



Exploring Strengthening Families in Child Care Cohort (ESF Cohort) Application Form

Please email form back to ccrtraining@snhs.org

Or mail to Child Care Aware of NH

Attn: ESF Cohort

88 Temple Street, Nashua, NH 03060 by Tuesday, December 18, 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 Family Child Care Preschool Program

Exploring Strengthening Families in Child Care Cohort

The ESF Cohort is intended for child care centers and family child care providers. This unique opportunity is being piloted for the first time in the state of New Hampshire. Participating child care programs will walk through the five protective factors of supporting families, explore resources available to help families in their area, and network with other programs focusing on Strengthening Families. This Cohort will allow programs to assess their current family engagement practices, identify resources that are available to both the program and families, as well as create goals to sustain change in their practice to ensure the support of our New Hampshire families. *Please respond to the questions below. Your responses will be used to assess your program eligibility and needs for this program.*

1. Has your program participated in the Progressive Training and Technical Assistance Program (PTTAP) on the Strengthening Families offered by Child Care Aware of New Hampshire?
Yes (Year? _____) No Unsure

2. 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?

3. 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): _____

4. What other training, if any, have you or your staff taken on Strengthening Families? If no one has had training on this topic, please leave blank.

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

6. When considering your family engagement approach, how would you rate your prior knowledge and competence in the following topics:

Please rate your competence level, on a scale of 1 to 5, check the box that applies.

	5-Highly Competent	4-Very Competent	3- Competent	2-Fairly Competent	1-Not Competent
<i>Self-Assessment Process</i>					
<i>Five Protective Factors</i>					
<i>Strengthening Families Approach</i>					

7. Are you able to meet with this cohort every month? (Circle one): Yes No Unsure
8. Meeting will be held between 10:00 am & 3:00 pm, please select your preferred meeting time?
(Circle all that apply): 10:00 am-1:00 pm 11:00 am-2:00 pm 12:00 pm-3:00 pm
9. What day of the week is best for you? (Circle all that apply):
Monday Tuesday Wednesday Thursday Friday Unsure
10. Are you open to hosting the cohort meeting at your location (*Please note: your location must have adult seating*)? (Circle one): Yes No Unsure

Child Care Aware of New Hampshire is a Child Care Resource and Referral Program of Southern New Hampshire Services in collaboration with NH Children's Trust is offering the ESF Cohort. The preparation of this application was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Economics and Housing Stability, Bureau of Child Development and Head Start Collaboration with funds provided in part by the State of New Hampshire and the US Department of Health and Human Services.