APPLICATION FOR NEW HAMPSHIRE LICENSED PLUS QUALITY RATING – FAMILY CHILD CARE HOME OPTION 1

CHECK TYPE OF APPLICATION:	□ NEW	□ RE	ENEWAL (EVER)	Y 3 YEARS)		
PROGRAM NAME:						
PHONE # WHERE YOU CAN BE REACHED	DURING DAYTIME HOURS: _	A	LTERNATE PHO	NE NUMBER:		
ACTUAL LOCATION ADDRESS:						
STRE	 :ET	CITY/TOWN	STATE	ZIPCODE		
MAILING ADDRESS (IF DIFFERENT):						
STR	EET/PO BOX	CITY/TOWN	STATE	ZIPCODE		
NAME OF FAMILY CHILD CARE PROV	DER:					
EMAIL ADDRESS:						
 It is mandatory that you described with an asterisk additional standards for a standard documentation of the standard documentation of the standard document will also be standard or the standard document will also be standard document will be standard document with a red "1" on the standard document will be standard document with the standard document with the standard document with the standard document will be standard document will be standard document with the standard document will be s	in the left hand column total of sixteen standard nust accompany this form th the corresponding sta	i. In addition, seleds.m. Each item of doc	ect and demo cumentation s	onstrate compli hould be labele	ance with	n five
 Note that standards 11 are standard has been met. that option, either in addition 	The verifying statement	ts in standards 2 ar				
 Tally the entries in the r compliance with a total of 		onfirm that you ha	ive selected,	documented	and/or ve	rified
 If you are certified by the (DCYF), to provide child continue in the appropriate box below 	are services for children	in preventative or p	protective car			
☐ Yes, I am certified by D	CYF	☐ No, I am not cer	tified by DCY	F		
 Programs that have beer application form every thre 					nit a Rer	newal
 Keep a copy of this applica 	ation and supporting doc	umentation for your	records.			
 If you have questions or ne 	ed further information c	ontact the Licensed	Plus Progran	n at 271-4684 d	or	
1-800-852-3345, Exter http://www.dhhs.state.nh.u	•	view the lus.ht	licensed	plus web	site	at:

• Submit this application and required documentation to:



NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DCYF/CHILD DEVELOPMENT BUREAU 129 PLEASANT STREET, CONCORD, NH 03301-3857 ATT: LICENSED PLUS PROGRAM SPECIALIST

LICENSED PLUS STANDARDS FAMILY CHILD CARE HOME (OPTION ONE)

DOCUMENTATION REQUIREMENTS

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

	THE FOLLOWING REQUIRED DOCUMENTATION, AND OR INITIALLED THE VERIFICATION STATEMENT WHERE REQUIRED.			
REGULATION				
*		My license, issued by the NH Department of Health and Human Services is current and is not conditional or suspended.	Copy of your current license. LICENSE NUMBER:	
		ADMINISTRATION 8	BUSINESS PRACTICES	
*	2.	Choose one of the following 2 options and indicate your choice by placing a check mark in the corresponding check box.		
		 A. I have completed a one-year operating budget and have liability insurance coverage 	Copies of a current projected one-year operating budget and written proof of liability insurance coverage.	
		 B. The family child care provider's initials below verify that applicable taxes have been/will be filed annually. Initials: 		
	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.	
	4.	There are written job descriptions for each paid position.	Copy of written job description for each paid position.	
		LEARNING	ENVIRONMENT	
*	5.	At least one current employee has attended a New Hampshire Early Learning Guidelines workshop in the past twelve months. (workshop given by NH Child Care Resource & Referral.)	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 Guidelines. (Providers working alone who have completed this workshop do not need to repeat the workshop).	
	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.	
	7.	The program has a written curriculum plan.	Copy of the current curriculum plan used in your program.	
PARENT/FAMILY INVOLVEMENT				
*	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.	
*	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.	

