



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH AND FAMILIES
CHILD DEVELOPMENT BUREAU

Form 2511
June 2014

**FAMILY GROUP CHILD CARE HOME - OPTION 1
APPLICATION FOR NEW HAMPSHIRE LICENSED PLUS QUALITY RATING**

CHECK TYPE OF APPLICATION: ☐ NEW ☐ RENEWAL (EVERY 3 YEARS)

PROGRAM NAME: _____	FEDERAL ID # _____
ADDRESS (Actual location) _____	DAYTIME PHONE NUMBER _____
TOWN: _____	STATE: _____ ZIP: _____
MAILING ADDRESS (If different) _____	
NAME OF FAMILY CHILD CARE PROVIDER _____	
E-MAIL _____	ALTERNATE PHONE NUMBER _____

INSTRUCTIONS:

- It is mandatory that you document compliance with the eleven required standards, which are **highlighted** and marked with an asterisk * in the left hand column. In addition, select and demonstrate compliance with **five additional standards** for a total of **sixteen standards**.
- Required documentation must accompany this form. Each item of documentation should be labeled in **red** in the upper right hand corner with the corresponding standard number. For example, the copy of your license will be labeled with a red "1" on the upper right corner.
- Note that standards 2B, 11, 15, 19, and 20 require that the family child care provider initial a statement verifying that the standard has been met.
- Tally the entries in the right hand column to confirm that you have selected, documented, and/or verified compliance with a total of **16 standards**.
- If you are enrolled** by the Department of Health and Human Services, Division for Children, Youth and Families (DCYF), to provide child care services for children in employment related care, please place a check mark in the appropriate box below, and **include your Bridges Resource ID #**.

☐ **YES, I AM ENROLLED FOR EMPLOYMENT
RELATED CHILD CARE**

☐ **NO, I AM NOT ENROLLED**
_____ BRIDGES RESOURCE ID #

- If you are certified** by the Department of Health and Human Services, Division for Children, Youth and Families (DCYF), to provide child care services for children in preventative or protective care, please place a check mark in the appropriate box below, and **include a copy of your current certification and your Bridges Resource ID #**.

☐ **YES, I AM CERTIFIED FOR PREVENTATIVE OR
PROTECTIVE CHILD CARE**

☐ **NO, I AM NOT CERTIFIED**
_____ BRIDGES RESOURCE ID #

- Programs that have been issued a Licensed Plus Certificate will need to complete and submit a renewal application every three years, indicating any changes, along with supporting documentation.
- Keep a copy of this application and supporting documentation for your records.
- If you have questions or need further information contact the Licensed Plus Program AT 271-4684 OR 1-800-852-3345, Extension 4684, or view the Licensed Plus web site at: <http://www.dhhs.state.nh.us/DHHS/CDB/licensedplus.htm>
- Submit this application and documentation to:

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DCYF/CHILD DEVELOPMENT BUREAU
129 PLEASANT STREET, CONCORD, NH 03301
ATT: LICENSED PLUS PROGRAM SPECIALIST

LICENSED PLUS STANDARDS FAMILY GROUP CHILD CARE HOME - OPTION 1

TO INDICATE THAT YOU HAVE ENCLOSED THE REQUIRED DOCUMENTATION, AND OR INITIALLED THE VERIFICATION STATEMENT WHERE REQUIRED, PLACE A CHECK MARK ✓ IN THE COLUMN TO THE RIGHT

REGULATION		
REGULATION:	REQUIRED DOCUMENTATION	✓
* 1. My child care license, issued by DHHS is current and is not conditional or suspended.	Copy of your current license. License number: _____	

ADMINISTRATION & BUSINESS PRACTICES		
REGULATION:	REQUIRED DOCUMENTATION	✓
* 2B. Choose one of the following two options and indicate your choice by placing a check mark in the corresponding check box. <input type="checkbox"/> I have completed a one-year operating budget and have liability insurance coverage <input type="checkbox"/> The family child care provider's initials below verify that applicable taxes have been/will be filed annually. Initials: _____	Copies of a current projected one-year operating budget and written proof of liability insurance coverage.	<input type="checkbox"/>
* 3. The program has written personnel policies and/or a staff handbook that details the programs current personnel policies.	Copy of your current policies and procedures manual or staff handbook.	<input type="checkbox"/>
4. There are written job descriptions for each paid position.	Copy of written job description for each paid position.	<input type="checkbox"/>

LEARNING ENVIRONMENT		
REGULATION:	REQUIRED DOCUMENTATION	✓
* 5. At least one current employee has attended a workshop in the past twelve months incorporating New Hampshire Early Learning Standards.	Copy of a certificate of attendance documenting that in the past 12 months at least 1 employee has attended a workshop incorporating NH Early Learning Standards.	<input type="checkbox"/>
6. The program has a written curriculum statement that outlines and explains the program's current curriculum.	Copy of your curriculum statement that may include a philosophy or vision statement, staff handbook, and/or parent handbook or other written document that includes your program's current curriculum statement.	<input type="checkbox"/>
7. The program has a written curriculum plan.	Copy of the current curriculum plan used in your program.	<input type="checkbox"/>

