

Granite Steps for Quality (GSQ) Endorsement Application



In addition to quality standards, Granite Steps for Quality (GSQ) Endorsements are available to programs. At this time, a GSQ Family Engagement Endorsement is available. It is anticipated that GSQ Endorsements in other areas will be developed over the next year.

GSQ Endorsements are awarded in recognition of a program's strengths in meeting the GSQ criteria in specific areas known to promote quality care and education.

Instructions:

You will find the required prerequisites on pages 3-4 of this application, please complete each section fully before moving onto page 5. Next, please choose from the four types of program structures in the rubrics below by circling the Pathway and completing the Endorsement criteria that accurately describes your program. Once completed, please read and complete the attached attestation on page 12 of this application. Please do not sign the attestation if the Endorsement criteria is not complete as of the date of application.

If the trainings required for this application are not accurately reflected on your NHCIS Training Transcript, please attach printed copies to this application.

Please reference the Granite Steps for Quality Guide as needed: <https://www.nh-connections.org/uploads/GSQ-Guide.pdf> (Pages 32-37).

Please email us at NHGSQ@dhhs.nh.gov with any questions pertaining to your application.

Program Information

Check Type of Application (circle one): New

Renewal (Every 3 Years)

Endorsement Applying for:

Program Name:

Federal ID:

License Number:

Ages Served (Ages in program, if program has a summer OST program include in ages served):

Telephone Number:

Address (Actual Location):

City:

State:

Zip:

Mailing Address (if different):

City:

State:

Zip:

Name of Program Director:

Email:

(If applicable)

Name of Applicant/Owner:




Email:


(If different than Program Director)




| In Order to Apply | Criteria | Steps to Complete | Verified by GSQ Staff in NHCIS |
|--|--|--|--------------------------------|
| Update NHCIS Program Profile (Director/Admin) | Username and Password established in NHCIS. | <i>Click Here to enter the date for the most recent update to the Program's NHCIS: Program Profile.</i> | <input type="checkbox"/> |
| NHCIS Registry Profiles | Username and Password established in NHCIS for all staff. | <input type="checkbox"/> Profiles Complete in NHCIS | <input type="checkbox"/> |
| Prerequisites | Criteria | Steps to Complete | Verified by GSQ Staff in NHCIS |
| Child Care Program License | The program holds an active child care license for a minimum of 12 months. | <input type="checkbox"/> The program holds an active child care license from the NH DHHS Child Care Licensing Unit | <input type="checkbox"/> |
| Children: The Bedrock of the Granite State Presentation (included in Embedded Video) <i>Resources: Children: the Bedrock of the Granite State Presentation, Self-Study Form</i> | Watch the "Children: The Bedrock of the Granite State" Presentation. | <input type="checkbox"/> Fillable Self-Study PD Documentation Form Uploaded in NHCIS <input type="checkbox"/> Printable Self-Study PD Documentation Form Uploaded in NHCIS (Choose one) | <input type="checkbox"/> |
| Business Practices Training <i>Resource: NH Business Management and Director Collection Links</i> <i>Completed by individual responsible for administrative aspects of program (Director/Admin. or Owner)</i> | Complete two of the following NH Business Management and Director Trainings offered through Child Care Aware of NH and ProSolutions: <ul style="list-style-type: none"> ○ Taking Care of Business: An Administrator's Overview ○ Leading with Heart: How to Build Effective Teams ○ Successful Coaching and Mentoring for Employee Growth ○ An Administrator's Overview of Assessment in Early Care and Education ○ *Creating a Business Plan for Your Family Child Care Program ○ *Budgeting and Financial Planning for your Family | <input type="checkbox"/> Professional Development Hours reflected in NHCIS Training Transcript | <input type="checkbox"/> |


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| | Child Care Program <i>*These trainings are most applicable to Family Child Care Providers</i> | | |
| <p>The program is enrolled to receive NH Child Care Scholarship Program payments on behalf of families who are eligible</p> <p>Resource: https://www.nh-connections.org/child-care-scholarship/ to learn more about enrolling to accept the NH Child Care Scholarship Program payments.</p> | <p>Identify your program type</p> <p>Complete NH Child Care Scholarship Enrollment Forms</p> | <p><input type="checkbox"/> Program must be accepted in NH Child Care Scholarship Program</p> | <p><input type="checkbox"/></p> |



