, shall:

- (1) Be at least 16 years of age; and
- (2) Work with children only when under the supervision and observation of a site director, or group leader as described in this section.

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

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

- (a) The staff to child ratio for school-age programs shall be one staff for 15 children with a maximum group size of 60.
- (b) 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.
- (d) 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.

(e) The only exception to (a) above shall be when children combine for time-limited activities, such as meals, snacks, daily meetings, short stories, special guest presentations, or other special events, provided that all children have sufficient room for the activity.

LE child care centers are not required to meet Qualifications for school age teachers [He-C 4002.32].

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

When ages are mixed, ratio is based on the average age, in months, of children in the group provided programs shall not combine children younger than 24 months in a mixed age group which includes children older than 47 months, except for time limited, specific activities; or when there are 17 or fewer children present in the program, including a maximum of 12 children younger than school age, and 4 or fewer of the 17 children are younger than 3 years of age; or with a department approved plan for multi-age classrooms. When children between 6 weeks of age and 35 months are mixed, the ratio is based on the average age, in months, of children in the group, and the maximum group size is 16. [He-C 4002.33(d)(3); He-C 4002.34(d)(3)]

7. Describe the director qualifications for licensed CCDF center-based care.

[He-C 4002.32]

(I) A center director in a center based program shall:

- (1) Be at least 21 years of age;
- (2) Have a high school diploma or general equivalency diploma;
- (3) Have documentation of successful completion of at least 3 credits in child development, and 3 credits in management or supervision, awarded by a regionally accredited college or university, or a minimum of 2 years' experience in a supervisory or management position in lieu of the 3 credits in management and supervision;
- (4) Have a minimum of 1500 hours experience working with children in a licensed child care program or public or private elementary school; and
- (5) Have one of the following:
 - a. A minimum of an associate's degree in child development, early childhood or elementary education, or other field of study focused on children, awarded by a regionally accredited college or university;
 - b. An additional 3000 hours of experience working with children in a licensed child care program or in a public or private elementary school and documentation of a 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, which satisfies the 3 credits in child development required in (I)(3) above if certified in infant and toddler or early childhood, together with 60 credits, awarded by a regionally accredited college or university; or
 - e. Documentation of 60 credits, awarded by a regionally accredited college or university, of which at least 24 shall be in child development, early childhood, or elementary education or other field of study focused on children, including at least 3 credits in each of the following core knowledge areas:
 1. Children with special needs;
 2. Child growth and development; and
 3. Curriculum for early childhood education; or

(6) Be on file with the department as a center director working in that position on or before the effective date of these rules in 2017.

b) Licensed CCDF family child care provider

1. Infant

- How does the State/territory define infant (age range): time of birth to 18 months [He-C 4002.01(ae)]
- Ratio:
See Family Child Care (FCC) provider ratios and qualifications: [He-C 4002.31]
- Group size:
See Family Child Care (FCC) provider ratios and qualifications: [He-C 4002.31]
- Teacher/caregiver qualifications:
See Family Child Care (FCC) provider ratios and qualifications: [He-C 4002.31]

2. Toddler

- How does the State/territory define toddler (age range): 19 months through 35 months [He-C 4002.01(bl)]
- Ratio:
See Family Child Care (FCC) provider ratios and qualifications: [He-C 4002.31]
- Group size:
See Family Child Care (FCC) provider ratios and qualifications: [He-C 4002.31]
- Teacher/caregiver qualifications:
See Family Child Care (FCC) provider ratios and qualifications: [He-C 4002.31]

3. Preschool

- How does the State/territory define preschool (age range): 3 years to 6 years (if not enrolled in a full day school program)
- Ratio:
See Family Child Care (FCC) provider ratios and qualifications: [He-C 4002.31]
- Group size:
See Family Child Care (FCC) provider ratios and qualifications: [He-C 4002.31]
- Teacher/caregiver qualifications:
See Family Child Care (FCC) provider ratios and qualifications: [He-C 4002.31]

4. School-age

- How does the State/territory define school-age (age range): 56 months and older enrolled in a full day school program
- Ratio:
See Family Child Care (FCC) provider ratios and qualifications: [He-C 4002.31]
- Group size:
See Family Child Care (FCC) provider ratios and qualifications: [He-C 4002.31]
- Teacher/caregiver qualifications:
See Family Child Care (FCC) provider ratios and qualifications: [He-C 4002.31]

Family Child Care Provider Ratios and Qualifications: [He-C 4002.31]

- (j) The license capacity for family or family group child care homes shall include the provider's own, foster, and resident children up to 10 years of age, when they are present.
- (k) The department shall allow family and family group child care homes to fill vacant slots for preschool-age children with school-age children who are enrolled in and attending a full day school program, up to their maximum license capacities.
- (l) In a family child care home the maximum number of children that one family child care provider or family child care worker can care for shall be 6 preschool children plus 3 school-age children who are enrolled in and attending a full day school program, provided that:
 - (1) Of the 6 preschool children, no more than 4 children are younger than 36 months of age; and
 - (2) Of the 6 preschool children, no more than 2 children are younger than 24 months of age.
- (m) In a family child care home the maximum number of children that a family child care provider and a family child care worker or assistant can care for shall be 6 preschool children plus 3 school-age children who are enrolled in a full day school program, provided that, of the 6 preschool children, no more than 4 children are younger than 36 months of age.
- (n) Family group child care homes in which a family child care provider or family child care worker is working alone shall comply with the limits for a family child care home with one provider as specified in (m) above.
- (o) In a family group child care home the maximum number of children that a 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.

Family Child Care Provider qualifications: [He-C 4002.31]

- (b) To qualify as a family child care provider, an individual shall be:
 - (1) At least 21 years of age; or
 - (2) At least 18 years of age and submit with his/her application documentation that he or she has a high school diploma or general equivalency diploma and at least one of the following:
 - a. Successful completion of a 2 year child care curriculum approved by 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.
- (c) A family child care worker shall be 18 years of age or older.
- (d) A family child care assistant, whether paid or volunteer, shall:
 - (1) Be 16 years of age or older; and
 - (2) Work under the direct observation and supervision of the family child care provider or a family child care worker at all times.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes.

License-Exempt Family Child Care home Provider Ratios: [He-C 6917.03 (k)]

- (k) "In-home provider" means a person who is providing child care in a private home and is exempt from licensure pursuant to 170-E:3, is an enrolled child care provider pursuant to He-C 6914 , and is one of the following program types:
 - (1) "Relative provider" where "the only children in care are the provider's own children, children related to the provider, and children residing with the provider" pursuant to 170-E:3 (h); or

(2) "Friend or neighbor provider" where "any number of the provider's own children, whether related biologically or through adoption, and up to 3 additional children are cared for regularly for any part of the day, but less than 24 hours pursuant to 170-E:3 License-exempt family child care home provider must be at least 18 years of age. Individuals are not required to meet any further qualifications listed in 4002.31.

c) In-home CCDF providers: N/A (not licensed)

1. Describe the ratios.
2. Describe the group size.
3. Describe the threshold for when licensing is required.
4. Describe the maximum number of children that are allowed in the home at any one time.
5. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size.
6. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day.

5.2.2 Health and safety standards for CCDF providers.

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

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

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

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

Health and Safety standards are defined in the NH Child Care Licensing Rules: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child Care Providers Receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on the prevention and control of infectious disease (including immunization), including:

- Hand washing requirements for children and staff;
- Children's immunizations, health screening, observation of children daily for symptoms of illness, when children are required to go home due to illness, requirements to report communicable diseases to determine if children are required to be excluded from care, how to contain bodily fluids and to clean/sanitize surfaces, handwashing, and disposing of contaminated gloves and diapers.
- Water supply, septic systems, bathroom and diaper changing facilities-water testing requirements, flush toilets connected to a sewage disposal system, remediating a failing

- septic system, cleaning and sanitizing bathroom facilities and diaper changing areas, separation of bathroom/changing areas from food preparation or service areas.
- Food service and food safety, required to clean and sanitize food utensils and surfaces, use of separate utensils
- List the citation for these requirements.

Licensed providers: He-C 4002.15; He-C4002.16; He-C4002.17; He-C 4002.26; He-C 4002.27;
License-exempt providers: He-C 6916.10; 6917.10
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No variations between licensed providers of any types; however, there are variations in standards between licensed and license-exempt providers.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area. All the standards listed above are included in the Prevention and Control of Infectious Disease except water supply, septic system and immunizations. Standards for water supply and septic system are included in Building and Physical Premises Safety. Standards for immunization are included in Medication Administration.

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

There are no variations in licensed programs.

There are no variations in license-exempt programs.

- Describe if relatives are exempt from this requirement.

Relatives are not exempt from this requirement.

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

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

Health and Safety standards are defined in the NH Child Care Licensing Rules: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child Care Providers Receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on the prevention of sudden infant death syndrome and the use of safe-sleep practices, including:

- Cribs must be manufactured after June 28, 2011, cribs and playpens must be in good repair, have properly sized mattresses and fitted sheets
- infants up to 12 months required to be placed on their backs unless there are written medical orders, may only sleep in a play pen or crib, no coverings or any soft items or toys, bumper pads, etc. in cribs/play pens, comfortable temperature, no bibs or clothing with ties or hoods; staff do an in-person check every 10 minutes
- infants up to 12 months falls asleep in any place that is not a safe sleep environment including swings, bouncy seats or a car safety seat, a provider must move the infant and place them on their back in their crib or playpen
- Providers who smoke must wash hands and change into fresh clothing or remove smoke contaminated outerwear, prior to caring for the child to reduce the exposure to third hand smoke

- Providers must check to ensure the temperature in the room is comfortable for lightly clothed adult, check the infants to ensure that the infants is comfortably clothed and not overheated or sweaty, and that bibs and garments with ties or hoods are removed.
- Children older than 3 months shall not be swaddled or placed in restrictive or weighted sleep suits or devices unless there are written medical orders from the child's primary health practitioner.
- If a provider opts to use an electronic monitor, standards they must adhere to.
- Requirement to consult with the family of each child and observe children on an ongoing basis to determine each child's resting or napping needs.

- List the citation for these requirements.

He-C 4002.14; He-C 4002.19; He-C 4002.22; He-C 4002.23; He-C 6917.13

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

No variations between licensed providers of any types; however, there are variations in standards between licensed and license-exempt providers.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area. All the standards listed above are included in the Prevention of sudden infant death syndrome and the use of safe-sleep practices section.

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

There are no variations in licensed programs.

The Prevention of sudden infant death syndrome and the use of safe-sleep practices are not addressed in He-C 6916 because the population served is school age.

- Describe if relatives are exempt from this requirement.

Relatives are not exempt from this requirement.

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

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

Health and Safety standards are defined in the NH Child Care Licensing Rules: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child Care Providers Receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on Administration of medication, consistent with standards, including;

- parental consent required for prescription, over the counter, and topical substances;
- staff training in medication administration prior to administering medications and retake every 3 years;
- prescription label or other written medical orders must be on file;
- parental instructions/medical orders for the administration of PRN;

- parental notification requirements for medication error;
 - documentation requirements for medication administration;
 - storage of medication; disposal of medications.
- List the citation for these requirements.
He-C 4002.18; He-C 6916.09; He-C 6917.09
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

No variations between licensed providers of any types; however, there are variations in standards between licensed and license-exempt providers.

The license exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area.

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

No variations in licensed care.

There are no variations in license-exempt care.

- Describe if relatives are exempt from this requirement.

Relatives are not exempt from this requirement.

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

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

Health and Safety standards are defined in the NH Child Care Licensing Rules: He-C 4002 and Health and Safety License Exempt Monitoring Rules for Child Care Providers Receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on prevention of and response to emergencies due to food and allergic reactions, including:

- medications such as inhalers and epi-pens must be immediately accessible
 - written care plans required for food allergies or other allergy that results in a serious reaction; posting of care plans with written permission of the parent; notification of parents when there is an allergic reaction or contact with known allergen even if no reaction.
 - a child's medication must be in the vehicle and with the individual responsible for the child during field trips
- List the citation for these requirements.
4002.18; 4002.19; 4002.29; He-C 6916.08; He-C 6917.08
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).
There are no variations in licensed programs.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area. There are no variations in He-C 6916 and He-C 6917.

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

In licensed programs, school age children with parental and licensed health practitioner permission may have insulin, in inhalers and epi-pens in their possession.

There are no variations in license-exempt rules.

- Describe if relatives are exempt from this requirement.

Relatives are not exempt from this requirement.

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

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

Health and Safety standards are defined in the NH Child Care Licensing Rules: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child Care Providers Receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on prevention of and response to emergencies due to food and allergic reactions, including; Health and Safety in the Child Care Environment – includes:

- Life safety code requirements
- Fencing requirements if located near road, body of water, sharp inclines or embankments, other dangerous area
- Energy absorptive material under outdoor play equipment
- Protection from:
 - Electrical hazards
 - Strangulation hazards
 - Entrapment hazards
 - Guns/weapons/ammunition in locked storage
 - Knives/sharp objects
 - Tripping/slipping hazards
 - Protective barriers on windows
 - Loose/flaking paint
 - Lead hazards
 - Asbestos hazards
 - Radon hazards
 - Poisonous plants
 - Fumes from toxic chemicals or materials
 - Pesticides
 - Construction hazards
 - Toxic and flammable materials
 - Hazardous pets
 - Heat sources

- Smoking
 - Pools
- List the citation for these requirements.

He-C 4002.14; He-C 6916.05; He-C 6917.05
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Smoking is not allowed in licensed center based programs, however, allowed in licensed family child care during non-operating hours. The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area. Smoking is not allowed in license-exempt center based programs. Smoking requirements for license-exempt family child care providers are not included in this section; however, it is addressed in the prevention of sudden infant death syndrome and use of safe sleeping practices. Providers who smoke are required to change into fresh clothing, or remove smoke contaminated outerwear, prior to caring for the child to reduce the exposure to third hand smoke.
- Describe any variations based on the age of the children in care.

No variations in licensed care.
There are no variations in license-exempt care.
- Describe if relatives are exempt from this requirement.

There is no exemption for relatives.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

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

Health and Safety standards are defined in the NH Child Care Licensing Rules: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child Care Providers Receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on prevention of shaken baby syndrome, abusive head trauma, and child maltreatment, including:
 - prohibited from child abuse and neglect, and using corporal punishment, which is defined as physical actions against a child, including shaking, rough handling, and other forms of aggressive contact (among other actions);
 - prohibited from controlling children's behavior by actions damaging to children, including yelling at children, belittling/shaming/ridiculing/name calling, making verbal threats, confining infants or toddlers in devices that restrict movement for discipline, confining children in equipment not appropriate for their age; withholding food, forcibly feeding; discipline for not eating; shame or discipline for toileting accidents; prohibiting children from using the toilet; using isolation for discipline; require children to sleep or rest or go to their sleeping area for discipline; or discipline for not sleeping.
 - Required to use positive guidance, redirection, establish appropriate rules or limits, and other developmentally appropriate practices with children.

- List the citation for these requirements.

He-C 4002.01 (o), He-C 4002.25(e)(2), He-C 4002.25(e)(3), He-C 4002.25(c), He-C 6916.13, He-C 6917.14

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

No variations between licensed providers of any type.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area. Topic areas listed above are included in section He-C 6917.14. He-C 6916.13 does not include shaken baby syndrome because the children in care are school age.

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

No variations in licensed programs.

License-exempt, He-C 6916.13 does not include shaken baby syndrome because the children in care are school age.

- Describe if relatives are exempt from this requirement.

Relatives are not exempt from requirements.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

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

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child care providers receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event, including;

Licensed providers are required to include in their emergency operations plan response actions, for natural, human-caused, or technological incidences including, but not limited to:

- a. Evacuation, both within the building and off-site, relocation;
- b. Secure campus;
- c. Drop, cover and hold;
- d. Lockdown;
- e. Reverse evacuation;
- f. Shelter-in-place; and

g. Bomb threat, scan.

License-exempt rules only require the lockdown, evacuation, relocation and shelter-in-place.

Included in both licensed and license-exempt rules are requirements for continuity of operations and communication and reunification with families. Providers also must include in their plan procedures for children with chronic medical conditions, and children with disabilities or with access and functional needs.

Reporting of serious injuries and deaths standard is included in both licensed and license-exempt rules. All the rules include requirements for practice drills and training.

