



Center-Based Program Application Form



Child Care Aware of New Hampshire Progressive Training and Technical Assistance
Please mail application to CCAoNH at 88 Temple Street, Nashua, NH 03060 by Friday, October 5, 2018.

Program Name: _____ Program License ID: _____

Program Address/Region: _____

Contact Person and Role: _____

Email: _____

Phone: _____

Program Capacity: _____ Total Number of Staff: _____

Type of Program (Circle one): Child Care Center Preschool Program

Please review and select your preferred Training and Technical Assistance (TA) Option for this Program from the four options: Option 1 Program Emergency Preparedness and Response, Option 2 Strengthening Families, Strengthening Care, Option 3 NH Early Learning Standards and Option 4 Infant and Toddler Team Initiative.

Please select up to 3 options, please note if the option is your 1st, 2nd, or 3rd choice. Programs will only be selected for ONE Training and TA Option based on need.

Training & TA Option 1: Program Emergency Preparedness and Response (PEPR)

This Training & TA Option supports programs to establish a strong Emergency Response Plan, aid in initiating Emergency Preparedness response drills within your program and, in turn have your program have a solid, well-developed and well-practiced emergency preparedness plan. In addition, this option will help programs create a viable Continuation of Operations Plan (COOP). Please respond to the questions below. Your responses will be used to assess your program eligibility and needs for this initiative.

Circle one: **First Choice** **Second Choice** **Third Choice**

1. Does your program have an emergency plan? (Circle one) Yes No Unsure

2. What does your emergency plan include:

3. What response drills does your program practice on a regular basis? Check all that apply and circle the frequency of these drills?

- | | | | | |
|--|---------|-----------|----------|-------------|
| <input type="checkbox"/> Fire Drills: | Monthly | Quarterly | Annually | Other _____ |
| <input type="checkbox"/> Drop, Cover and Hold: | Monthly | Quarterly | Annually | Other _____ |
| <input type="checkbox"/> Secure Campus: | Monthly | Quarterly | Annually | Other _____ |
| <input type="checkbox"/> Shelter-in-Place: | Monthly | Quarterly | Annually | Other _____ |
| <input type="checkbox"/> Lockdown: | Monthly | Quarterly | Annually | Other _____ |
| <input type="checkbox"/> Evacuation: | Monthly | Quarterly | Annually | Other _____ |
| <input type="checkbox"/> Reverse Evacuation: | Monthly | Quarterly | Annually | Other _____ |

4. What training, if any, have you or your staff taken on emergency preparedness and response? If no one has had training on this topic, please leave blank.

5. Does your program have a formalized chain of command for how emergencies are handled? Please describe: _____

Training & TA Option 2: Strengthening Families, Strengthening Care (SFSC)

This Training & TA Option supports your program in assessing your current staff and program relationships with families. Through this assessment, CCAoNH will assist your program in implementing the Strengthening Families Approach to enhance communication, strengthen family engagement and to promote quality practices that support the social and emotional development of the children in your care. Please respond to the questions below. Your responses will be used to assess your program eligibility and needs for this initiative.

Circle one: **First Choice** **Second Choice** **Third Choice**

1. Is your program a Strengthening Families Program? (Circle one) Yes No Unsure

If yes, what activities and/or supports are you currently offering families? Please describe:

If yes, what additional support do you feel you need to implement the Strengthening Families Approach in your program? _____

2. Have you or any of your staff completed any training on Strengthening Families or Bringing the Protective Factors to Life Online or Face-to-Face Modules? (Circle one) Yes No Unsure

If yes, which one(s): _____

3. Has your program completed the program self-assessment on Strengthening Families? (Circle one) Yes No Unsure

Training & TA Option 3: NH Early Learning Standards (ELS)

This Training & TA Option supports programs in understanding and implementing the NH Early Learning Standards and applying those Standards into their practice. Through this option, CCAoNH will assist your program in implementing the NH Early Learning Standards into practice to support the development of the children in care. Please respond to the questions below. Your responses will be used to assess your program eligibility and needs for this initiative.

Circle one: **First Choice** **Second Choice** **Third Choice**

1. Does your program currently use the NH Early Learning Standards as part of your practice?
(Circle one) Yes No Unsure

If yes, what activities and/or ways do you use the NH ELS in your program and in your practice?
Please describe: _____

If yes, what additional support do you feel you need to implement the NH Early Learning Standards into your program? _____

2. Have you or any of your staff completed any training on the Early Learning Standards or former Early Learning Guidelines? (Circle one) Yes No Unsure

If yes, which one(s): _____

3. Do you inform and/or educate families on the NH Early Learning Standards?
(Circle one) Yes No Unsure

If yes, how? _____

Training & TA Option 4: Infant & Toddler Team Initiative (ITTI)

This Training & TA Option is specifically for Infant and Toddler Teaching Staff and those individuals caring for Infants and Toddlers in an early childhood setting. This option consists of navigating the NH Professional Registry, assessing individual knowledge and skills using the Infant and Toddler competencies, creating annual professional development plans and having them apply for their individual credential and the Infant/Toddler endorsement through the NH Early Childhood Professional Development System. Participants will be supported in gaining a deeper understanding of implementing the NH Early Learning Standards and applying those Standards into their practice. Through this option, CCAoNH will assist those serving Infants and Toddlers in implementing the NH Early Learning Standards to improve their competencies and their overall practice in caring for Infants and Toddlers. Please respond to the questions below. Your responses will be used to assess your program eligibility and needs for this initiative.

Circle one: **First Choice** **Second Choice** **Third Choice**

1. How many Infant and Toddler Staff/Individuals do you have that would participate? _____

2. How many Infants and Toddlers are currently enrolled in your program? _____
3. Are your Infant and Toddler Staff currently credentialed? (Circle one) Yes No Unsure
If yes, how many hold the Infant/Toddler Endorsement? _____
4. Do you currently have staff utilizing the Infant/Toddler Competencies? (Circle one) Yes No Unsure
5. Do you currently have staff using the NH Early Learning Standards in their practice?
(Circle one) Yes No Unsure
If yes, what additional support do you feel you need to implement the NH Early Learning Standards into your program for infants and toddlers?

6. Have you spoken to your Infant and Toddler Staff about participating in this initiative?
(Circle one) Yes No
If yes, what are their thoughts? _____

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