| Endorsement: Family Engagement | Criteria | Pathway 1 | Pathway 2 | Pathway 3 | Pathway 4 | Steps to Complete | Verified by GSQ Staff |
|--------------------------------------|---|--------------|--------------|--------------|--------------|--|-----------------------|
| Family Child Care | <ul style="list-style-type: none"> • Provider has a collaborative agreement with a state contracted Family Resource Center (FRC) or a community FRC affiliated with Family Support NH AND • Has completed a minimum of 6 hours of training in Bringing the Protective Factors to Life AND • Completes a Strengthening Families Self-Assessment and Action Plan | █ | | | | <input type="checkbox"/> Program has completed required Prerequisites <input type="checkbox"/> Program meets all the required criteria for Pathway 1 and has completed the attestation. | □ |
| | <ul style="list-style-type: none"> • Provider completes a minimum of 6 hours of training in Bringing the Protective Factors to Life AND • Provider completes a Strengthening Families Self-Assessment and Action plan AND • Provider demonstrates the implementation of: Having an open door policy, hosting a minimum of 2 family events per year, conducting an annual family survey, offering on-going family communication either with a monthly newsletter or with an app AND | | █ | | | <input type="checkbox"/> Program has completed required Prerequisites <input type="checkbox"/> Program meets all the required criteria for Pathway 2 and has completed the attestation. | □ |


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| | <ul style="list-style-type: none"> Program demonstrates the implementation of 1 of the following: Provides referrals to outside agencies for families, Provides ideas/suggestions to support learning at home, Supports transitions to new classrooms/programs/public schools | | | | | | |
| | <ul style="list-style-type: none"> Provider participates in an Early Head Start/ Child Care partnership and demonstrates compliance in the Federal Review process | | |  | | <input type="checkbox"/> Program has completed required Prerequisites <input type="checkbox"/> Program meets all the required criteria for Pathway 3 and has completed the attestation. | |
| | <ul style="list-style-type: none"> Provider holds a current National Association of Family Child Care Accreditation | | | |  | <input type="checkbox"/> Program has completed required Prerequisites <input type="checkbox"/> Program meets all the required criteria for Pathway 4 and has completed the attestation. | <input type="checkbox"/> |
| Endorsement: Family Engagement | Criteria | Pathway 1 | Pathway 2 | Pathway 3 | Pathway 4 | Steps to Complete | Verified by GSQ Staff |
| Center Based (Including Head | <ul style="list-style-type: none"> Child Care Program has a collaborative agreement with a state contracted Family |  | | | | <input type="checkbox"/> Program has completed | <input type="checkbox"/> |

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| <p>Start/ Center Based Early Head Start)</p> | <p>Resource Center (FRC) or a community FRC affiliated with Family Support NH AND</p> <ul style="list-style-type: none"> • An Administrator and 25% of eligible staff complete a minimum of 6 hours of training in Bringing the Protective Factors to Life AND • Program completes a Strengthening Families Self-Assessment and Action Plan | | | | | <p>required Prerequisites</p> <p><input type="checkbox"/> Program meets all the required criteria for Pathway 1 and has completed the attestation.</p> | |
| | <ul style="list-style-type: none"> • An Administrator and 25% of eligible staff complete a minimum of 6 hours of training in Bringing the Protective Factors to Life AND • Program completes a Strengthening Families Self-Assessment and Action plan AND • Program demonstrates the implementation of: Having an open door policy, hosting a minimum of 2 family events per year, conducting an annual family survey, offering on-going family communication either with a monthly newsletter or with an app AND • Program demonstrates the implementation of 1 of the following: Provides referrals to outside agencies for families, | |  | | | <p><input type="checkbox"/> Program has completed required Prerequisites</p> <p><input type="checkbox"/> Program meets all the required criteria for Pathway 2 and has completed the attestation.</p> | <p><input type="checkbox"/></p> |