- List the citation for these requirements.

He-C 4002.19; He-C 6916.07; He-C 6917.07

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

No variations between licensed providers of any types.

The license exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area. License-exempt providers are not required to use the Incident Command System and are only require the lockdown, evacuation, relocation and shelter-in-place.

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

No variations in licensed care.

There are no variations in license-exempt care.

- Describe if relatives are exempt from this requirement.

Relatives are not exempt from this requirement.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

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

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C 4002 and Health and Safety License -Exempt Monitoring Rules for Child care providers receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on handling and storage of hazardous materials and the appropriate disposal of bio-contaminants, including:

- Standards on how to clean up bodily fluids;
- Proper hand washing
- Storage of hazardous materials

- List the citation for these requirements.

He-C 4002.17; He-C 4002.26; He-C 4002.17(I); He-C 4002.26(a); He-C 6916.06; He-C 6917.06; He-C 6916.10; He-C 6917.10

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

No variations between licensed providers of any type.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area. Hand washing and proper cleaning of bodily fluids are addressed in the prevention and control of infectious disease section.

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

No variations between licensed providers.

No variations between licensed-exempt providers.

- Describe if relatives are exempt from this requirement.

Relatives are not exempt from this requirement.

9. Precautions in transporting children (if applicable)

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

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child care providers receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards in transporting children, including:

- Field trips;
- Vehicle registration, insurance and inspection requirements;
- Prohibiting the use of electronic devices while driving;
- The use of child care safety seats for all children under the age of 5;
- Appropriate child restraints or seat belts must be provided to children;
- The limitation to only transport the number of persons the vehicle is designed to carry.

- List the citation for these requirements.

He-C 4002.29; He-C 6916.14; He-C 6917.15

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

No variations between licensed providers of any type.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area and include standards listed above.

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

No variations between licensed providers.
No variations between license-exempt providers.

- Describe if relatives are exempt from this requirement.

Relatives are exempt from requiring permission slips for field trips.

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

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

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child care providers receiving Child Care Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on pediatric first aid and CPR certification, including:

- Having non-expired first aid supplies adequate to meet the needs of the children
- Informing the parent if an injury occurs
- Foods not to serve which can cause a choking hazard to children under the age of 3

- List the citation for these requirements.

He – 4002.19; He-C 4002.19(m); He-C 6916.11; He-C 6917.11

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

No variation between licensed providers of any types.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area and include standards listed above.

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

No variations between licensed providers.

Foods that are a choking hazard to children under the age of 3 is not included in He-C 6916 because the children being cared for in LE child care facilities are school age.

- Describe if relatives are exempt from this requirement.

Relatives are not exempt from this requirement.

11. Recognition and reporting of child abuse and neglect

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

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child care providers receiving Child Care

Scholarship: He-C 6916 and He-C 6917. Child care providers are monitored on specific standards on the recognition and reporting of child abuse and neglect, including:

- All child care providers are mandated to report if they suspect a child is being abused or neglected in accordance with RSA 169-C:29 and must report the suspected abuse to the Division for Children, Youth, and Families;
- Child care providers shall not abuse or neglect children;
- Child care providers take prompt action to protect children from abuse, neglect, corporal punishment or other mistreatment by any individual;
- Actions that must be taken in informing the parent if the health, safety, or well-being of the child was jeopardized.
- List the citation for these requirements.

He C 4002.04; He-C 4002.25; He-C 4002.30 (a); He-C 4002.04(c); He-C 4002.25(e)(1); He-C 4002.25(f); He-C 4002.30(a); He-C 6916.13; He-C 6917.14

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

No variations between licensed providers of any type.

The license-exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area and include standards listed above.

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

No variations between licensed providers.

- Describe if relatives are exempt from this requirement.

Relatives are not exempt from this requirement.

- a) The Lead Agency may also include optional standards related to the following:

1. Nutrition

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

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C 4002. Child care providers are monitored on specific standards on nutrition, including;

- Allowing for individual feeding schedules
- Complying with dietary restrictions as requested by the parent. Child care providers are able to require parents to provide practitioner authorization.
- Providing a weekly menu to families if meals or snacks are served
- Providers not allowing more than 3 hours to elapse between meals
- Ensuring meals and snacks meet the daily patterns listed in USDA "Child Meal Pattern"

- List the citation for these requirements.

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

No variations between licensed providers of any types.
License-exempt rules do not include nutrition standards.

- Describe if relatives are exempt from this requirement.
N/A

2. Access to physical activity

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

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child care providers receiving Child Care Scholarship: He-C 6917 Child care providers are monitored on specific standards on physical activity, including;

Providing daily opportunity for outdoor physical activity or gross motor activity
Limiting the use of media, including televisions, video, or electronic devices

- List the citation for these requirements.

He-C 4002.21; He-C 4002.24; He-C 4002.21(p)(3); He-C 4002.21(p)(4); He-C 4002.24(f); He-C 4002.24(q); He-C 6916.12

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

No variations between licensed providers of any types.

The license-exempt rules are designed to meet the special needs of the population being monitored. Facility based licensed-exempt child care rules are organized by the required health and safety topic area and include standards listed above.

- Describe if relatives are exempt from this requirement.

Relatives are exempt from this requirement.

3. Caring for children with special needs

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

Health and Safety standards are defined in the NH Child Care Licensing Rule: He-C 4002 and Health and Safety License-Exempt Monitoring Rules for Child care providers receiving Child Care Scholarship: He-C 6916 and He-C 6917 Child care providers are monitored on specific standards on children with special needs, including:

- The requirement to develop and implement a written policy to address the limitations of expelling children from a program for challenging behaviors.
- Administering medication, treatment, or other remedy as required under the provision of the American with Disabilities Act
- Providing children with developmentally appropriate toys and opportunities and experiences that support appropriate child growth

- List the citation for these requirements.

He-C 4002.18; He-C 4002.24; He-C 6916.12; He-C6917.12

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

No variations between licensed providers of any types.

The license exempt rules are designed to meet the special needs of the population being monitored. The rules are organized by the required health and safety topic area and include standards listed above; however, facility based license-exempt child care providers are exempt from the requirement of having an expulsion policy.

- Describe if relatives are exempt from this requirement.

Relatives are exempt from the requirement of having an expulsion policy.

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:

- Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.)
- List the citation for these requirements.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).
- Describe if relatives are exempt from this requirement.

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with *Caring for our Children Basics* for best practices and the recommended time needed to address these training requirements.

Pre-Service or Orientation Training Requirements

- a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:
 1. Licensed child care centers:

Five hours, not including First Aid/CPR Certification

2. Licensed FCC homes:
5 hours, not including First Aid/CPR Certification
3. In-home care:
4. Variations for exempt provider settings:
6 hours, not including First Aid/CPR Certification

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

Within 90 days of employment or 2 weeks for programs operating 3 months of the year or less. This requirement is the same for facility based license-exempt providers.

c) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)
 - Provide the citation for this training requirement.
He-C 4002.30 (a)(2); He- C 6914.04(d)(1)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes
 No
2. Prevention of sudden infant death syndrome and the use of safe-sleep practices
 - Provide the citation for this training requirement.
He-C 4002.30(a)(3); He- C 6914.04(d)(2)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes: License-exempt providers must complete trainings prior to enrolling to accept NH Child Care Scholarship
 No
3. Administration of medication, consistent with standards for parental consent
 - Provide the citation for this training requirement.
He-C 4002.30(a)(4)He- C 6914.04(d)(3)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes – License-exempt providers must complete trainings prior to enrolling to accept NH Child Care Scholarship
 No – Licensed providers must complete prior to administering any medication per He-C 4002.18(b)
4. Prevention and response to emergencies due to food and allergic reactions
 - Provide the citation for this training requirement.
He-C 4002.30(a)(5)He- C 6914.04(d)(4)
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes – License-exempt providers must complete trainings prior to enrolling to accept NH Child Care Scholarship

No – Licensed providers must have at least one staff supervising a child with an allergy care plan must have completed the training per He-C 4002.19(g)

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- Provide the citation for this training requirement.
He-C 4002.30(a)(6) He- C 6914.04(d)(5)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes – License-exempt providers must complete trainings prior to enrolling to accept NH Child Care Scholarship
 No – Licensed child care providers

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

- Provide the citation for this training requirement.
He-C 4002.30(a)(7); He- C 6914.04(d)(6)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes – Licensed and license-exempt providers
 No

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation for this training requirement.
He-C 4002.30(a)(8); He- C 6914.04(d)(8)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes – License-exempt providers must complete trainings prior to enrolling to accept NH Child Care Scholarship
 No – Licensed child care providers

8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

- Provide the citation for this training requirement.
He-C 4002.30(a)(9); He- C 6914.04(d)(9)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes – Licensed and license-exempt child care providers
 No

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement.
He-C 4002.30(a)(10);); He- C 6914.04(d)(10)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes – License-exempt providers must complete trainings prior to enrolling to accept NH Child Care Scholarship
 No – Licensed child care providers

10. Pediatric first aid and CPR certification

- Provide the citation for this training requirement. He-C 4002.18(m);He-C 4002.30(a)(11); He-C6914.04(e)(1)(2)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes
 No

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. He-C 4002.30 (a)(12); He-C 6914 (d)(7)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes – License-exempt providers must complete trainings prior to enrolling to accept NH Child Care Scholarship
 No - Licensed child care providers

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. He-C 4002.30 4002.30 (a)(13); He-C 6914 (d)(11)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes – License-exempt providers must complete trainings prior to enrolling to accept NH Child Care Scholarship
 No - - Licensed child care providers

13. Describe other requirements

Child Care Licensing Orientation and Water Safety if supervising children participating in water activities

- Provide the citation for other training requirements. He-C4002.30(a)(1) and He-C 4002.29(t)(3)
- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 Yes – if needed for compliance with number of staff training in water
 No - orientation

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

a) Licensed child care centers:
3 hours in any of the required pre-service or orientation training requirements described above, except for child care licensing orientation.

b) Licensed FCC homes:
3 hours in any of the required pre-service or orientation training requirements described above, except for child care licensing orientation.

c) In-home care:
A minimum of 2 hours of professional development in any of the health and safety topics listed in He-C 6914(d)(1)-(11)

d) Variations for exempt provider settings:
A minimum of 2 hours of professional development in any of the health and safety topics listed in He-C 6914(d)(1)-(11)

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

1. Prevention and control of infectious diseases (including immunizations)
 - Provide the citation for this training requirement. He-C 4002.30 (d); He-C 6914.05 (4)
 - How often does the state/territory require that this training topic be completed?
 Annually.
 Other. Describe
Licensed Providers - Required 3 hours of ongoing training may be in this topic, no specific requirement for this topic.
License-Exempt Providers – Required 2 hours of ongoing training may be in this topic, no specific requirement in this topic.
2. Prevention of sudden infant death syndrome and the use of safe-sleep practices
 - Provide the citation for this training requirement. He-C 4002.30(d); He-C 6914.05(4)
 - How often does the state/territory require that this training topic be completed?
 Annually.
 Other. Describe
Licensed Providers - Required 3 hours of ongoing training may be in this topic, no specific requirement for this topic.
License-Exempt Providers – Required 2 hours of ongoing training may be in this topic, no specific requirement in this topic.
3. Administration of medication, consistent with standards for parental consent
 - Provide the citation for this training requirement. He-C 4002.18(b); He-C 4002.19(g); He-C 4002.30(d); He-C 6914.05(4)
 - How often does the state/territory require that this training topic be completed?
 Annually.

X Other. Describe

Licensed Providers - Required 3 hours of ongoing training may be in this topic, no specific requirement for this topic.

License-Exempt Providers – Required 2 hours of ongoing training may be in this topic, no specific requirement in this topic.

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

- Provide the citation for this training requirement. He-C 4002.30(d); He-C 6914.05(4)
- How often does the state/territory require that this training topic be completed?

Annually.

X Other. Describe

Licensed Providers - Required 3 hours of ongoing training may be in this topic, no specific requirement for this topic.

License-Exempt Providers – Required 2 hours of ongoing training may be in this topic, no specific requirement in this topic.

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- Provide the citation for this training requirement. He- C 4002.30 (d); He-C 6914.05(4)
- How often does the state/territory require that this training topic be completed?

Annually.

X Other. Describe

Licensed Providers - Required 3 hours of ongoing training may be in this topic, no specific requirement for this topic.

License-Exempt Providers – Required 2 hours of ongoing training may be in this topic, no specific requirement in this topic.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

- Provide the citation for this training requirement. He- C 4002.30 (d); He-C 6914.05(4)
- How often does the state/territory require that this training topic be completed?

Annually.

X Other. Describe

Licensed Providers - Required 3 hours of ongoing training may be in this topic, no specific requirement for this topic.

License-Exempt Providers – Required 2 hours of ongoing training may be in this topic, no specific requirement in this topic.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation for this training requirement. He- C 4002.30 (d); He-C 6914.05(4)
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

Licensed Providers - Required 3 hours of ongoing training may be in this topic, no specific requirement for this topic.

License-Exempt Providers – Required 2 hours of ongoing training may be in this topic, no specific requirement in this topic.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

- Provide the citation for this training requirement. He- C 4002.30 (d); He-C 6914.05(4)
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

Licensed Providers - Required 3 hours of ongoing training may be in this topic, no specific requirement for this topic.

License-Exempt Providers – Required 2 hours of ongoing training may be in this topic, no specific requirement in this topic.

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement. He- C 4002.30 (d); He-C 6914.05(4)
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

Licensed Providers - Required 3 hours of ongoing training may be in this topic, no specific requirement for this topic.

License-Exempt Providers – Required 2 hours of ongoing training may be in this topic, no specific requirement in this topic.

10. Pediatric first aid and CPR certification

- Provide the citation for this training requirement. He- C 4002.20 (d); He-C 6914.05(5)
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

Must maintain a current certification

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. He- C 4002.30 (d); He-C 6914.05(4)
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

Licensed Providers - Required 3 hours of ongoing training may be in this topic, no specific requirement for this topic.

License-Exempt Providers – Required 2 hours of ongoing training may be in this topic, no specific requirement in this topic.

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. He-C 4002.30 (d); He-C 6914.05(4)
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

Licensed Providers - Required 3 hours of ongoing training may be in this topic, no specific requirement for this topic.

License-Exempt Providers – Required 2 hours of ongoing training may be in this topic, no specific requirement in this topic.

13. Describe other requirements. Licensed providers – Water safety training supervising children participating in water activities.

- Provide the citation for other training requirements. He-C 4002.29(t)(3)
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

Every 3 years.

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note – Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements.

All licensed providers are required to complete a local health inspection and life safety inspection which is documented on a report that is submitted with an application for licensure, per RSA 170-E:6. Applications for licensure are returned as they are considered incomplete if these reports are not included.

License-exempt providers are required to receive an announced pre-enrollment health and safety inspection from Child Care Licensing Unit (CCLU) making certain the facility or home meets basic fire code and health and safety requirements. An enrollment to accept NH Child Care Scholarship will not be approved until the provider is in compliance with specific health and safety standards determined by DHHS.

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in

98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards.

Once a complete application is received, which includes approvals from the local health, fire and zoning officials, an appointment is made for a licensing inspection. When programs are in compliance with all critical rules in He-4002, a 6-month permit is issued. Within those 6 months, an announce inspection takes place. A full 3-year license is issued when programs demonstrate compliance with He- 4002.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers.

At least one unannounced inspection is required annually, per Licensing Inspection Policy dated February 8, 2018.

3. Identify the frequency of unannounced inspections:

Once a year
 More than once a year. Describe

At least one unannounced inspection occurs annually. More may occur if complaints are received, if corrective action plans required a compliance monitoring, or if inspectors have the ability to complete additional inspections within the year.

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

Inspectors are responsible for all the programs in their assigned territory. Inspectors receive a report that indicates whether or not a program has received an inspection in the calendar year. When recording inspections in our database, the inspector indicates if the inspection included a review of all health and safety requirements. Providers then complete a corrective action plan which reviewed and approved by the inspector. If the providers fail to comply, the rules and law allow for enforcement actions, such as fines, conditional licensed suspensions, revocations, or denial of licensed.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers
RSA170E:8.9, and 10; He-C 4002.02, .04, .05, .06., .09, and .10

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards.