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PARENT/FAMILY INVOLVEMENT		
REGULATION:	REQUIRED DOCUMENTATION	✓
* 8. The families of enrolled children are welcome in the program at all times.	Evidence of communication to families of enrolled children that they are welcome in the program, which may include a written policy statement, parent handbook, a picture of a welcome sign, welcome letter or other written communication which conveys this policy to parents.	<input type="checkbox"/>
9. Program policies are communicated to the parents/families of enrolled children via a parent/family information packet or handbook, enrollment materials, contract, welcome letter or other written communication.	Copy of your parent/family information packet or handbook, enrollment materials, contract, welcome letter or other written communication that informs parents of the program's policies.	<input type="checkbox"/>
* 10. The program communicates with parents/families of enrolled children, in writing, on a regular basis.	Evidence of this practice that may include but is not limited to a copy of parent newsletter, sample copy of weekly communication log, sample copies of memos to parents.	<input type="checkbox"/>
11. The initials of the family child care provider below verify that the program offers all parents of enrolled children a parent/teacher conference on an annual basis. Initials: _____		<input type="checkbox"/>
12. The family child care provider has completed a strengthening families self-assessment form,	The Strengthening families on-line data system can be found at: http://www.mosaic-network.com/gemslive/cssp/	<input type="checkbox"/>

CHILDREN WITH SPECIAL NEEDS		
REGULATION:	REQUIRED DOCUMENTATION	✓
* 13. Children and families of all abilities are welcomed, the program is modified and reasonable accommodations are made to maintain children with special needs in the program.	Written documentation that explains the inclusive policy and demonstrates that the program welcomes children and families of all abilities, makes modifications and reasonable accommodations to maintain children with special needs in the program, and supports employed staff in their professional development, which may include a statement in your parent/family handbook with the applicable pages highlighted, promotional materials, and/or other written parent communication.	<input type="checkbox"/>

PROFESSIONAL DEVELOPMENT		
REGULATION:	REQUIRED DOCUMENTATION	✓
* 14. All family child care providers and workers have completed a minimum of 18 hours annually of professional development activities, including early childhood education, management, administration or leadership.	Copy(ies) of completed training or education logs, signed by the family child care provider, for the family child care provider and family child care workers.	<input type="checkbox"/>

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PROFESSIONAL DEVELOPMENT CONTINUED		
REGULATION:	REQUIRED DOCUMENTATION	✓
<p>* 15. Choose one or both of the following two options, as applicable, and indicate your selection by placing a check in the box provided.</p> <p><input type="checkbox"/> The initials of the family child care provider below verify that professional development plans are in place for family child care providers and workers. Initials: _____</p> <p><input type="checkbox"/> Family child care providers and workers have achieved Minimum Level 1 Credential from the New Hampshire Early Childhood Professional Development System, administered by DHHS, Child Development Bureau.</p>	<p>Copy of one completed professional development plan with name removed.</p> <p>Copy of credentials at minimum Level I.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

STAFF QUALIFICATIONS AND COMPENSATION		
REGULATION:	REQUIRED DOCUMENTATION	✓
<p>* 16. List of benefits provided (including paid vacations, holiday, and health insurance.)</p>	Copy of benefits provided to the family child care provider and paid staff or parent/family communication indicating days off for which the program's employees will be compensated.	<input type="checkbox"/>
<p>17. The family child care provider has at least 12 college credits in early childhood education and/or child development.</p>	Copy of relevant transcript(s) or degree received.	<input type="checkbox"/>
<p>18. The program has a written salary scale, which indicates compensation ranges for positions based on qualifications and tenure.</p>	Copy of your current written salary scale.	<input type="checkbox"/>

PROGRAM EVALUATION		
REGULATION:	REQUIRED DOCUMENTATION	✓
<p>* 19. The initials of the family child care provider below verify that parent surveys have been distributed to parents of enrolled children within the past 12 months. Initials: _____</p>	Copy of your parent survey.	<input type="checkbox"/>
<p>20. The initials of the family child care provider below verify that staff surveys have been distributed to all staff within the past 12 months. Initials: _____</p>	Copy of your staff survey.	<input type="checkbox"/>

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PROGRAM EVALUATION CONTINUED		
REGULATION:	REQUIRED DOCUMENTATION	✓
21. An environmental rating scale (ECERS, ITERS, FDCRS, SACERS, ECERS-R, ITERS-R) has been completed for the program.	Copy of your environmental rating scale report. Note: For more information on how to obtain the environmental rating scale(s) click on the following link or log on to: http://ers.fpg.unc.edu/	<input type="checkbox"/>
22. The program has a written improvement plan based on evaluation tools chosen by the family child care provider.	Copy of your current written improvement plan.	<input type="checkbox"/>
Please total the standards documented with this application to ensure that you have demonstrated compliance with 16 standards, including the 11 mandatory standards, and the 5 additional standards you selected.		_____

NOTE RE STANDARD # 5 NH EARLY LEARNING STANDARDS WORKSHOP

This is a specific workshop, offered by NH Child Care Aware® of New Hampshire <http://nh.childcareaware.org/>

The intent of this standard is that as many employees as possible attend this workshop, therefore the documentation submitted should not be for the same employee(s) for whom documentation was submitted with the initial application or renewals.

Exception: If all of your current staff have attended this workshop, please submit their certificates of attendance along with a note explaining that all current staff have attended the workshop.

THE FOLLOWING SECTION MUST BE COMPLETED AND SIGNED BY THE FAMILY CHILD CARE PROVIDER.

By signing below, I hereby verify that:

- I have read and understand the Licensed Plus Quality Rating Standards and the requirements for the application process.
- I understand that a Licensed Plus Program Specialist may visit my program to discuss the application, offer consultation, and review applicable records for compliance.
- I understand that submission of false or misleading documents will be considered fraudulent, which may result in revocation of my NH Child Care Agency License, billing privileges with the Department, and my Licensed Plus Quality Rating.
- All information provided as part of this application and in all attachments is true and accurate to the best of my knowledge.

Signature of Family Child Care Provider _____ Date signed: _____