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| | Provides ideas/suggestions to support learning at home, Supports transitions to new classrooms/programs/public schools | | | | | | |
| | <ul style="list-style-type: none"> Head Start Program: Needs to demonstrate compliance with Federal Review | | |  | | <input type="checkbox"/> Program has completed required Prerequisites <input type="checkbox"/> Program meets all the required criteria for Pathway 3 and has completed the attestation. | |
| | <ul style="list-style-type: none"> Program holds a current NAEYC (National Association for the Education of Young Children) Accreditation AND Program demonstrates compliance with Family Engagement Standards | | | |  | <input type="checkbox"/> Program has completed required Prerequisites <input type="checkbox"/> Program meets all the required criteria for Pathway 4 and has completed the attestation. | <input type="checkbox"/> |
| Endorsement: Family Engagement | Criteria | Pathway 1 | Pathway 2 | Pathway 3 | Pathway 4 | Steps to Complete | Verified by GSQ Staff |
| Out-of-School Time Program | <ul style="list-style-type: none"> Program has a collaborative agreement with a state contracted Family Resource Center (FRC) or a community FRC affiliated with Family Support NH AND |  | | | | <input type="checkbox"/> Program has completed required Prerequisites <input type="checkbox"/> Program meets all the required criteria for Pathway 1 and | <input type="checkbox"/> |

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| | <ul style="list-style-type: none"> • An Administrator and 25% of eligible staff complete a minimum of 6 hours of training in Bringing the Protective Factors to Life AND • Out-of-School Time Program completes a Strengthening Families Self-Assessment and Action Plan | | | | | has completed the attestation. | |
| | <ul style="list-style-type: none"> • An Administrator and 25% of eligible staff complete a minimum of 6 hours of training in Bringing the Protective Factors to Life AND • Program completes a Strengthening Families Self-Assessment and Action plan AND • Program demonstrates the implementation of: Having an open door policy, hosting a minimum of 2 family events per year, conducting an annual family survey, offering on-going family communication either with a monthly newsletter or with an app AND • Program demonstrates the implementation of 1 of the following: Provides referrals to outside agencies for families, Provides ideas/suggestions to support learning at home, | |  | | | <input type="checkbox"/> Program has completed required Prerequisites <input type="checkbox"/> Program meets all the required criteria for Pathway 2 and has completed the attestation. | <input type="checkbox"/> |

| | Supports transitions to new classrooms/programs/public schools | | | | | | |
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| Endorsement: Family Engagement | Criteria | Pathway 1 | Pathway 2 | Pathway 3 | Pathway 4 | Steps to Complete | Verified by GSQ Staff |
| Center Based Programs that Provide Early Childhood and Out-of-School Time Services | <ul style="list-style-type: none"> • Program has a collaborative agreement with a state contracted Family Resource Center (FRC) or a community FRC affiliated with Family Support NH AND • An Administrator and 25% of eligible staff complete a minimum of 6 hours of training in Bringing the Protective Factors to Life AND • Program completes a Strengthening Families Self-Assessment and Action Plan |  | | | | <input type="checkbox"/> Program has completed required Prerequisites <input type="checkbox"/> Program meets all the required criteria for Pathway 1 and has completed the attestation. | <input type="checkbox"/> |
| | <ul style="list-style-type: none"> • An Administrator and 25% of eligible staff complete a minimum of 6 hours of training in Bringing the Protective Factors to Life AND • Program completes a Strengthening Families Self-Assessment and Action plan AND • Program demonstrates the implementation of: Having an open door policy, hosting a minimum of 2 family events per year, conducting an | |  | | | <input type="checkbox"/> Program has completed required Prerequisites <input type="checkbox"/> Program meets all the required criteria for Pathway 2 and has completed the attestation. | <input type="checkbox"/> |

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| | <p>annual family survey, offering on-going family communication either with a monthly newsletter or with an app AND</p> <ul style="list-style-type: none"> • Program demonstrates the implementation of 1 of the following: Provides referrals to outside agencies for families, Provides ideas/suggestions to support learning at home, Supports transitions to new classrooms/programs/public schools | | | | | | |
| | <ul style="list-style-type: none"> • Program holds a current NAEYC (National Association for the Education of Young Children) Accreditation | | |  | | <input type="checkbox"/> Program has completed required Prerequisites <input type="checkbox"/> Program meets all the required criteria for Pathway 3 and has completed the attestation. | |

Family Policy and Engagement Attestation

I attest that the above policies and practices are implemented in my program as of the date of this signed Granite Steps for Quality Application. I understand that if my program is found to not honor any/all of the above requirements that I am at risk of penalty, including the revocation of my Granite Steps for Quality Step/Endorsement and all related incentives.

By signing below, I hereby verify that:

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

If the program does not currently meet these listed requirements, please do not sign or submit the endorsement application at this time. Please see pages 33-37 of the GSQ Publication for more guidance and contact us at NHGSQ@dhhs.nh.gov for assistance with your application.

Signature: _____

Printed Name: _____

Role: _____

Date: _____