All licensed child care programs must go through the same pre-licensure inspection. Reference 5.3.2(a)(1) for requirements.

2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF family child care providers.
Same response as 5.3.3(a)(2)
3. Identify the frequency of unannounced inspections:
 Once a year
 More than once a year. Describe
Same response as 5.3.2(a)(3)
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.
Same response as 5.3.3(a)(4)
5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers
Same RSA's referenced in 5.3.2(a)(5)

c) Licensed in-home CCDF child care

N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to d.

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards.
2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers.
3. Identify the frequency of unannounced inspections:
 Once a year
 More than once a year. Describe
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.
5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

The NH Child Care Licensing Unit (CCLU)

5.3.3 Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

- The BCDHSC has authority, under He-C 6914, He-C 6916 and He-C 6917, to regulate legally LE providers receiving Child Care Scholarship funds. The CCLU regulates licensed child care providers and, accordingly, employs staff who are qualified and trained to educate, monitor and assess providers and programs regarding relevant laws and rules for the provision of child care. In addition, the CCLU has an established database in place for storing and retrieving data that are necessary for daily operations, including reporting as may be required by federal reauthorization.
- BCDHSC and CCLU have a Policy Directive in place that sets forth the agreement CCLU will conduct initial and ongoing announced monitoring and inspections to child care providers applying or enrolled to accept Child Care Scholarship. Roles and responsibilities of the BCDHSC and the CCLU regarding the enrollment, monitoring and suspension are clearly identified in the policy.
- License-exempt providers are required to receive an announced pre-enrollment health and safety inspection making certain the facility or home meets fire code and health and safety requirements. An enrollment to accept NH Child Care Scholarship will not be approved by BCDHSC until the provider is in compliance with specific health and safety standards in accordance with the Policy Directive.
- An enrolled License-exempt provider is required to receive an annual announced monitoring visit. CCLU inspectors are responsible for all the programs in their assigned territory. Inspectors receive a report that indicates whether or not a program has received an inspection in the calendar year. When recording inspections in our database, the inspector indicates if the inspection included a review of all health and safety requirements. Providers then complete a program improvement plan which is reviewed and approved by the inspector. If the providers fail to comply, the rules and law allow for enforcement action.

Provide the citation(s) for this policy or procedure. He-C6914.05

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

- a. Same response as 5.3.3 (a)
- b. Provide the citation(s) for this policy or procedure. He-C6914.05

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used.

- a. Same response as 5.3.3(a)
- b. Provide the citation(s) for this policy or procedure. He-C6914.05

5.3.5 Licensing inspectors. (*NOTE: 5.3.4 was a duplicate question*)

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1)).

- a) To certify, describe how the Lead Agency ensures that licensing inspectors are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1)).

The qualification for a NH Child Care Licensing Coordinator is found in the Department's Human Resource Supplemental Job description for this position as described below:

Education: Bachelor's degree in early childhood education, child development, education, social services, or a discipline focused on children or social programs. Each additional year of approved formal education may be substituted for one year of required work experience. Experience: Four years' experience in early childhood education, child development, education, or social services delivery. Each additional year of approved work experience may be substituted for one year of required formal education. Preferred Qualifications: Responsibility for program implementation, direct service delivery, program management, planning and evaluation. Special requirements: Must be able to satisfactorily complete or meet additional training criteria relevant to the assigned program area; such as but not limited to: Basic Child Care Licensing Health and Safety Course.

Child Care Licensing coordinators must complete a structured job interview which includes questions on appropriate child care settings, including questions that measure understanding of child development and how to interact with providers. Child Care Licensing Coordinators have an approximate 3-month mentorship with 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.

b) Provide the citation(s) for this policy or procedure.

A Supplemental Job Description can be provided by the State of NH Human Resources Department.

5.3.6 The States and Territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e., number of providers per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

As of April 2018, there are 835 licensed child care programs and 12 inspectors. Depending on the size of the territory covered, the ratio is 60-70 inspectors. In 2017 all programs received at least one unannounced inspection, in addition to completing complaint inspections, pre-licensure inspections, revision of licenses, and onsite consultations. Reports indicating the programs in need of an annual inspection, which are regularly reviewed by supervisors, assist with ensuring that all inspections are completed annually.

Monitoring of license-exempt child care providers applying to enroll with DHHS to accept Child Care Scholarship funds will begin July 1, 2018.

Monitoring of currently enrolled licensed-exempt child care providers will begin September 30, 2018.

b) Provide the policy citation and state/territory ratio of licensing inspectors.

This information will be included in a Policy Directive by September 30, 2018.

5.3.7 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

- Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.
- Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers

(including which relatives may be exempt) and how the State ensures the health and safety of children in relative care. 

No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

5.4.1 In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met. In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met and apply for the time-limited waiver by responding to questions 5.4.1a through 5.4.1h below.

As a reminder, the CCDBG Act requires States and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care providers that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children. For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. This requirement does not apply to individuals who are related to all children for whom child care services are provided.

A criminal background check must include 8 specific components, which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

1. Criminal registry or repository using fingerprints in the current state of residency (in-state);
2. Sex offender registry or repository check in the current state of residency (in-state);
3. Child abuse and neglect registry and database check in the current state of residency (in-state);
4. FBI fingerprint check (national);
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (national);
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional (inter-state);
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years (inter-state); and
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (inter-state).

Milestone Prerequisites for Time-Limited Waivers

By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 45 CFR 98.43 and 98.16(o):

- The national FBI fingerprint check; and,
- The three in-state background check provisions for the current state of residency:
 - state criminal registry or repository using fingerprints;
 - state sex offender registry or repository check;
 - state-based child abuse and neglect registry and database .

All four components are required in order for the milestone to be considered met.

If the milestone prerequisites are met, then time-limited waivers may be requested for the components as outlined in the table below.

Background Check Components	If milestone is met, time-limited waiver allowed for:
1) In-state criminal w/fingerprints	Conducting background checks on backlog of current (existing) staff only
2) In-state sex offender registry	
3) In-state state-based child abuse and neglect registry	
4) FBI fingerprint check	
5) NCIC National Sex Offender Registry (NSOR)	Establishing requirements and procedures AND/OR
6) Inter-state state criminal registry	Conducting background checks on all new (prospective) child care staff
7) Inter-state state sex offender registry	AND/OR
8) Inter-state child abuse and neglect registry	Conducting background checks on backlog of current (existing) staff

States and Territories will apply for the initial waiver for a one-year period (starting October 1, 2018 and ending September 30, 2019) as part of the submission of this Plan. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial

waiver period. Additional guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

- Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017
- Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018
- One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019
- Waiver renewal deadline (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Use questions 5.4.1a through 5.4.1d below to describe achievement of the milestone components, use questions 5.4.1e through 5.4.1h to provide the status for the remaining checks, and as applicable, use questions 5.4.1a through 5.4.1h to request a time-limited waiver for any allowable background check requirement.

a) Briefly summarize the requirements, policies and procedures for the search of the state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

The staff member in licensed and licensed exempt programs completes and signs a Criminal History Record Information Authorization form that authorizes release of the information to Child Care Licensing for licensed providers and to the Bureau of Child Development and Head Start Collaboration (CDHSC) for Licensed-Exempt providers. These forms are submitted to the NH Criminal Records Unit in the Department of Safety, along with submission of their digital fingerprints and payment. The NH Criminal Records Unit completes the instate criminal record check using the individual's name and date of birth. The fingerprints are submitted to the FBI, and those results, which include all fingerprint supported convictions from NH, is returned to the Child Care Licensing Unit for licensed providers and to the CDHSC for licensed-exempt providers.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).

All licensed providers and licensed-exempt providers receiving CCDF have the same background check requirements under RSA 170-E:7

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

All licensed providers and licensed-exempt providers receiving CCDF have the same background check requirements under RSA 170-E:7

iii. Has the search of the state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

Yes.

No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. _____ Describe the status of conducting the search of the state criminal registry or repository, with the use of fingerprints for current (existing) child care staff. At a minimum, the description should

briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

Our NH Department of Safety (NH DOS) anticipated becoming an NFF compliant state by the end of 2018 or first quarter of 2019. NH DOS just recently upgraded their databases, which now gives them the technology to become NFF compliant. NH DOS will be working with the FBI's CJIS team towards compliance. All fingerprint supported convictions are sent by the NH DOS to the FBI; therefore when an individual's results are returned from the FBI, we receive all NH convictions supported through fingerprints. We also receive all convictions using name and DOB from the NH state criminal depository, ensuring an individual's complete record is received.

- iv. List the citation: RSA 170-E:7, He-C 4002.02(e), He-C 4002.04(m) and He-C 2920.04
- b) Briefly summarize the requirements, policies and procedures for the search of the state sex offender registry or repository in the state where the staff member resides.

The staff member in licensed programs completes and signs a Household and Personnel form and the staff member in licensed-exempt programs completes and signs a Background Check Authorization, that the program/provider submits to the licensing unit or to the CDHSC. Child Care Licensing staff or the CDHSC staff check the name of each individual against the NH's Sex Offender Registry. If the staff member lives in another state, then licensing staff or CDHSC staff use the National Sex Offender Public Website for information from that individual's state.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E:7.

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

See i. above.

- iii. Has the search of the state sex offender registry or repository been conducted for all current (existing) child care staff?

Yes

No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. _____ Describe the status of conducting the search of the state sex offender registry or repository for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible

providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

- iv. List the citation: RSA 170-E:7, He-C 4002.02(d)(5), He-C 4002.04(l)
He-C 6920 is being revised.
- c) Briefly summarize the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in the state where the staff member resides.

The staff member in licensed programs completes and signs a Household and Personnel form and the staff member in licensed-exempt programs completes and signs a Background Check Authorization form that the program/provider submits to the licensing unit or to the CDHSC. Child Care Licensing staff or the CDHSC staff check the name of each individual against the NH Child Abuse and Neglect Registry. If the staff member lives in another state, then along with the Household and Personnel Form they submit the form for the state they live in, which is provided on the licensing website: <https://www.dhhs.nh.gov/oos/cclu/out-of-state-checks.htm>. The licensed-exempt providers complete the Background Check information and authorization along with the DCYF Central Registry Name Search Authorization. If the provider or any household member lives in another state, they must fill out the previous states form which is sent to the provider by CDHSC.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E:7

- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E:7

- iii. Has the search of the state-based child abuse and neglect registry and database been conducted for all current (existing) child care staff?

Yes

No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. _____ Describe the status of conducting the search of the state-based child abuse and neglect registry and database for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

- iv. List the citation: RSA 170-E:7, He-C 4002.02(d)(5), He-C 4002.04(l) and He-C6920.04(g)
- d) Briefly summarize the requirements, policies and procedures for the FBI fingerprint check using Next Generation Identification.

All individuals 18 years of age or older are required to complete a criminal background check. RSA 170-E:7 requires digital fingerprints be submitted.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E:7

ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

All licensed-exempt providers receiving CCDF have the same background check requirements as licensed providers under RSA 170-E:7.

iii. Has the search of the FBI fingerprint check using Next Generation Identification been conducted for all current (existing) child care staff?

Yes

No. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. _____ Describe the status of conducting the FBI fingerprint check using Next Generation Identification for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

Since July 1, 2007, NH has conducted an FBI criminal background check using fingerprints. Since October 1, 2016, anyone receiving a criminal background check was required to have digital prints. Between 2007 and 2016, individuals may have either had inked or digital fingerprints submitted. We do not have any mechanism for knowing those current staff that completed the process using inked prints prior to October 1, 2016. Therefore, we can only be certain all current staff will have completed the process using Next Generation Identification by September 30, 2021.

iv. List the citation: RSA 170-E:7, He-C 4002.02(e) and He-C 4002.04(m)

e) Describe the status of the requirements, policies and procedures for the search of the NCIC's National Sex Offender Registry.

Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the search of the NCIC's NSOR check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). _____
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). _____
- iii. List the citation: _____

In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. _____ Describe the status of implementation of requirements, policies and procedures for the NCIC's National Sex Offender Registry. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all prospective and existing licensed, regulated and registered providers; and all

other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

As of January 2, 2018, the NH DOS is searching all individuals in the NCIC's national Sex Offender Registry. Individuals are required to complete the background check process every five years or if separated from child care employment for more than 6 months. Therefore, not all staff will be checked in NCIC NSOR until December 31, 2022.

f) Describe the status of the requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states.

- Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state criminal registry check on all new and existing child care staff.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).
 - iii. List the citation:
- In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. Describe the status of implementation of requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

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. We are also reviewing our current law and have had discussions with the NH DOS to determine if requests may be submitted through them, or if individuals will need to request this information from other states and have the results returned to the State. Our law will need to be revised to allow the interstate criminal check on the process is determined.

g) Describe the status of the requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years.

- Fully implemented for all required child care providers (all licensed, regulated or registered; and all (prospective and existing) child care providers eligible to provide care for children receiving CCDF assistance). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state sex offender registry check on all new and existing child care staff.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).

All licensed providers and other providers receiving CCDF have the same background check requirements under RSA 170-E:7

- ii. Describe how these requirements, policies and procedures apply to all providers eligible to care for children receiving CCDF, in accordance with 98.43 and 98.16(o).
- iii. List the citation: RSA 170-E:7, He-C 4002.02(d)(5), He-C 4002.04(l), He-C 2920.04
- In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. _____ Describe the status of implementation of requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: _____

h) Describe the status of the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years.

- Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the state-based child abuse and neglect registry check on all new and existing child care staff.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). _____
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). _____
 - iii. List the citation: _____
- In progress. Check here to indicate request for time-limited waiver for this requirement and enter the expected date of full implementation of this requirement. _____ Describe the status of implementation of requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: _____

Since October 1, 2016, anyone living out of state in the previous 5 years has completed this process if submitted on a Household and Personnel Form, which is required every time a new employee is hired. Not all current employees have yet been required to submit the Household and Personnel Form to initiate that process. Staff hired prior to October 2016 and working for the same provider will not submit a new Household Personnel form until they are required to complete the criminal background check, which is required every 5 years. Therefore, staff hire in September 2016 will remain working for the same provider will complete this process in September 2021.

5.4.2 A child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective child care staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter. A prospective child care

staff member may begin to work on a provisional basis for a child care provider after completing either a Federal Bureau of Investigation (FBI) fingerprint check or a search of the state/territory criminal registry or repository using fingerprints (in the state/territory where the staff member resides. However, the child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

5.4.3 Does the state/territory allow prospective staff members to begin work on a provisional basis (if supervised at all times) after completing the FBI fingerprint check or a fingerprint check of the state criminal registry or repository in the state where the child care staff member resides?

No.

Yes. Describe:

Currently the laws and rules for licensed child care programs allow individuals to begin working once the background check has been submitted and prior to receiving results, without any additional supervision.

5.4.4 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

5.4.5 Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)). _____

5.4.6 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory's option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

5.4.7 Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(h)?

No.

Yes. Describe:

A crime which shows that the person might be reasonably expected to pose a threat to a child, such as a violent crime or a sexually-related crime against an adult. A felony offense deemed directly or indirectly harmful to children in child day care or crimes against minors or adults, not otherwise indicated, requires a review by the department staff for determination or eligibility.

5.4.8 The state/territory has a process for a child care staff member to appeal the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a

review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

Results of background checks are only shared with the individual in a letter addressed to them that indicates the convictions provided. Child care providers are only provided with notification that the individual is ineligible for hire.

Reviews of the completeness and accuracy of the criminal background report is conducted by NH DOS, as follows:

Saf-C 5703.12 Procedure for Correcting a CHRI

1. Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository.
2. A copy shall be provided to a person if after review he/she indicates he/she needs to copy to pursue the challenge.
3. Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct.
4. The director shall take the following actions within 30 days of receipt of challenge:
 - i. Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid;
 - ii. If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and
 - iii. If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541.
5. When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction.
6. The person shall be entitled to review the information that records the facts, dates, and results of each formal state of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

5.4.9 The State/Territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

NH DOS charges a fee of \$25.00 when conducting a state criminal background check. NH DOS and DHHS have an agreement of a reduced fee for 15.00 for child care providers. Of that \$15.00, DHHS pays 7:50 for all staff working in licensed programs. Therefore, individuals pay the 7:50 to NH DOS to process the state portion of the criminal background check. NH DOS only charges what the FBI sets for their cost, currently \$12.00, for a total fee of \$19.50 for individuals to complete their criminal background check. If the individual working in a licensed program requires a check of another state's child abuse and neglect registry the individual is responsible for those costs. The amount for the licensed exempt providers is different. The state pay \$10.00 and the providers pay \$12.00. The charge for another state's child abuse and neglect registry is paid for by the individual.