NH DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF OPERATIONS SUPPORT/BUREAU OF IMPROVEMENT AND INTEGRITY/LICENSED PLUS APPLICATION
FAMILY CHILD CARE OPTION 1 SEPTEMBER 27, 2012

DOCUMENTATION REQUIREMENTS LICENSED PLUS STANDARDS FAMILY CHILD CARE HOME PLACE A CHECK MARK ✓ IN THE COLUMN TO THE RIGHT OF EACH APPLICABLE STANDARD TO (OPTION ONE) INDICATE THAT YOU HAVE ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION, AND OR INITIALLED THE VERIFICATION STATEMENT WHERE REQUIRED. PARENT/FAMILY INVOLVEMENT (CONTINUED) The program Evidence of this practice that may include but is not limited to a copy of parent communicates with newsletter, sample copy of weekly communication log or sample copies of memos to parents/families of parents. enrolled children, in writing, on a regular basis. 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: The family child Copy of the completed Self-Assessment Form, strategies 1 –7, signed by the care provider has provider. completed a Note: the forms can be downloaded from: strengthening http://www.strengtheningfamilies.net/index.php/online resources/guide assess/category/self assessment/ families selfassessment form. **CHILDREN WITH SPECIAL NEEDS** Children and Written documentation that explains the inclusive policy and demonstrates that the 13. program welcomes children and families of all abilities, makes modifications and families of all reasonable accommodations to maintain children with special needs in the program, abilities are and supports employed staff in their professional development, which may include a welcomed, the program is statement in your parent/family handbook with the applicable pages highlighted. modified and promotional materials, and/or other written parent communication. reasonable accomodations are made to maintain children with special needs in the program. PROFESSIONAL DEVELOPMENT 14. All family child care Copy(ies) of a completed training or education log, signed by the family child care providers and provider, for the family child care provider and family child care workers. workers have completed a minimum of 18 hours annually of professional development activities, including early childhood education, management,

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	administration or		
	leadership.		
*	15. Choose one or both of the following two options, as applicable, and indicate your selection by placing a check in the box provided. 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: 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.	Copy of one completed professional development plan with name removed. Copy of credentials at Minimum Level I.	
NH	DEPARTMENT OF HEALTH AND HI	UMAN SERVICES	

DOCUMENTATION REQUIREMENTS LICENSED PLUS STANDARDS **FAMILY CHILD CARE HOME** PLACE A CHECK MARK ✓ IN THE COLUMN TO THE RIGHT OF EACH (OPTION ONE) APPLICABLE STANDARD TO INDICATE THAT YOU HAVE **ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION, AND** OR INITIALLED THE VERIFICATION STATEMENT WHERE REQUIRED. STAFF QUALIFICATIONS AND COMPENSATION 16. List of benefits provided (including paid Copy of benefits provided to the family child care * vacations, holiday, and health insurance.) provider and paid staff or parent/family communication indicating days off for which the program's employees will be compensated. Copy of relevant transcript(s) or degree received. 17. The family child care provider has at least 12 college credits in early childhood education and/or child development. The program has a written salary scale, which Copy of your current written salary scale. indicates compensation ranges for positions based on qualifications and tenure. **PROGRAM EVALUATION** The initials of the family child care provider * Copy of your parent survey. below verify that parent surveys have been distributed to parents of enrolled children within the past 12 months. 20. An environmental rating scale (ECERS, Copy of your environmental rating scale report. ITERS, FDCRS, SACERS, ECERS-R, Note: For more information on how to obtain the ITERS-R) has been completed for the environmental rating scale(s) click on the following link or log on to: www.fpg.unc.edu/~ecers/ program. 21. The program has a written improvement plan Copy of your current written improvement plan. based on evaluation tools chosen by the family child care provider.

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.

9		
Family Child Care Provider Signature: _	 	

PLEASE TOTAL THE STANDARDS DOCUMENTED WITH THIS

DEMONSTRATED COMPLIANCE WITH 16 STANDARDS, INCLUDING THE 11 MANDATORY STANDARDS, AND THE 5

APPLICATION TO ENSURE THAT YOU HAVE

ADDITIONAL STANDARDS YOU SELECTED.