5.4.10 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, States have the flexibility to decide which background check requirements relatives, as defined by CCDF, must meet. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from background checks?

No, relatives are not exempt from background check requirements.
 Yes, relatives are exempt from *all* background check requirements.

Relatives are exempt from *some* background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers. _____

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Describe how the state/territory developed its training and professional development. Each State or Territory must describe their professional development framework for training, professional development, and post-secondary education, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework. Describe how the state/territory's framework for training and professional development addresses the following required elements:

- State/territory professional standards and competencies. Describe:

The New Hampshire Professional Development System for Early Childhood and Afterschool is a voluntary system providing a framework for ongoing professional development along a progression from entry level to master professional level. The Early Childhood Professional Development System requires credential applicants to submit a professional development plan based on the self-assessment of competencies. Credential applications may be submitted by paper to the BCDHSC or online through the NH Professional Registry.

Three competency tools were developed by a cross sector work group and are inclusive of competencies from "A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and Their Families, Core Knowledge, Competencies and Dispositions", produced by the Office of Child Care and the Office of

Head Start, other state competencies, particularly Illinois and Maine, National Association for the Education of Young Children (NAEYC) Standards for Early Childhood Professional Preparation, and in alignment with NH's Early Childhood and Family Mental Health Competencies produced by the New Hampshire Association for Infant Mental Health. Links to the competency tools can be found online: <http://www.dhhs.nh.gov/dcyl/cdb/profdev.htm>.

Additionally, the Workforce and Professional Development Committee, a subcommittee of Spark NH which is the governor appointed early childhood advisory council, has created a cross-sector set of professional competencies entitled the Shared Professional Early Childhood Core Competencies (SPECCC). These competencies were developed using 14 source documents which represented standards and competencies from the early learning, family support and health sectors. Commonalities were identified and synthesized into a document which can be found at <http://sparknh.com/site/assets/files/1044/sharedprofessionalearlychildhoodcorecompetenciesapril2016.pdf>. The SPECCC is intended to be used as a resource for all professionals who work with and on behalf of expectant families, children from birth through grade 3, and their families, with a particular focus on the fields of family support, health and early learning. The SPECCC can be used by professionals to assess their level of knowledge and skill; by directors and program administrators to assess staff, facilitate individual professional development planning and inform job descriptions; by those who plan trainings to promote specific skill development and by higher education professionals to design course content and inform articulation agreements.

- Career pathways. Describe:

The progression of professional development in the New Hampshire Professional Development System is demonstrated through a series of lattices: Family Child Care; Teacher; Master Teacher; Administrator; and Master Professional in the New Hampshire Early Childhood Professional Development System. Each lattice contains professional development requirements for education and specialized coursework, work experience, ongoing professional development, and professional development plans based on self-assessment of competencies.

The New Hampshire Afterschool Professional Development System lattices move in progression from Direct Service to Administrator to Master Professional. The New Hampshire Afterschool Professional Development System uses professional activity units in the afterschool credential rather than professional development plans. The Afterschool credentials are in the process of being revised and consideration is being given to incorporating the professional development plan based on the self-assessment of National Afterschool Association (NAA) Competencies on some lattices within the system. Consideration is being given to adding a Leadership Endorsement on all levels of the Afterschool lattices.

Some NH institutions of higher education include early childhood and youth development certificate programs as a pathway toward earning a degree and helping providers meet staff educational qualifications for licensing. This coursework also helps professionals meet the requirements for higher levels on the credential lattices.

- Advisory structure. Describe:

Spark NH, Early Childhood Advisory Council, has a Workforce and Professional Development Committee that serves as the Advisory Body for development and implementation of the National Association for the Education of Young Children's Policy Blueprint framework. The Workforce and Professional Development Committee develops recommendations and implementation plans to enhance NH's capacity for the recruitment, retention, advancement, and support of qualified professionals across

early childhood programs via education, training, and credentialing. <http://sparknh.com/council-and-committees/workforce-and-professional-development/>

- Articulation. Describe:

All two- and four-year institutions of higher education with early childhood education or degree programs participated in the Center for the Study of Child Care Employment, University of California at Berkeley's inventory in 2013, which produced *The State of Early Childhood Higher Education in New Hampshire: The New Hampshire Early Childhood Higher Education Inventory* <http://education.nh.gov/instruction/curriculum/documents/higher-ed.pdf>

The Institutions of Higher Education Roundtable facilitated by the Bureau of Child Development and Head Start Collaboration meets three times/year and has been addressing some of the inventory recommendations since 2014, including expanding articulation agreements and embedding pre service health and safety training as required by the CCDBG Act of 2014 into early childhood education coursework. The New Hampshire Community College System consists of seven colleges, of which most have articulation agreements with four-year colleges in NH.

The University System of NH and the NH Community College System created and maintain an articulation website that enables students to determine how their credits will transfer across the two systems. For more information about articulation within the University System of NH and the NH Community College System, see: <https://www.nhtransfer.org/transfer-agreements>.

- Workforce information. Describe:

- The NH DHHS/DEHS/BCDHSC, along with Child Care Aware of NH and ACROSS NH, co-manages an early childhood and afterschool workforce registry, the New Hampshire Professional Registry (or the Registry), which can be viewed here: <http://www.dhhs.nh.gov/dcyf/cdb/prof-registry.htm>.
- The Registry is able to capture workforce data including demographics, employment, education, and professional development. Enrollment in the Registry is voluntary for licensed child care providers, but is mandatory for license-exempt child care providers who participate in the NH Child Care Scholarship program. There is no fee for enrolling in the Registry.
- The Impact Project was designed to develop/promote recommendations for addressing early childhood workforce issues in the state, including recruitment and retention, compensation and alternative career pathways. As part of this effort, a public/private partnership was formed among the BCDHSC, the Endowment for Health and the NH Charitable Foundation to fund an early childhood workforce study, which will provide baseline information on the status of the State's current early childhood workforce. Included in this study will be licensed child care centers (e.g., Head Start, preschool and child care) and licensed family child care homes.
- Additionally, the most recent Market Rate Survey included a question on staff turnover that will also provide information on the status of our child care workforce.

- Financing. Describe:

The BCDHSC has several contracts that provide funding for professional development:

- The CCAoNH contract provides many professional development opportunities, from Child Care Basics trainings to Leadership trainings at little to no cost to providers. Technical assistance is also provided through this contract at no cost.
- The ACROSS NH contract provides training and technical assistance to schoolage professionals at little or no cost to individuals.
- The Early Childhood Tuition Assistance contract pays for tuition at either 100% or 50% for early childhood course work for professionals working with children from birth through age 5 who meet specific work hour requirements.
- The PTAN contract provides free trainings for early childhood professionals on topics related to social emotional development.
- ProSolutions holds the contract for online health and safety trainings required by the CCDF Reauthorization. These trainings are available 24/7 at no charge to providers.

The following phrases are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe: _____

Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe:

Through collaboration between the NH DHHS/DEHS/BCDHSC and the NH Early Childhood Higher Education Round Table, the mandatory Health and Safety trainings have been incorporated into many institutions of higher education's course work in order to ensure the students have completed the required trainings as a component of their degree. Child Care Aware of NH offers many of the required health and safety training topics through evening trainings and its annual statewide health and safety conferences. Special days of training have also taken place around specific health and safety training topics such as Emergency Preparedness and Trauma Informed Care. Many of the higher education institutions also incorporated the NH Early Learning Standards in their early childhood course work. Child Care Aware of NH offers several trainings around the NH Early Learning Standards, both in face to face formats and by webinar.

Over the past 3 years, the BCDHSC has partnered with the NH Department of Education (DOE) to offer an early childhood strand within the annual Educators' Summer Summit. Topics have included social emotional development/early childhood Pyramid Model, diversity, poverty, implicit bias, expulsion, and Kindergarten Readiness Indicators.

Other. Describe:

6.1.2 Describe how the state/territory developed its training and professional development requirements in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or with another state or state-designated cross-agency body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

Professional development requirements for the New Hampshire Early Childhood and Afterschool Professional Development System were developed by two state cross-agency bodies, the New Hampshire Early Childhood Credential Task Force and the New Hampshire Afterschool Network (NHAN). Representatives on these bodies included the BCDHSC, Child Care Licensing, Child Care Aware of NH, ACROSS NH, Department of Education, PTAN, 2 and 4-year higher education institutions and child care providers. The Child Care Licensing Rule requiring 18 hours of on-going professional development was originally developed by the Child Care Licensing

Rules Revision Task Force, prior to the existence of Spark NH. The governor-appointed SAC (Spark NH, Early Childhood Advisory Council) was established by Executive Order in 2011. A recent revision of the rules did not change the number of required hours of ongoing professional development. The recently revised rules were reviewed by members of Spark NH and recommendations around professional staff qualifications were submitted to the Child Care Licensing Unit Chief who also is a Spark NH committee member.

6.1.3 Identify how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). Check and describe all that apply.

Financial assistance to attain credentials and post-secondary degrees. Describe:

The BCDHSC contracts with Granite State College, which subcontracts with the New Hampshire Community College System to offer tuition assistance for early childhood education credit-bearing courses for eligible staff working in licensed child care programs. The tuition assistance covers 100% of the cost of an individual's first early childhood course as well as Infant/Toddler Development, Young Children with Special Needs, and Challenging Behaviors and Positive Behavior Guidance. All other Early Childhood eligible courses are reimbursed at 50% of tuition. To be eligible for the tuition assistance reimbursement, courses must be taught by faculty holding a valid NH Master Professional Faculty Credential. Students may use the tuition assistance towards the attainment of an Associate's degree in Early Childhood Education or Bachelor's degree in Early Childhood Education/Early Childhood Special Education and a Bachelor's in Applied Studies Option in Human Services and Early Childhood Development.

- Financial incentives linked to educational attainment and retention. Describe: _____
- Financial incentives and compensation improvements. Describe: _____
- Registered apprenticeship programs. Describe: _____
- Outreach to high school (including career and technical) students. Describe: _____
- Policies for paid sick leave. Describe: _____
- Policies for paid annual leave. Describe: _____
- Policies for health care benefits. Describe: _____
- Policies for retirement benefits. Describe: _____
- Support for providers' mental health, such as training in reflective practices and stress-reduction techniques and health and mental health consultation services. Describe: _____
- Other. Describe: _____

6.2 Training and Professional Development Requirements

The state/territory must develop training and professional development requirements, including pre-service or orientation training (to be completed within 3 months) and ongoing requirements designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive

behavior intervention and support models (as described in section 2) in the training and professional development requirements (98.44(b)(2)(ii)).

- In the NH CCLU rules, there is a requirement that staff working 25 or more hours per week complete 18 hours of ongoing professional development per year. Of those 18 hours, 6 must be in the 11 required health and safety topics and child development. Staff working fewer than 25 hours/week must complete 12 hours annually, of which 3 must be in the required Health and Safety topics. The additional hours must be in specific content areas including, but not limited to, caring for children with exceptionalities, behavior guidance and child abuse and neglect.
- The preservice Health and Safety trainings listed in Section 5 are required under the CCLU rules for licensed providers and under the BCDHSC enrollment rules for license-exempt providers. License-exempt providers who are enrolled to receive NH Child Care Scholarship must complete 4 hours of professional development annually of which 2 must be in the required health and safety topics. The 2 additional hours must be in specific content areas including, but not limited to, caring for children with exceptionalities, behavior guidance and child abuse and neglect.
- Child Care Aware of NH offers Child Care Basics trainings that incorporate the Early Learning Standards in trainings that address child development. Additionally, Child Care Aware of NH offers Standards of Practice trainings that provide trainings to child care professionals on how to embed the Early Learning Standards into program practice. Child Care Aware of NH staff also offer technical assistance around implementation of the Early Learning Standards in early childhood settings through the *Progressive Training & TA Program: NH Early Learning Standards*. An introductory training on the Early Learning Standards is offered by webinar through the NH DHHS/DCYF/BCDHSC on an ongoing basis. The Early Learning Standards are also incorporated in several college courses as described in the subsequent section. Early Learning Standards are required as part of the Licensed-Plus application process.
- BCDHSC contracts with ProSolutions to provide all of the required Health and Safety trainings, except for CPR and First Aid, at no fee. The Health and Safety trainings have also been included in many institutions of higher education's courses as referenced in Section 6.1.1. Child Care Aware of NH offers health and safety conferences statewide on an annual basis.
- One of the Child Care Basics, Social Emotional Development of Young Children includes some basic information about this topic. The Early Learning Standards developmental domain, Social and Emotional Development, is highlighted during this training. More advanced training on this topic is offered through the Preschool Technical Assistance Network (PTAN) CCDF-funded contract, including *Pro-Social Skills: Averting Challenging Behaviors; Child Engagement: Promoting Success and Preventing Challenging Behaviors*; and *T/IECS*. PTAN also coordinates with the NH Institutions of Higher Education to implement an action plan to infuse evidence-based practices that promote social emotional development into higher education classes and practicum experiences to prepare students to work in inclusive child care programs. NH has become the 28th Pyramid Model state with the Pyramid Model Consortium to further incorporate social/emotional training using positive behavior intervention and supports. Key stakeholders in the state are working together to develop a sustainable infrastructure that will offer a more systemic approach that those who work with young children have the capacity to support families and strengthen the social-emotional development of young children.
- The Afterschool Basics include a component on social-emotional development. ACROSS NH, the Afterschool contractor, also offers more advanced trainings on social-emotional development including, "Mental Health First Aid, "Behavior Management 101,""Behavior Management Summer Edition," "Social

Emotional Learning (SEL) for Afterschool," "Challenging Behaviors," "Positive Interactions with Children," and other topics including mindfulness and conflict resolution.

All of these trainings meet the requirements of Child Care Licensing and the New Hampshire Professional Development System.

6.2.2 Describe how the state/territory's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). **N/A**

6.2.3 Describe how the state/territory will recruit and facilitate the participation of providers with limited English proficiency and persons with disabilities (98.16(dd)).

- Child Care Aware of NH is required to employ a Bilingual Outreach Specialist who works with families, providers and potential providers whose first language is Spanish. This staff member's responsibilities include providing child care referrals to families whose first language is Spanish and conducting outreach to Spanish-speaking providers. Additionally, this staff member provides translation of Child Care Aware of NH materials that include information about the services provided by Child Care Aware of NH such as helping individuals to become child care providers. The Bilingual Support Specialist also provides training and targeted technical assistance to programs. Additionally, some of the Child Care Basic trainings have been translated into Spanish. They also attend NHEP Orientations that are conducted for families who speak Spanish.
- If the bilingual specialist is not proficient in the same language as the provider, other supports exist within the agency to assist with the providers' needs.
- NH's consumer education website, which is maintained by Child Care Aware of NH, is accessible in multiple languages through the Google translation service. Child Care Aware of NH will be contracting with a website developer to redesign the consumer education website. The new website will be designed to be 508 compliant to provide access to persons with disabilities.
- Host sites for trainings are typically wheel chair accessible. In the case of providers with a hearing impairment, Child Care Aware of NH has supported the cost of translation services at trainings. Persons with other disabilities would be supported as appropriate upon request.
- NH has contracted with ProSolutions to provide the required Health and Safety trainings. The trainings are 508 compliant to ensure accessibility to individuals with disabilities. Additionally, Adult e-Learning Theory principles are incorporated to address different learning styles so that all types of learners can benefit from the courses such as embedded video, narration, downloads, and interactive quizzes and tests to reinforce content. These trainings are also available in Spanish.
- ACROSS NH has made accommodations for persons with physical disabilities by ensuring training venues are handicapped accessible. Persons with other disabilities would be supported as appropriate upon request.
- PTAN has budgeted for the ability to hire interpreters, as required, to provide consultation or training to parents or teachers who are hearing impaired, non-English speaking or have limited English proficiency. PTAN provides culturally responsive materials and services as required to meet the needs of parents and teachers who are non-English speaking or have Limited English Proficiency (LEP). PTAN project staff do not rely on family members or friends of LEP persons to serve as interpreters unless the LEP person expressly requests such an arrangement. Children of the LEP person are not asked to translate or

interpret. An LEP person is not required to pay for the services of an interpreter. PTAN provides translated promotional materials as required to meet the needs of parents and teachers or directors with Limited English Proficiency and those in culturally diverse neighborhoods.

6.2.4 If the Lead Agency provides information or services to providers in other non-English languages, please identify the three primary languages offered or specify that the State has the ability to have translation/interpretation in primary and secondary languages.

The State contracts with the Language Bank for translation and interpretation in all primary and secondary languages.

6.2.5 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii-iv)).

- In NH, the CCLU rules are not specific to providers receiving CCDF funds. This ensures that all programs are meeting CCDF requirements, which benefits all families and children enrolled in NH licensed child care programs. License-exempt rules in NH are specific to programs enrolled to receive the NH Child Care Scholarship. Contractors who are supported through CCDF funds serve all child care providers which help them to meet the CCLU and license-exempt rules around professional development.
- The BCDHSC, Child Care Aware of NH, PTAN and the ACROSS NH offer in-person training across the state. These trainings are offered at a variety of times, for example in the evenings or on Saturdays, to accommodate varied schedules. Specialized trainings for directors are also offered at director group meetings. Live webinars are also an option that meets the needs of many providers.
- Professional development opportunities are offered to address the specific needs of infants, toddlers, preschoolers, elementary school-aged children, early middle school aged children, and for children with developmental delays and disabilities.
- A variety of levels from Child Care Basics and Afterschool Basics to college-level courses exist. These courses and trainings can be applied toward the attainment of one's credential or Infant/Toddler endorsement, or to meet on-going training requirements.
- Within the NH Early Childhood Professional Development System, an Infant and Toddler endorsement is available to professionals who work with those age groups. An Infant/Toddler Teacher Early Head Start option exists in the Early Childhood Professional Development System to ensure that the Early Head Start teacher requirements are included in the system. Additionally, NH has developed the Afterschool Professional Development System which includes credentials at 3 career lattices for professionals in that field.
- The NH Professional Registry connects to the training calendar that includes professional development opportunities offered by the BCDHSC, Child Care Aware of NH, ACROSS NH, and PTAN. These opportunities are accessible to all professionals enrolled in the NH Professional Registry. License-exempt providers enrolled to receive the NH Child Care Scholarship are required to enroll in the NH Professional Registry. Most of the trainings in the Registry are free of charge. Each training description includes the Core Knowledge Areas addressed.

- Several trainings are offered to support providers working with children with developmental delays and disabilities. Child Care Aware of NH offers the following trainings: "Child Care Basics: Providing Inclusive Care," "How Do I Meet All of These Special Needs," "How Does Nutrition, Temperament, and Other Factors Tie into an ADD/ADHD Diagnosis," "Calling All Learners! Creating Inclusive and Respectful Classroom Culture," "Working with Kids with Special Health Care Needs," "Watch Me Grow, Ages and Stages, and Learn the Signs: Act Early."
- ACROSS NH offers "Techniques for Working with Afterschool Children with ADD, ADHD and ODD" and "The Wonders of Autism."
- PTAN offers trainings in Trauma Informed Early Childhood Services (TIECS); Prosocial Skills: Averting Challenging Behaviors; and Child Engagement: Promoting Success and Preventing Challenging Behaviors.
- The NH Early Learning Standards has a section on Dual Language Learners, along with a list of resources for professionals caring for children whose first language is not English. During the *Introduction to the NH Early Learning Standards* training provided by the BCDHSC, attention is directed to these sections of the document to support providers with this need. Embedded in some of the Indicators of Progress in the NH Early Learning Standards are examples of children who are dual language learners.

6.2.6 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (658E(c)(3)(B)(i)).

- a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).
 - In the renewal of the Child Care Aware of NH contract in 2017, a requirement was added around training and technical assistance to help providers identify and serve children and families experiencing homelessness. Sessions of the trainings titled "Working With Homeless Youth", "Understanding Homelessness and its Impact on Children and Families", and "Strengthening Families Experiencing Homelessness" are offered. During Leadership Collaboratives presented by Child Care Aware of NH, the topic of homelessness has been discussed and resources have been provided to child care program directors. At several of these sessions, a Homeless Outreach Specialist or a school district homelessness liaison talked about their work and the services for families experiencing homelessness that are offered through their agencies or communities.
 - Child Care Aware of NH has created a TA Initiative titled *Homelessness Identification and Assistance*. The training and TA staff from CCAoNH provides intensive TA around homelessness to child care providers through this initiative.
 - The ACROSS NH contract also includes a requirement that training on homelessness is provided. The contractor has provided trainings entitled "Afterschool –Summer Concerns: Homelessness and Hunger" and "Afterschool – Working with Children and Families Experiencing Homelessness."
 - Some BCDHSC staff presented at NH's Annual Statewide Homeless Education Liaison Meeting to inform the liaisons about the CCDF requirements around homelessness. The goal of this presentation is to ensure that the liaisons have the resources needed to support families in the schools who are experiencing homelessness if they also have young children enrolled in child

care. Efforts are being made to recruit a cadre of liaisons to provide training for child care providers within their region around families experiencing homelessness.

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

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving homeless children and their families (connects to question 3.2.2).

- Several Child Care Aware of NH staff attended trainings about homelessness, including "Bridges Out of Poverty" presented by Prudence Pease. Some staff also attended a poverty simulation through Child Care Aware of America to experience the potential effects of homelessness. As a result of these trainings, the Child Care Aware of NH staff is better equipped to support child care providers and the families they serve. Additionally, when the Child Care Aware of NH staff provide child care referrals to families with children from birth through age 12, they are better able to identify families as homeless and provide resources such as family resource centers, homeless shelters, soup kitchens, etc. to these families.
- Additionally, NH DHHS, Division of Family Assistance District Office (DO) staff who work with families to determine eligibility for the NH Child Care Scholarship have received training on identifying and serving homeless children and their families. The training unit went out to each DO between the dates of June 25, 2017 – July 10, 2017 and provided in-person training on the NH Child Care Scholarship changes. Child Care Scholarship training is included in the New Hire curriculum which a new hire would view independently during Structured Field Time (SFT) on Moodle (Division of Client Service's learning management system) prior to classroom training. The training unit also provides one full day of Child Care Scholarship training during classroom time which is offered every month in the new hire training curriculum. This training is not limited to new hires only, as we sometimes get field requests for a seasoned worker to attend training on a specific topic offered in the curriculum. A Child Care Scholarship refresher training has been developed and posted in Moodle for all staff to view.
- The training unit provides many NH Child Care Scholarship handouts for this training including, but not limited to Income Eligibility Levels for Child Care, McKinney Vento definition of Homelessness, Maximum Weekly Standard Rates and Child Care Aware of NH (CCR&R) information.

6.2.7 The states and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
- Orientations
- Onsite training
- Online training

- Regular check-ins to monitor the implementation of CCDF policies
- The type of check-ins, including the frequency.

The BCDHSC audits program closure days, such as snow days and holidays, to ensure providers are not billing improperly for days they are not open. These audits typically happen within 30 days of a holiday or snow day. Audits are also conducted on license-exempt providers to ensure they are not billing for more children than they are legally allowed to care for. These audits occur on a monthly basis. The BCDHSC follows up on all providers that bill for more than 12 hours to determine that the parent did, in fact, work more than 12 hours. This type of audit occurs weekly. Random audits are also conducted on any provider to determine that the children's hours are supported by attendance records. If inaccuracies are found during any of these audits, providers are reminded of the billing and payment rules and policies in order to promote future compliance.

Whenever the CCLU, the DHHS Special Investigations Unit, or other internal staff report suspected misuse of NH Child Care Scholarship Program, an audit is conducted to determine whether fraud has occurred. Occurrences of fraud are reported to the DHHS Special Investigations Unit.

- Other. Describe:

A free monthly in-person child care provider web billing training is offered by the BCDHSC for DHHS enrolled child care providers. The training includes information on the NH Child Care Scholarship Program policies and procedures regarding child care eligibility and billing and payment practices. Additionally, the web billing application has a link that allows providers to access the DHHS Web Billing Help resource page that contains letters, manuals, and other NH Child Care Scholarship information. The BCDHSC notified, by mail, all DHHS enrolled child care providers about the extensive changes brought about by the CCDF Reauthorization.

On a case by case basis, the BCDHSC provides onsite training regarding web billing and NH Child Care Scholarship policies and procedures.

A Child Care Provider Enrollment Handbook and a Child Care Provider Billing and Payment Handbook are available electronically on the DHHS website. These handbooks include links to the NH Child Care Scholarship Program FAM 900 policies and child care rules He-C 6914, He-C 6918 and He-C 6920.

6.2.8 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

- a) Identify the strategies that the state/territory is developing and implementing for training and TA.
 - Child Care Licensing requires licensed center-based program administrators to complete a 3 credit college course in business administration as one of the options to become a center director. Tuition assistance is available for this course through the Early Childhood Tuition Assistance contract.
 - Training and TA is provided to programs to improve their business practices by Child Care Aware of NH and ACROSS NH. Some recent Leadership Summits offered by Child Care Aware of NH include "Leading with Intent for Change" which focused on staffing, morale, and teacher qualifications, "Manage, Motivate and Retain Great Staff", "Leadership Addressed Through Tact and Culture" which addressed communication with confidence and clarity and positive workplace culture, "Leadership: The Power of

Respect and Polishing our Vision". This training is around the power of respect for children, families and each other, polishing the vision of our work – 5 ways of discovering the Leader in me.

"Standards of Practice" considers staff learning styles, the use of Professional Development Plans to reflect and identify professional development goals, adapting to change, and implementing standards, such as Child Care Licensing rules, Early Learning Standards, program policies, etc. into the program.

Child Care Aware of NH and ACROSS NH offer State of New Hampshire Department of Labor training periodically to ensure providers are aware of NH's Labor Law requirements. Child Care Aware of NH provides a TA initiative about strengthening business practices. This initiative helps providers learn more about hiring and retaining qualified staff, staff scheduling, marketing to increase enrollment, transition help/support for new Directors, requirements of Directors to train staff, licensing applications, review of staff and family handbooks, and program expansion. Another Child Care Aware of NH TA initiative is around Shared Services. This initiative helps providers learn how to access and navigate the Shared Services platform and to develop action plans around using the resources. Child Care Aware of NH also makes use of the Leadership Collaboratives to explore business practices and Shared Services further.

Child Care Aware of NH provides the Progressive Training and TA Program in a cohort model. This program is offered annually and interested programs can apply to participate in 1 of 5 Training and Technical Assistance Options. These options assist the program in enhancing their program practice. Child Care Aware of NH's Training and Technical Assistance Specialists provide training and technical assistance to the program onsite or via phone or email. These Specialists ensure that staff and the program meet quality TA benchmarks by being active Registry users, being credentialed in the NH Early Childhood Professional Development System, having a complete professional development plan established for the year and having staff assess their competencies as a teacher. The second option is specific to Emergency Preparedness and consists of developing an emergency plan, practicing drills and working with staff on emergency response. Risk management topics are included in Emergency Operations planning.

Strengthening Families is another initiative, with programs receiving training on the Strengthening Families Protective Framework, conducting a program self-assessment and developing an action plan to strengthen their program in the Strengthening Families approach.

The fourth option is specific to Early Learning Standards and the program is provided with training and technical assistance around the standards and how to implement them in their program. Examples of ways the Standards have been implemented in programs include parent boards color coded by developmental domain explaining the specific standards that were addressed, creation of curriculum planning sheets, regular newsletters explaining the specific standards that were highlighted in the week or month, a family night that focused on the changes the program made as a result of having had the training and TA on the Standards.

The fifth option is specific to Infant/Toddler Teams. The Infant/Toddler Staff at a program are provided with training and technical assistance on reviewing the Infant and Toddler Competencies and completing a self-assessment which informs their professional development plan, obtaining the Infant/Toddler Endorsement through the NH Early Childhood Professional Development System, and receiving training on the NH Early Learning Standards specific to infants and toddlers and implementing the Standards in their practice.

New Hampshire has a progressive Shared Services model through the State Early Learning Alliance (SELA) and Early Learning New Hampshire (ELNH). SELA is an initiative of ELNH, which is a 501(c)3 statewide organization with a mission to "ensure all New Hampshire children have the opportunity to reach their full potential." These organizations promote the use of Shared Services and provide trainings about its features and benefits. One of the services includes access to a web platform which

has quality improvement tools and resources, including trainings and templates, as well as many time- and cost-saving documents for providers. This web platform, available to members nationally and currently available in 29 states, was customized for NH in 2017 through a contract funded by the Bureau of Child Development and Head Start Collaboration and now includes many NH-specific resources as well. Great North Advantage, a property management company that has established relationships within the business industry that supports and promotes connecting the early childhood community to essential resources and information, is another resource to which NH SELA programs have access. They provide SELA programs with preferred vendor lists for facility improvements, commercial and individual insurances and other cost savings. They will assist providers in finding the right service person and provide discounts on various property management goods and services.

When program directors are able to save time on administrative tasks, they are able to devote more time to supporting and developing staff. Actual dollars saved can be reinvested back into the program. There is even the possibility of shared staffing and sharing of assets and expertise of members of the group. Many of the cost savings benefits are extended to individual employees and to the families served. They are able to take advantage of discounts and services purchased on a group basis. When individual staff takes advantage of the many cost savings opportunities on utilities, cell phone service, home heating fuel and auto and home/renters insurance, more money is available to those staff.

The cost of a full SELA membership, termed “Maximizer” membership, is \$2,400 per year, which includes intense coaching to maximize the available SELA benefits for the program, staff and families. In 2018, current members were offered a “grandfathering in” option of \$1,200 per year, termed “Sharer” membership, which includes access to the website and benefits, but does not include coaching. As of March 2018, SELA has six “Maximizer” member programs and twenty-two “Sharer” member programs. SELA plans to show the impact of being a Maximizer member over the next year to help the Sharer and other potential members better understand the value of Shared Services in New Hampshire. Programs must be designated at least at the Licensed Plus level or in the process of becoming Licensed Plus within one year of their application date to participate in SELA.

The NH Community Loan Fund offers training and technical assistance through the *Business of Child Care* initiative. The initiative is designed to strengthen business management practices in early childhood programs by providing technical assistance, peer learning and hands-on training to providers. Since its inception in 2014, the initiative has served over 60 child care centers. Child Care Aware of NH promotes this initiative through its Leadership Collaboratives and through its electronic newsletters.

ACROSS NH offers Leadership Institutes in cohort formats over a period of 7 weeks for Afterschool leaders and emerging leaders. One of the Institutes, *Budgeting 101*, works with program administrators to understand the components of a budget, eventually leading to preparing an effective budget for their afterschool programs. Follow-up TA is offered to ensure the administrator's individual program needs are identified and addressed throughout the budgeting process.

A business practice that supports programs involves having strong policies around suspension and expulsion. Keeping children in care also supports the children and families. PTAN has piloted a project to demonstrate the impact of intensive onsite training and support for child care program staff and parents to address the unmet mental health needs of preschool children and their parents, particularly those who have experienced trauma. The project focuses on four key areas:

1. Revising or developing program policy and procedures that are family-friendly, promote parents' access to the mental health services they or their children need and seek to reduce and eventually eliminate expulsion and suspension of children with challenging behaviors, particularly those who have experienced trauma.

2. Increasing staff members' knowledge and skills through targeted trainings to support the inclusion of all children, particularly those who have experienced trauma.
3. Supporting parents with the knowledge and skills needed to address their children's social-emotional development needs and helping them access mental health resources needed for them or their children.
4. Intensive targeted technical assistance and practice-based coaching to support teachers' application of evidence-based practices to the classroom setting.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- Fiscal management
- Budgeting
- Recordkeeping
- Hiring, developing, and retaining qualified staff
- Risk management
- Community relationships
- Marketing and public relations
- Parent-provider communications, including who delivers the training, education, and/or technical assistance
- Other. Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. *Note:* States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry.

Several key resources were considered in creating the NH Early Learning Standards:

- New Hampshire Early Learning Guidelines, 2005
- NH Kindergarten Readiness Indicators, 2012
- Common Core State Standards
- NH College and Career Ready Standards
- Maryland Healthy Beginnings, 2010
- Early Childhood Indicators of Progress: Minnesota's Early Learning Standards, 2005
- Washington State Early Learning and Development Guidelines Birth through 3rd Grade, 2012
- Head Start Child Development and Early Learning Framework
- California Infant/Toddler Learning and Development Foundations, 2009, and California Preschool Foundations, 2010

- Nebraska Early Learning Guidelines, 2005
- Louisiana Early Learning Guidelines, 2011

The NH Early Learning Standards were comprehensively reviewed in three stages (NH Division for Children, Youth, and Families, Standards Analysis Study, 2013 – 2014) by Dr. Sharon Lynn

Kagan, Dr. Catherine Scott-Little, and Dr. Jeanne L. Reid. The comprehensive reviews included an in-depth review of the content and alignment, developmental and linguistic appropriateness of the indicators of progress, and a review of the indicators for their cultural relevance.

A section in the introductory material includes guidance regarding Dual Language Learners. Permission was granted by NAEYC to use excerpts from the publication, *Basics of Supporting Dual Language Learners*.

The Standards show alignment with the NH Kindergarten Readiness Indicators. The NH Kindergarten Readiness Indicators are embedded in the NH Early Learning Standards to provide a seamless transition of developmental skills and knowledge for children as they move between before school entry learning experiences and their public kindergarten education.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

The NH Early Learning Standards provide a resource about children's development from birth through age five. They promote a whole-child approach that affirms that learning and development are interrelated and build on previous learning. The Standards acknowledge, honor, and embrace the tremendous diversity and variation that exists for children and families.

They recognize and celebrate what children learn to help plan for the next stages of growth and development. The Early Learning Standards align with the NH Kindergarten Readiness Indicators, which are aligned with the NH College and Career Ready Standards.

Within each developmental domain, the NH Early Learning Standards are organized by seven age groups, from birth through age five. These age categories are intended to help families and early childhood professionals find information about the children they care for and teach. For each age group, within each developmental domain, there are specific indicators of progress that can be observed during children's play and interactions within the environment. These indicators are not intended to be used as a checklist, but are presented as a guide.

c) Check the domain areas included in the state/territory's early learning and developmental guidelines. Check all that apply.

- Cognition, including language arts and mathematics
- Social development
- Emotional development
- Physical development
- Approaches toward learning
- Other. Describe: Cognitive Development: Science and Social Studies; Creative Expression and Aesthetic Appreciation

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or other state or state-designated cross-agency body if there is no SAC.

BCDHSC staff works in close collaboration with the NH Department of Education (DOE) and Spark NH on the dissemination of information on the Early Learning Standards, including:

- Disseminating copies of the Guidelines to state DOE staff, public school districts and Spark NH member organizations; and
- Conducting presentations on the Standards at the NH DOE Educators' Summer Summit and other conferences.

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The NH Early Learning Standards were released electronically in the fall of 2015. Printed copies have been widely available and distributed since November of 2016.

f) Provide the Web link to the state/territory's early learning and developmental guidelines:
<https://www.dhhs.nh.gov/dcyl/cdb/documents/nh-early-learning-standards.pdf>

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The NH Early Learning Standards are being accessed electronically and printed copy by a wide variety of audiences, including families, child care providers, other early childhood professionals, stakeholders and partners.

- **Child Care Providers serving children infants through kindergarten** are using the NH Early Learning Standards to assist with curriculum development to ensure all the developmental domains are addressed. They are sharing the Early Learning Standards with families by creating bulletin boards around the development domains, creating messages in newsletters, and referencing the Early Learning Standards during parent/teacher conferences. Some providers are using the Early Learning Standards as a guide to developing children's portfolios.
- **PTAN consultants** use the NH Early Learning Standards chapter, "Cultural Influences on Development and Learning" when appropriate to their consultation to support teachers and directors in their understanding of how cultural differences impact how children demonstrate skills and knowledge. PTAN is also using the NH ELS section, "Partnering with Families When you Have a Concern about a Child's Development" to develop a training curriculum called "Where and When to Get Help". This is based on needs often expressed during consultation for more information about what support services are available for young children with special needs and their families and how to help connect families to those services. The goals of the training curriculum are that participants will increase their understanding of:
 - Using NH Early Learning Standards in the care and education of young children
 - Factors that may impact development
 - Developmental Screening resources
 - What to do if you have a concern about a child's development
- **NH Higher Education Institutions that have early childhood coursework** have received copies of the NH Early Learning Standards for all faculty teaching, and students enrolled in, early childhood courses. The NH Early

Learning Standards have been incorporated by faculty into their early childhood coursework. Examples of those courses include *Child Growth and Development*, *Positive Behavior Guidance*, *Program Administration*, *Observation and Assessment*, *Teaching and Learning in Early Childhood Settings*, *Organizational Leadership*, *Inclusive Curriculum for Young Children with Special Needs*, various early learning environments courses, STEM courses, several early childhood curriculum courses, and in practicum courses.

Several faculty members have shared how the Standards have been incorporated:

Students “frequently reference the standards to help them pick goals and objectives that are developmentally (or individually) appropriate for the child/children they are working with.”

“The students have to compare and contrast 10 standards and observe at an environment to see what they can see that meets the standards and what would need to be adjusted if it would not meet the standards.”

“Students develop their child portfolios in all domains using standards from the NH Early Learning Standards.”

Students “are required to complete in-class assignments to introduce them to why the standards were created and how as teachers they can use the standards to design developmentally appropriate curriculum.”

The “standards are used to generate weekly lesson plans for which they implement, document, and reflect upon with children during their 9-hour per week practicum”

“The ELS are integrated into all of our ECE courses. They are utilized for many in-class activities in face-to-face classes, and for discussion board forums and individual activities in 100% online courses. The ELS provide the framework for major lesson planning assignments in Curriculum, Practicum I, and Practicum II.”

At one university, the ELS are distributed to all students during their first ECE course. The ELS “supplements {the} course textbook [and are] used to illustrate concepts of developmental milestones and cultural influences on development. Students read, discuss developmental progressions in class and compare examples with what they’ve observed.”

In an *Inclusive Early Childhood Education* course, the ELS are “used as a supplemental text. Students review front and back matter related to developmental delays and talk about how to use the standards as a resource for developmental monitoring.”

In a *Language and Literacy Development in Young Children* course, “Students focus on language and literacy development standards and draw on standards in planning activities to promote language and literacy development in children birth through 5.”

In a *Culturally Responsive Early Care and Education* course, “Students read and discuss the sections on Cultural Influences on Development and Learning and Dual Language Learners to deepen their understanding about how to support children’s home culture and dual language development.”

In an *Infant and Toddler Care and Education* course, “Students review ELS, focusing on ages birth through 3. Students plan learning experiences designed to help toddlers practice and reinforce concepts and skills described in the ELS.”

In an *Early Childhood Practicum* course, “Students in settings serving infants, toddlers, or preschool-age children review the developmental progressions for the age group that they are teaching and use the standards to plan learning experiences.”

- Other professionals who have received printed copies of the NH Early Learning Standards include, but are not be limited to, Early Supports and Services program staff, NH public school developmental preschool program staff in several school districts, family resource center staff, DCYF Child Welfare staff, and trainers and TA providers who work with early childhood program staff.

Introduction to the Early Learning Standards webinars are provided by the BCDHSC to ensure a wide number of providers and other early childhood professionals learn about the Early Learning Standards, the intended uses of the Early Learning Standards and what the Early Learning Standards are not intended to be.

6.3.3 If quality funds are used to develop, maintain, or implement early learning guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

Distribution of the printed document: To date, approximately 10,000 printed copies have been distributed to a wide variety of audiences. Please see 6.3.2 for details.

Licensed Plus: The Southern New Hampshire Services (SNHS) Quality Investment Initiative, funded by the NH Charitable Foundation, has worked with over 30 child care programs to achieve Licensed Plus status, which is one of NH's Quality Rating designations. Training and technical assistance on the Early Learning Standards was provided to help satisfy the requirement for Licensed Plus around the Early Learning Standards.

Webinar Training: More than 500 early childhood professionals have attended an *Introduction to the Early Learning Standards* webinar presented by the BCDHSC. This training highlights how the document was created, what the purposes of the document are, how the document is not intended to be used, and provides an overview of the development domains. The training also focuses on the introductory material and the resource sections at the end of the document.

In Person Training: Approximately 1,550 professionals have attended 102 training sessions provided by Child Care Aware of NH. These trainings have included the Standards of Practice series that includes 6 sessions. The training provides an introduction to the Early Learning Standards and how they can be implemented in classroom practice. Child Care Aware of NH provides technical assistance on the use and implementation of the NH Early Learning Standards, including information about how the standards should not be used.

Training and TA Institutes and events: Child Care Aware of NH presented a Training and TA Institute on the NH Early Learning Standards for trainers, consultants, directors, and other EC leaders who use the Early Learning Standards in their work mentoring and supporting others. Additionally, a Train the Trainer event was held to train trainers on how to provide the Standards of Practice training series.

A special event was held by Child Care Aware of NH during which Gaye Gronlund, author of *Make Early Learning Standards Come Alive*, presented a day of training for child care program staff regarding the implementation of the Early Learning Standards in their classrooms.

Training for Infant/Toddler staff: Child Care Aware of NH provides training and targeted technical assistance on the NH Early Learning Standards to infant and toddler teams within child care programs. The teams receive guidance around how to implement the Standards with those specific age groups. Training and targeted technical assistance is also provided to child care programs on how to implement the Early Learning Standards throughout the program.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)).

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

Bureau of Child Development and Head Start Collaboration (BCDHSC) assessment activities are built on data collected from its own evaluations and those of related State agencies, contractors, collaborators, partners and research-focused organizations. These assessments are built on industry accepted evaluation and data collection tools standards and formats, random and targeted sampling, and objective analysis and reporting of said data to assess, identify and make recommendations related to stakeholder needs for quality improvement activities throughout New Hampshire.

These include, but are not limited to:

- Annual Child Care Program Survey conducted by CCAoNH each year to update information on program services. This coincide with Program Updates on the CCAoNH child care search feature on the Consumer Website.
- Post-referral follow up surveys conducted by CCAoNH after parents receive each child care referral from CCAoNH, online or in-person.
- Post-training evaluations conducted after each training and/or conference workshop to determine satisfaction, applicability and relevance of topic and presenter quality by contractors, stakeholder groups and the BCDHSC, CCLU, among others.
- Technical assistance by those programs participating in the Progressive Training and TA Program each year. All of these surveys/evaluation measures seek to obtain feedback regarding program services from families and/or providers depending upon the service utilized.
- Needs Assessment focused on ? Conducted by SPARK NH (NH's Governor Appointed Early Childhood Advisory Council) conducted published in October, 2014 Can be accessed at http://sparknh.com/site/assets/files/1026/need_assessment_11-20-14.pdf.
- Analysis of the costs and benefits of investing in evidence based early childhood programs in NH conducted by the RAND Institute resulting in *the Economic Returns from Investing in Early Childhood Programs in the Granite State*, study. The study was supported by several philanthropic organizations and identified state-wide challenges in early childhood in New Hampshire. The RAND Study is located at https://www.rand.org/pubs/research_briefs/RB9952.html

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

As result of the feedback that CCAoNH received they offer more all day and Saturday trainings to meet the needs of the workforce. They also use the feedback to help plan future services and to maintain program consistency and integrity. CCAoNH is constantly seeking out ways to continuously improve program services and continue to provide quality services.

ACROSS NH uses the feedback to inform the trainings that they offer in the next training cycle.

As a result of the SPARK NH Needs assessment, a Framework for Action was developed. The Framework for Action can be found at <http://sparknh.com/resources/framework-for-action/>

Additionally, one of the key findings in the RAND Study was that there is rigorous evidence that documents the short and longer term benefits from early childhood programs including high-quality publicly funded preschools.

We use this information to continue to enhance our QRIS to ensure that we have a reliable way to measure quality in our state.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing.

Supporting the training and professional development of the child care workforce

If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

X Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce.

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

X Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies. Describe:

NH DHHS//DDCYF/BCDHSC invests in the training, professional development and post-secondary education of the child care workforce as part of a progression of professional development activities through contracts with Child Care Aware of NH (CCAO NH), ACROSS NH, Preschool Technical Assistance Network (PTAN), and ProSolutions. The Early Childhood Tuition Assistance (ECTA) grant is contracted through Granite State College (GSC). GSC awards some of the funds to the NH Community College System so coursework can be accessed statewide, either in person or through an online coursework model. Training opportunities are offered in a variety of different modalities including face-to-face, webinar and online training.

CCAO NH offers professional development opportunities that incorporate the social, emotional, physical and cognitive development of children including: "Child Care Basic: 1, 2, 3 Grow With Me", "Introduction to Brain Gym- With a twist", "Using Picture Books to Promote Early Childhood Mathematics", "Yoga for the Young Child", "Contrasting Profiles and how to Adjust to Temperament", and Sign Language Trainings.

ECTA coursework that incorporates the social, emotional, physical and cognitive development includes Child Growth and Development, Child Health, Safety & Nutrition and many other early childhood courses.

The ProSolutions module, Child Development for Children Ages Birth to Thirteen (13) Years, also addresses this topic.

X Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age 5 for such behaviors. (See also section 2.5.) Describe:

CCAO NH, PTAN, ACROSS NH, and ECTA offer professional development opportunities around implementing behavior management strategies.

They include the following:

CCAOH: "Child Care Basic: Social-Emotional Development of Young Children", "Child Care Basic: What are You Trying to Say? Behavior is an Attempt to Communicate", "Children in the Shadow" (regarding childhood fears and anxieties), "Get Away from Me: Helping Children to Learn to Deal with Anxiety and Stress", "Helping Kids Get Along: Fostering Children's Social and Emotional Competence", "Working with Challenging Behaviors", "A Different Look at Challenging Behaviors", "Calling All Learners: Creating Inclusive and Respectful Classroom Culture", "Infant Mental Health: What it is and Why it is important", "Meaningful Connections: Build Resilience, Social and Emotional & Mindful Learning".

PTAN and CCAoNH: "Trauma-Informed Early Childhood Services"

PTAN: "Child Engagement: Promoting Success and Preventing Challenging Behavior", and "Pro-Social Skills: Averting Challenging Behaviors". A more detailed description of the trainings offered by PTAN can be found in Section 2.5.

ACROSS NH: "Afterschool- Affecting Youth's Social and Emotional Development", "Afterschool- The Basics of Behavior Management: Working from the Positive", "Afterschool- Behavior Management, Afterschool- Building Positive Relationships Through Games", and "Afterschool- Behavior Strategies for Typical Behavior"

ECTA coursework: "Positive Guidance Techniques" and "Positive Behavior Guidance"

- X Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe:

CCAOH: "Child Care Basic: Strengthening Families, Strengthening Care"

- X Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards. Describe:

CCAOH: "Child Care Basic: Developing Cultural Competency in the Early Childhood Environment", "Child Care Basic: Emergent Curriculum for Emerging Learners", "Standards of Practice" trainings.

ECTA: As referenced in section 6.3.2., many NH Institutions of Higher Education have embedded the NH Early Learning Standards in their early childhood course work.

- X Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe:

CCAOH: "Understanding Homelessness and Its Impacts on Children and Families", "Child Care Basic: Strengthening Families, Strengthening Care", and "Child Abuse and Neglect".

- X Using data to guide program evaluation to ensure continuous improvement. Describe:

CCAOH: "NAPSACC", "NH Workforce Specialized Competencies", "Standards of Practice".

X Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe:

CCAOH: "Understanding Homelessness and its Impacts on Children and Families", "Working with Homeless Youth" and "Introduction to Bridges Out of Poverty".

X Caring for and supporting the development of children with disabilities and developmental delays. Describe:

CCAOH: "Child Care Basic: Providing Inclusive Care", "How Do I Meet All of These "Special Needs", "Watch Me Grow, Ages and Stages", "Learn the Signs: Act Early", and "Watch Me Grow 101".

ECTA Coursework includes: "Young Children with Exceptionalities", Children's Individual & Special Needs, and Young Children's Special Needs

X Supporting the positive development of school-age children. Describe:

ACROSS NH offers a variety of training topics that support the positive development of school age children. Some topics were listed above regarding social-emotional development. Additional topics include "Developmentally Appropriate Practices for Afterschool", "Engaging Enrichments", "Establishing Routines", "Fostering Appropriate Relationships in Afterschool", and a variety of trainings about developing appropriate curriculum for afterschool.

X Other. Describe:

CCAOH: "Childhood Lead Poisoning in NH: What EC Educators Need to Know", "Intentional Environments for Infants and Toddlers", Various trainings about the NH Professional Registry, the NH Early Childhood Credential, and the NH Specialized Workforce Competencies, "Quality Emergency Operations Plans", "Making the Hours Count-Providing Meaningful Training for Your Staff", "Learning Spaces that Work" and "Surviving Multi-generation Staff and Creating Strong Teams" are some of the additional training topics offered.

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply.

X Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling

Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities

X Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education

X Other. Describe

The BCDHSC has begun the process of working with T.E.A.C.H. to provide T.E.A.C.H. scholarships for students in NH. The BCDHSC will collaborate with multiple private foundations including Endowment for Health and the NH Charitable Foundation to bring this program to NH. We anticipate this program beginning within the next 2 years.

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Each contractor has performance measures that must be met as part of their contract. Each contractor provides a periodic (monthly, quarterly, by semester) report that describes their progress towards each indicator. If a performance measure is not met, the contractor must provide an explanation as to why the indicator was not met and a plan on how they will meet the indicator.

The Child Care Desert Maps created through collaboration between the BCDHSC, CCAoNH and Child Care Aware of America identifies areas in which quality programs are needed.

7.4 Quality Rating and Improvement System

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS.

7.4.1 Does your state/territory have a quality rating and improvement system?

Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available.

NH's QRIS is a state-wide system. Currently, there are 3 levels in NH's QRIS- Licensed, Licensed Plus and national accreditation. Information about the NH QRIS may be found here:

<https://www.dhhs.nh.gov/dcyy/cdb/quality.htm>

Licensed Plus is a document based system that is reviewed by the DHHS/DEHS/BCDHSC Credentialing Specialist and the status is awarded by the Bureau. The link for Licensed Plus is:

<https://www.dhhs.nh.gov/dcyy/licensedplus/index.htm>

The QRIS system supports Licensed Plus and nationally accredited programs through quality incentive payments to programs serving children receiving NH Child Care Scholarship. Incentive payments are administrated through the NH Bridges system at DCYF and are monitored by the BCDHSC. A QRIS Task Force has been working on a plan for a revised and enhanced QRIS that includes observation and document based components as well as a timeline for implementation.

- Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. _____
- If yes, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. _____
- No, but the state/territory is in the QRIS development phase.
- No, the state/territory has no plans for QRIS development.

7.4.2 QRIS participation.

a) Are providers required to participate in the QRIS?

Participation is voluntary.

___ Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). _____

___ Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply.

Licensed child care centers

Licensed family child care homes

___ License-exempt providers

Early Head Start programs

Head Start programs

___ State prekindergarten or preschool programs

___ Local district-supported prekindergarten programs

Programs serving infants and toddlers

Programs serving school-age children

Faith-based settings

___ Tribally operated programs

___ Other. Describe: _____

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. *Note:* If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.7.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

No.

Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

___ Programs that meet state/territory pre-K standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between pre-K programs and the quality improvement system).

___ Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

___ Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

Other. Describe: _____

Licensed Plus has a second option for Head Start Programs and programs that are in the process of NAEYC accreditation. For this option, programs submit documentation of meeting Head Start Performance Standards and/or documentation that they are in the accreditation process instead of documentations of the 16 of the 22

standards for Licensed Plus (11 mandatory, 5 optional). All programs need to provide documentation of training in NH's Early Learning Standards.

____ None.

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

No.

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

- Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
- Embeds licensing into the QRIS.
- State/territory license is a "rated" license.
- Other. Describe: _____
- Not linked.

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS.

____ No.

Yes. If yes, check all that apply.

____ One time grants, awards, or bonuses

Ongoing or periodic quality stipends

____ Higher subsidy payments

Training or technical assistance related to QRIS

Coaching/mentoring

Scholarships, bonuses, or increased compensation for degrees/certificates

Materials and supplies

Priority access for other grants or programs

Tax credits (providers or parents)

Payment of fees (e.g., licensing, accreditation)

Other: _____

None

7.4.6 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The BCDHSC utilizes the National Association for the Education of Young Children's (NAEYC) website listing of current accredited programs to monitor program accreditation status. For Licensed Plus, participating programs renew their status every three years using a document-based system. The number of programs that increase or decrease their quality rating is tracked through the NH Bridges System. Programs that hold Licensed Plus or accredited status receive a monthly quality incentive based upon the amount of scholarship paid to the program during the previous month. Annually, accredited and Licensed Plus programs are asked to report, through Survey Monkey, to the BCDHSC as to how the quality incentive payments were used to support quality initiatives in their programs. The BCDHSC will include program assessment measures within the new QRIS.

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

- Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe: N/A
- Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: N/A
-
- Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe:

The DHHS contract with Child Care Aware of NH includes a designated Infant and Toddler Specialist. The role of the Specialist is to provide technical assistance to child care programs around infant and toddler care. Child Care Aware of NH provides a Child Care Basics training titled "Caring for Infants and Toddlers". Trainings relative to infants and toddlers including, but not limited to Infant and Toddler Development, Developmental Screening, and Infant Mental Health are also offered. Child Care Aware of NH offers an Infant/Toddler Institute focusing on infant and toddler brain development, temperament and sensory processing. Several sessions of The Period of Purple Crying, an evidence-based infant abuse prevention program that educates parents about a developmental phase of increased infant crying, have also been offered through Child Care Aware of NH. Face to face SIDS training is frequently offered to child care providers. Through a contract with Granite State College, free coursework in Infant/Toddler Development is offered as part of the Early Childhood Tuition Assistance Grant.

- Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists. Describe:

As part of their Progressive Training and TA program, Child Care Aware of NH offers an Infant/Toddler option. This option focuses on content relative to the infant and toddler workforce including using the NH Infant and Toddler Workforce Specialized Competencies, and the NH Early Learning Standards as they pertain to Infant/Toddler curriculum.

X Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe:

DHHS has an established partnership with the NH Department of Education and the Bureau of Special Services to collaborate with and support the work of early intervention specialists providing service for infants and toddlers through work with the state work development screening system, Watch Me Grow, and collaborative professional development opportunities.

X Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe:

As part of the enhanced and revised QRIS, NH will include an Infant Toddler Environment Rating Scale (ITERS) observation for Infant/Toddler classrooms. Additionally, programs serving infants and toddlers will be required to have training in the ITERS.

X Developing infant and toddler components within the state/territory's child care licensing regulations. Describe:

The NH Child Care Licensing Rules <https://www.dhhs.nh.gov/oos/cclu/documents/he-c4002.pdf> have specific rules related to the health, safety and well-being of infants and toddlers. The rules pertain to the indoor and outdoor environment of the program, safe sleep practices, feeding practices, and specific program requirements.

X Developing infant and toddler components within the early learning and developmental guidelines. Describe:

The NH Early Learning Standards contain domains of infant and toddler development which are broken down into the following age groups: 0-9 months, 9-18 months, 18-24 months, 24-30 months and 30 months -3 years. Included within each age group are five developmental domains, strands (broad developmental categories), constructs (identified key concepts essential to learning and development) and indicators of progress. The NH Early Learning Standards help families and early childhood professionals understand infant/toddler development as it progresses.

X Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe:

Child Care Aware of NH provides information to families for children of all ages, including infants and toddlers. This information focuses on accessing and selecting programs and on what quality programming looks like (e.g. ratios, group size, and the importance of primary caregiving, and routines as curriculum). The consumer education website also includes information about developmental milestones, developmental screenings, and the NH Early Learning Standards. Included on the website is information about VROOM and brain building activities for children ages 0-5.

Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe: N/A

Other. Describe: N/A

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

DHHS collects statewide data for programs engaged in NH's QRIS to determine how they are utilizing their quality incentive payments. Child Care Aware of NH, PTAN and the ECTA grant all report on a regular basis about their focus on infants and toddlers. Child Care Aware of NH and PTAN report how much of their funding is spent on infant and toddlers on a quarterly basis. Child Care Aware of NH and PTAN also report on the training and TA that is provided about Infants and Toddlers on a quarterly basis. The ECTA grant reports each semester about the amount of funding applied to infant and toddler coursework.

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Child Care Aware of NH contract includes 26 performance measures in the following areas: referrals provided to families, initiatives with which Child Care Aware of NH collaborates with stakeholders, updates to the NACCRA Data Suite, trainings and TA provided. Child Care Aware of NH reports on these measures on a quarterly basis and makes changes to their programming based on these performance indicators. Child Care Aware of NH completes an annual report based on the updates that they receive from providers.

7.7 Facilitating Compliance With State Standards

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe: Response: DHHS funds CCAoNH and ACROSS NH to provide training and technical assistance focused on assisting child care providers to maintain compliance with training hour requirements in Licensing. The contracts for Child Care Aware of NH and ACROSS NH include requirements for providing training and TA by credential trainers and TA Specialists. In addition to the health and safety trainings provided by Child Care Aware of NH, there is a requirement that they promote and disseminate information for other available health and safety trainings. DHHS contracts with ProSolutions to provide free training on the health and safety topics required by CCDF.

The Child Care Licensing Unit (CCLU) inspects and monitors licensed and license--exempt child care programs. BCDHSC provides funds to CCLU for two Licensing Coordinator positions. The addition of these Licensing Coordinators allows the completion of the annual unannounced monitoring inspections of licensed providers and of the newly required annual inspection and monitoring of License-Exempt child care providers receiving CCDF funds.

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No.

Yes. If yes, which types of providers can access this financial assistance?

- Licensed CCDF providers
- Licensed non-CCDF providers
- License-exempt CCDF providers
- Other. Describe: _____

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

an effort to improve quality of child care programs and services, CCLU conducts annual monitoring visits. The Child Care Aware of NH consumer education website provides a link to the results of the annual monitoring visits posted on the Child Care Licensing Unit (CCLU) webpage.

Technical assistance provided by Child Care Aware of NH is tracked in the NACCRAware Training and Technical Assistance Module; the data collected is used to evaluate the quality improvement progress of child care programs.

ProSolutions provides reports regarding the number of individuals completing the required health and safety trainings. To date, 4,327 individuals have completed the entire series of trainings through ProSolutions. Additionally, when CCLU monitors programs, they monitor compliance with health and safety standards and completion of the health and safety training requirements. Noncompliance is included on their Statement of Findings which allows programs to respond with their plan to come into compliance. Data reports will demonstrate if programs are more compliant with health and safety standards over time.

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

NH measures the quality and effectiveness of child care programs and services using our QRIS. Child Care Licensing Rules provide the basic health and safety requirements to lay the foundation for the child care programs. Licensed Plus offers standards that are a level above the Licensing Rules and NAEYC standards are best practice measures for programs to follow. Within our current Licensed Plus system, using the Environmental Rating Scale (ERS) as a self-assessment is an optional standard to programs. For the revised QRIS, we will include a formal ERS observation as a tool to measure quality. Within our current Licensed Plus system, the Strengthening Families self-assessment tool is also an optional standard. That is a component of the enhanced system as well.

7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Currently, we track if programs change their Quality level in NH Bridges. We will build data collection and measurement into the enhanced QRIS.

7.9 Accreditation Support

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- Yes, the state/territory has supports operating statewide or territory-wide. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. _____
- Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide. Describe: _____
- No, but the state/territory is in the accreditation development phase.
- No, the state/territory has no plans for accreditation development.

7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. N/A

7.10 Program Standards

7.10.1 How does the state/territory support state/territory or local efforts to develop or adopt high-quality program standards relating to:

- Health. Describe the supports:

NH's CCLU rules for Licensed Child Care Providers and LE Rules for License exempt providers incorporate high quality program standards for this topic. To support these standards, the BCDHSC contracts with ProSolutions to offer health and safety trainings. Child Care Aware of NH offers training and technical assistance about health topics throughout the year and offers annual "Caring for our Children: Health, Safety, Nutrition and Wellness" conferences.

- Mental health. Describe the supports:

NH's CCLU rules for Licensed Child Care Providers and LE Rules for License exempt providers incorporate high quality program standards for this topic. To support these standards PTAN offers training and consultation to programs using the Pyramid Model's strategies and supports, including the TPOT assessment tool. PTAN works with individual programs to increase the program's capacity for supporting the social-emotional needs of children. Child Care Aware of NH also offers trainings in mental health topics throughout the year. ACROSS NH provides training and technical assistance to support the mental health of school aged children.

- Nutrition. Describe the supports:

NH's CCLU rules for Licensed Child Care Providers and LE Rules for License exempt providers incorporate high quality program standards for this topic. To support these standards Child Care Aware of NH offers

training and technical assistance on nutrition topics throughout the year and offers annual “Caring for our Children: Health, Safety, Nutrition and Wellness” conferences. ACROSS NH offers training for school-age providers.

X Physical activity. Describe the supports:

NH’s CCLU rules for Licensed Child Care Providers and LE Rules for License exempt providers incorporate high quality program standards for this topic. To support these standards Child Care Aware of NH offers training and technical assistance on Physical Activity topics throughout the year and offers annual “Caring for our Children: Health, Safety, Nutrition and Wellness” conferences. ACROSS NH offers trainings to increase physical activity for school-age providers.

X Physical development. Describe the supports:

NH’s CCLU rules for Licensed Child Care Providers and LE Rules for License-exempt providers incorporate high quality program standards for this topic. To support these standards [The statewide developmental assessment system, Watch Me Grow, uses the ASQ or ASQ-SE](#). This system supports programs to monitor the physical development of children.

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Currently, there is no data collection measurement in place to track if capacity was built within these areas. However, the NH Professional Registry tracks the professional development trainings related to these topics. Each participant who attends training is asked to reflect on their competency pre and post training.

7.11 Other Quality Improvement Activities

7.11.1 List and describe any other activities that the state/territory provides to improve the quality of child care services, which may include consumer and provider education activities, and describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures.

The NH Professional Development System is a voluntary system comprised of lattices to provide pathways for professionals to receive their credential in early childhood or afterschool. Components of the system include education, experience, and professional development training or activities. Measures relevant to this activity include the number of credentials awarded, the levels at which they are awarded and whether professionals increase their credential level. The BCDHSC processes the credential applications and awards the credentials to child care professionals. Child Care Aware of NH offers the NH Professional Development System as one of its Progressive Training and TA options. Within these options, data is collected regarding the number of participants who complete the requirements of the Progressive Program and quality improvements made as a result of the training and TA. This data is anecdotal and completed by the Lead Training and TA Specialist. The results of goal completion are documented in TTAM in individual and program records.

Watch Me Grow is New Hampshire’s developmental screening, referral and information system for families of children ages birth to six years. As the State continues to develop and enhance its Watch Me Grow database capabilities and capacities, data can be tracked regarding usage of the Watch Me Grow system.

A comprehensive emergency preparedness template has been developed for providers and programs to develop their emergency operations plans in the event of a disaster and/or emergency. The template and resources can be found at <http://nh.childcareaware.org/emergency-planning/>. Child Care Licensing requires that programs have an emergency operations plan. Evidence of programs using the template and resources to inform and improve their plans indicates quality improvement. Child Care Aware of NH offers Emergency Preparedness as one of their Progressive Training and TA options.

Strengthening Families is a national prevention framework developed by the Center for the Study of Social Policy that includes everyday actions for programs and providers. The framework includes protective factors aimed at strengthening families, reducing child abuse and neglect and optimizing knowledge of parenting and child development (child safety, child well-being and provider preparedness). Strengthening Families is also an option included in Child Care Aware of NH's Progressive Training and TA.

Pyramid Model

In fall 2016, NH officially became the national Pyramid Model Consortium's 28th Pyramid Model State. NH's effort was launched with a one-year, \$20,000 planning grant from the Endowment for Health (written by the BCDHSC Bureau Chief in partnership with the NH Department of Education) to establish a state and local infrastructure for the installation, implementation, expansion/scale up and sustainability of the Pyramid Model in early childhood programs throughout the state. A cross-sector, public and private state leadership team was established, which created a five-year strategic plan and became a "hub" for early childhood social emotional development efforts and initiatives in the state. The BCDHSC will continue to co-lead NH's Pyramid Model initiative, as well as support this work by allocating CCDF quality funds to ensure that child care and other early childhood professionals have the opportunity to (a) increase their competency in supporting the social-emotional development needs of young children in their care, and (b) offer parents/caregivers information on positive behavioral supports for their children.

Governor's Collective Vision for Early Childhood Education in NH

In summer 2017, Governor Chris Sununu and First Lady Valerie Sununu launched the "Governor's Collective Vision for Early Childhood Education in NH" initiative, a multi-part series of meetings to inform policy and state investment in early childhood. BCDHSC staff has fully engaged in this initiative by working with the planning committee; participating in three, day-long meetings (August, October and December) with the Governor and First Lady and approximately 80 legislators, public school administrators and teachers, and early childhood leaders from public and private organizations throughout the state; recruiting/co-presenting with a Head Start parent on Head Start; co-facilitating a break out session on early childhood systems with the Department of Education Deputy Commissioner; and contributing information on NH's QRIS and the NH Early Childhood and After School Professional Development System in a break out session.

Early Childhood Governance Task Force

Spark NH, Early Childhood Advisory Council, recently received a grant from the Endowment for Health to support a series of meetings of NH early childhood leaders to reach consensus on the kind of governance that would best support young children and families in the Granite State. Spark NH is leading this work, with technical support from Harriet Dichter, an expert on early childhood governance from the State Capacity Building Center and National Center on Early Childhood Quality. This unique and exciting opportunity is designed to help facilitate changes to fulfill Spark NH's mission to provide leadership that promotes a comprehensive, coordinated, sustainable early childhood system that achieves positive outcomes for young children and families, investing in a solid future for the Granite State, as well as to realize its vision that all New Hampshire children and their families are healthy, learning, and thriving now and in the future. The BCDHSC Bureau Chief serves as chairs the Council and Executive Committee, while bureau staff participates on Workforce and Professional Development and Policy Committees.

NH Department of Education State Personnel Development Grant

In fall 2017 the NH Department of Education received a State Personnel Development Grant (SPDG) from the U.S Department of Education to build state/local capacity to implement the Early Childhood Pyramid Model. The grant, which was written in collaboration with the Pyramid Model State Leadership Team, will provide over \$770,000 per year for up to five years for this effort, including professional development such as training and coaching for early childhood professionals (child care, Head Start, public school, etc.), data system development/expansion, and other activities.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud.

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program are informed and trained regarding program requirements and integrity. Check all that apply.

- Issue policy manual
- Issue policy change notices
- Staff training. Describe:

A Supervisory Release (SR) is written to release new policy to DHHS staff who determines eligibility for families applying for the NH Child Care Scholarship Program. This policy change notice summarizes changes, explains the policy and how it functions, identifies the difference between the former and new policy, and describes any changes in the New HEIGHTS eligibility management system. The Family Assistance Manual, the guide to policy for staff and the general public, is updated to reflect the new policy changes. DHHS staff receives training on the new requirements.

The Bureau of Client Services, Training Unit, has developed an intensive training program for the NH Child Care Scholarship Program. A new staff person's first 20 days in the position is called Structured Field Time. Trainees are given access to online learning tools that require in-depth review of the policy, review questions, flash cards, and assessments for retention that are reviewed by Supervisors and Training staff. Staff is also trained to link the policy learned to the New HEIGHTS Eligibility Management System. New staff is also afforded the opportunity to sit daily with a mentor or supervisor to review questions and areas of confusion identified on the assessments. New staff then attends a Classroom Training where the policy is reviewed again and trainees are engaged in more in-depth discussion of policy and procedures and in processing "real" cases. Information taken from the assessments is used in the training to provide further clarification of any confusing areas.

Policy manuals are available on staff desktops. Policy and is also available within the New HEIGHTS Eligibility Management System which means workers can access specific NH Child Care Scholarship policy directly related to the specific child care screen they are completing to ensure that policy is applied correctly.

New staff is mandated to complete a knowledge retention assessment to include policy from the NH Child Care Scholarship Program at the 3, 6, and 9 month mark. Additionally, in order for a staff person to be promoted from a Family Service Specialist I to a Family Service Specialist II, they must pass an assessment that also includes NH Child Care Scholarship policy.

All staff receives a Supervisory Release that outlines policy changes. Supervisors review policy changes with staff in bi-weekly staff meetings and, depending upon the complexity of the change, the Training Unit develops online live trainings that are also recorded and made available to supervisors in a "Moodle" library for use as a refresher.

Additionally, District Office supervisors review a certain number of Food Stamp cases each month. These reviews may or may not include child care cases.

BCDHSC maintains procedures for internal monitoring for improper billing and payments and other errors.

X Ongoing monitoring and assessment of policy implementation. Describe:

Family Service Specialists (FSS) determine NH Child Care Scholarship eligibility. FSS undergo rigorous and lengthy training before managing a caseload. Cases are reviewed by DHHS staff for accurate application of policies. Supervisors are notified when repeated errors are identified. Action is taken to correct the error and instruction is provided to the FSS to help to ensure the error does not occur again.

Internal audits are conducted on an ongoing basis. Cases are randomly selected from the Data Warehouse and also from the Child Care Quality Control Audit Reports. Typically 60 to 80 child care cases are reviewed each month. Identified errors are sent to the Administrative Supervisor at the district office for review and correction. The supervisor reviews the error with the worker and instructs the worker on proper policy and procedures, which helps to avoid future errors. Identified New HEIGHTS system errors are directed to the New HEIGHTS Help Desk for review, correction and system changes, if applicable.

Other. Describe:

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices follow generally accepted accounting principles (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds, including the following:

X Verifying and processing billing records to ensure timely payments to providers. Describe:

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 payment is made within 10 days. In August 2017 child care provider web billing became mandatory as a mechanism to (a) expedite the billing and payment process for providers, and (b) reduce billing errors by requiring providers to complete certain fields such as arrival and departure time, absent or present, a.m. or p.m. and the actual provider charge, prior to submitting the claim for payment. Prior to web billing, the paper claim error rate was over 30% (incomplete forms, illegible writing, etc.). Following web billing implementation the billing error rate was reduced to less than 1%.

Additionally, BCDHSC staff conducts audits for billing accuracy when an issue arises from a conversation with a provider, parent or district office.

Fiscal oversight of grants and contracts. Describe:

Currently BCDHSC monitors all of its grants and contracts by (a) reviewing invoices prior to submitting for payment, (b) reviewing data and reports submitted to the BCDHSC according to each contract's requirements (e.g., monthly, quarterly, etc.), and (c) collaborating with the DHHS Fiscal Unit to ensure that expenditures are occurring as expected over time (i.e., reviewing monthly appropriations statements and ongoing reports specific to grants and contracts).

Tracking systems to ensure reasonable and allowable costs. Describe:

As part of the contracting process, applicants are required to demonstrate that costs are reasonable and allowable within Federal rules. Once the grant/contract is awarded, the BCDHSC staff member responsible for monitoring a grant or contract carefully reviews each invoice and compares expenditures to the approved budget prior to submitting for payment. If a question arises as to whether or not a charge is reasonable or allowable, the contract manager will contact the contractor/grantee to resolve the issue and the cost will either be approved or denied.

Other. Describe:

If BCDHSC determines that a contract is underperforming based on the status of benchmarks and/or deliverables, staff works with the contractor to ensure that the contract will be completed successfully by either altering (reducing) the deliverables in instances when unforeseen environmental factors interfered with the contractor's capacity to meet the benchmarks or by reducing the dollar amount of the original contract.

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Activities can include, but are not limited to, the following:

Conduct a risk assessment of policies and procedures. Describe:

Establish checks and balances to ensure program integrity. Describe:

Internal audits are conducted on an ongoing basis. Please see section 8.1.1 for description. Additionally, multiple reports are run to ensure program integrity, as described in 8.1.4.

Use supervisory reviews to ensure accuracy in eligibility determination. Describe:

Supervisors conduct daily case reviews, especially for new staff, to identify and address errors. When an error is consistently repeated by several staff, and identified as misunderstood, a variety of modes of communication are used to inform staff of the correct policy and correct practice. These may include an email notification via a Director's Memo, targeted training to a District Office, and incorporation into staff meetings. Cases are reviewed for up to nine months for all new trainees, starting from the new staff's date of hire.

Other. Describe:

8.1.4 Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include intentional and unintentional client and/or provider violations, as defined by the Lead Agency. Administrative errors refer to areas identified through the error-rate review process. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a) Check which activities that the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

- 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)).
- Run system reports that flag errors (include types). Describe:

A Child Care Quality Control Audit Report is run monthly in New HEIGHTS to identify:
1) non-TANF cases where the service level is full time, but employment hours are >0 and <26 (not including commute time); 2) any non-TANF cases where the service level is half time, but employment hours are >0 and <11 (not including commute time); 3) any case with open child care for employment for which there are no hours worked; and 4) any case with employment, but no verification of current employment or self-employment. The BCDHSC runs monthly reports to identify: 1) license-exempt providers who are linked to more than three children to ensure that no more than three children are being cared for by the provider at any given time; 2) individuals who are receiving Aid to the Permanently and Totally Disabled (APTD) to ensure they are adults who are participating in an approved and verified activity; 3) providers who bill for more than 12 hours in a single 24 hour period to ensure care was provided for that length of time and is not an "AM/PM" error; and 4) providers with a balance due from a previous violation and are no longer billing and, therefore, the BCDHSC is not able to recoup money. In the latter instances, the BCDHSC contacts providers to arrange for another form of repayment. Reports are run following snow days and holidays to identify providers who billed for those days but reported publicly that they were closed. Calls are made to the providers to have them re-bill correctly.
- Review enrollment documents and attendance or billing records.
- Conduct supervisory staff reviews or quality assurance reviews.
- Audit provider records.
- Train staff on policy and/or audits.

- Other. Describe:

DHHS uses the National Directory of New Hire Information to automatically cross-check employment information. Client income can be cross-checked through the Work Number through NH Employment Security for unemployment compensation or through a data exchange with Social Security Administration for Social Security Income or State Supplemental Income. NH Vital Records is used to cross-check birth records.

b) Check which activities the Lead Agency has chosen to conduct to identify administrative errors.

- Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).
- Run system reports that flag errors (include types). Describe:

Please see 8.1.4 a, "Run system reports that flag errors." As described, the reports are utilized to flag both unintentional or intentional program violations, as well as administrative errors.
- Review enrollment documents and attendance or billing records.
- Conduct supervisory staff reviews or quality assurance reviews.
- Audit provider records.
- Train staff on policy and/or audits.
- Other. Describe:

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors. Check and describe any activities that the Lead Agency uses to investigate and recover improper payments due to program violations or administrative errors, as defined by your state/territory.

a) Check activities that the Lead Agency uses to investigate and recover improper payments due to intentional program violations or fraud. Activities can include, but are not limited to, the following:

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe:

DHHS has a Special Investigations Unit (SIU) to which DHHS staff (BCDHSC or Bureau of Client Services) refers clients or providers when suspected of unintentional program violations. SIU works with the referring staff to investigate and determine whether or not an unintentional violation has occurred and develop an appropriate action to be taken, including the recovery of misspent funds. Referrals involve other law enforcement and prosecution authorities as appropriate. There is a claim threshold of \$300.00. Claims that meet or exceed \$300.00 will be pursued for collection.

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Recover through repayment plans.

Reduce payments in subsequent months.

Recover through state/territory tax intercepts.

Recover through other means.

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Other. Describe:

Providers are disqualified from enrollment in the NH Child Care Scholarship Program if convicted of fraud by the court pursuant to RSA 167:17 or if the provider does not meet this criteria but has been found to have committed fraud by a DHHS investigation pursuant to RSA 161:2, XV. The provider may also be disqualified from participating as a child care provider under the NH Child Care Scholarship Program for a period of not less than 5 years, or to receive state funds under any DHHS administered program during this time period. Providers who have been disqualified due to fraud may not participate in an informal Dispute Resolution process with the Child Care Licensing Unit.

b) Describe the results of the Lead Agency activities regarding the investigation and recovery of fraud or intentional program violations.

The DHHS Special Investigations Unit (SIU) in SFY2018-to-date convicted two clients totaling \$9055.95 in claim overpayment; established a claim for seven clients totaling \$12,879.07; settled a claim for thirteen clients totaling \$50,840.69.

c) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Activities can include, but are not limited to, the following:

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe:

Recovery for unintentional program violations is the same as for intentional program violations, with the same claim threshold of \$300.00 (see 8.1.5a).

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

- Recover through repayment plans.
- Reduce payments in subsequent months.
- Recover through state/territory tax intercepts.
- Recover through other means.
- Establish a unit to investigate and collect improper payments. Describe:
DHHS has a Special Investigations Unit (SIU) to which DHHS staff (BCDHSC or Bureau of Client Services) refers clients or providers when suspected of intentional program violations. Please see 8.1.5a. BCDHSC enrollment specialist reviews billing and payment practices of DHHS enrolled child care providers by requesting attendance records and reviewing the NH Bridges claims payment system. If an improper payment is identified, the provider is notified and the claim is adjusted. The child care provider is instructed to rebill or is required to complete a re-payment plan within 30 days of notification of the improper payment to repay the overpayment.
- Other. Describe:
Providers are disqualified from enrollment in the CCDF program if convicted of fraud, as described in 8.1.5a.

- d) Check any activities that the Lead Agency will use to investigate and recover improper payments due to administrative errors.
 - Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: _____
 - Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency).
 - Recover through repayment plans.
 - Reduce payments in subsequent months.
 - Recover through state/territory tax intercepts.
 - Recover through other means.
 - Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
 - Other. Describe:
DHHS reviews cases to identify administrative errors and utilizes results to reduce such errors. However, New Hampshire has no authority to recover funds associated with administrative errors under state law.
- 8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?
 - Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. _____
 - Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

A provider may be disqualified if the provider: 1) is found to have committed fraud; 2) is billing while not in compliance with licensing requirements; 3) has provided false or misleading billing documentation, including billing for child care services not rendered and/or billing for child care services provided by another person

or provider; 4) has failed to provide required supporting documentation for billing or providing false or misleading supporting documentation; 5) continues to make billing errors after the provider has received a letter of notification of improper billing and did not attend mandatory training or continued to bill incorrectly after attendance at training; or 6) fails to comply with any of the elements in the provider agreement.

When providers are disqualified, a letter is sent via mail that includes the reason(s) for disqualification, the date the disqualification is effective (30 days from the date of the letter), and their right to appeal the disqualification in accordance with He-C 200. If the reason for the disqualification is that the health and safety of a child was endangered as a result of the providers' care, the disqualification is effective immediately upon notification. If providers opt to continue to receive NH Child Care Scholarship payment during an appeal and the disqualification was upheld, providers must repay to DHHS any payment made after the effective date on the letter that notified providers of their disqualification. Once disqualified, child care providers will receive no state funds under the program for a minimum of five years or up to a lifetime. If the hearing officer finds in favor of the provider, then the disqualification will not take effect.

Prosecute criminally.

Other. Describe:

DHHS recoups overpayments from clients and/or providers as a result of intentional or unintentional program violations or fraud. Overpayment is solely the fault of the provider when the parent is in compliance with He-C 6910, and the provider has been paid for services not rendered or that were not in compliance with He-C 6918 and the provider agreement. The overpayment is considered solely the fault of the parent when the provider is in compliance with He-C 6918 and the provider agreement, the parent has not complied with He-C 6910, and the provider has no knowledge that the parent was out of compliance with the provisions of He-C 6910. The overpayment is considered the fault of both the parent and provider when both parties are out of compliance with He-C 6918 or both parties were in collusion, meaning they agreed to actions with the understanding that their actions constituted a violation of the provisions of these rules. Notification of overpayments is sent to the party or parties at fault.

Overpayment to clients is recouped in accordance with RSA 167:17. Providers must agree to one of the following repayment plans: 1) repay the overpayment in full; 2) Choose to repay at a rate no lower than 10 percent of the full amount owed per month until the overpayment is repaid in full whether the provider is currently enrolled or no longer enrolled; or 3) For a currently enrolled provider, choose to have the total amount withheld from future payments to the provider, beginning with the next scheduled payment after agreement has been reached or after the 30 days has elapsed, whichever occurs first, until the overpayment is repaid in full. If the provider fails to comply with any of the above, then the overpayment is recouped in full beginning with the next scheduled payment to the provider after the 30 days has elapsed, or for as long as is necessary to recoup the overpayment in full.