**Child Care Workforce Grant Step by Step Instructions as of December 4, 2023**

**These instructions are subject to changes and updates, due to errors, omissions or additions**

Before you get started, you may want to refer to the application template as you read these instructions. Remember if you are using the “public” survey monkey link you must do your whole application at one sitting because it cannot be saved or printed. If you are using a custom link that came to you in a separate email then you can save, re-enter the application and print. However this does not always work.

If you make a mistake or submit before you answer all the questions, you may start another application with your program name and then the words “Part Two”. For example, “Good Child Care Part Two”. We hope you will not need to do this but just in case, we can merge both applications together.

Please remember to answer all the questions.

Now let’s get started

|  |  |
| --- | --- |
| **Question 1 – County Information** | * Select the county where your program is located
 |
| **Question 2 – Program Information** | * Note this section is all about the actual

program. * Under Program Name DBA means “doing business as” This is the name your program goes by in licensing and our license exempt records.
* Please check your email to be sure it is correct, both times!
 |
| **Question 3 – Payment Contact Information** | * This section is essentially your billing information and address. If you do not have a parent organization then just put your program name in the “Organization Name” box.
* If you have a parent organization or company then write that name in here with that organization’s address if it is your payment contact address. For example, the Boys and Girls Club and the YMCA are examples of parent organizations, also your LLC or corporate company could fit this description.
 |
| **Question 4 – Payment Information** | * This is a very important section and you must include your state vendor number here – if you do not have one you can become an authorized vendor to the State of New Hampshire, by completing the Online Vendor Registration process. Go to [https://apps.das.nh.gov/vendorregistration/(S(hdkvb4vhpao2yvotoxscnfpp))/welcome.aspx](https://apps.das.nh.gov/vendorregistration/%28S%28hdkvb4vhpao2yvotoxscnfpp%29%29/welcome.aspx)
* If you are already a vendor and want to check your number or verify the number is still active – go to the same link. Remember no active vendor number - no grant funds can be paid out to you. Check the number if you have not used it in a while to see if has expired. Please do not put “I don’t remember” because we don’t either.
* If you are not already a child care scholarship provider please reach out Marlene Burton at Marlene.M.Burton@dhhs.nh.gov" ASAP and get enrolled
 |
| **Question 5 – Program Type** | * This is pretty self-explanatory
 |
| **Question 6 – Type in Business** | * This is straightforward, but if you are an owner then put how long you owned that program, not how long it has been open. This is not a trick question.
 |
| **Question 7 – Program Description** | * Here you can check off as many as are appropriate, please be sure to read each one and pick all that apply
 |
| **Question 8 – Program Status**  | * This is simple, but if you are getting ready to sell or anticipate being closed in the next year , then add a note in the other space and/or reach out to us for a discussion
 |
| **Question 9 – Current Capacity** | * Here we want to know how many children your license or local health department says you can have at one time – that does not mean that you actually must enroll that many.
 |
| **Question 10 – Desired capacity** | * Here we want to know how many children you ideally want to enroll, based on the capacity number you listed above. This number is how many children you want in the program to maintain high quality. For example, you might be licensed for 125, but you know that in your program more than 100 would be a little too much. Your capacity number and your ideal capacity can be the same number, but ideal cannot be higher than licensed capacity.
 |
| **Question 11 - Children in NH** | * This is the number of children that live, most of the time, in the state of New Hampshire. When calculating the percentage include all children currently enrolled in your program – full and part time – and figure out approximately what percentage of those children live in New Hampshire. For example, if my program has 100 children currently enrolled and 25 live in border states then 75% of my currently enrolled children live in New Hampshire.
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| **Question 12 and 13 – Wait list**  | * Please indicate a YES or NO in question 12, if the answer is NO then skip to question 14.
 |
| **Question 14 – Current Child Enrollment, Capacity and Available Slots** | This looks more daunting than it is, but here goes * ***Total capacity*** is how many you would take in the age group if you had adequate staff.
* The ***enrolled FT and PT*** are how many total children in this age group you actually have enrolled. Do not worry if you have more enrolled than capacity - we get that with part time children. These children may not be attending on the day you do your application, but they are enrolled.
* **Available slots** are only unfilled, available slots that would be available if you had full staffing.
* **Waiting list** is how many children are waiting to fill the next vacant slot in that age group
* Children receiving **Scholarship** means they are on state subsidy now
* **Open classrooms** are the total open now
* **Closed classrooms** are the total closed now
* **Closed because of staff shortages** is part of or all of the previous number. For example, you may have three closed classrooms, but only two are closed because of staff shortages, but the third one is closed by choice because it needs new carpeting or a leak fixed.
* If you are a family child care provider and do not have classrooms, skip the questions that do not apply. If you cannot offer care up to your capacity number because you cannot find an assistant than indicate that in the “other” comment box
 |
| **Question 15 – Disability Differential** | * If you take NH Child Care Scholarship at your program, this is for you – but it is also for those of you that do not take it! The differential is paid out with the rest of the child care fees through the state for children on scholarship. By definition a disability can be many things from physical or mental challenges to a broken leg, trauma-informed behaviors etc.
* Every program likely has 5 to 10% at a minimum that are eligible for this differential that can help you , help children – for more information reach out to the BCDHSC Providers Relations specialist to learn more.
 |
| **Question 16 - Pay by Enrollment** | * This is just an opinion question and will be helpful as we progress through our first benchmark year.
 |
| **Question 17 – Staff Benefits** | * This is not an optional question since it provides a baseline for your use of funds. Please put YES or NO under each benefit listed. These are benefits you are providing your staff.
* For family child care providers only indicate YES if you are paying for the benefits yourself.
 |
| **Question 18 – Free/Reduced Child Care** | * When answering this consider if you offer the benefit even if it not currently being used. Please answer even if the answer is zero.
 |
| **Question 19 – Current Teaching Staff** | * This is the actual staff you have the day you apply working for you (even if they are not in that day, they still work for you. Please put an answer under each age group even it is zero. Choose the title that most closely aligns with your staff titles. Also, be sure to include open positions under the correct heading.
* Remember full time is 35 or more hours per week by this definition. This is a critical question, so please take the time to think it through before answering.
 |
| **Question 20 – Current Support and Management Staff** | * Pretty much the same, but think of this list as the people that directly support your program and meet the criteria of an employee, not a consultant or contractor.
* Family child care providers list yourself as the Director and not in the staff listing.
 |
| **Question 21 – Full Time Equivalent**  | Okay, here we go - this is the most important question of the whole application – and is simpler than it sounds. * Put in the average hours your staff are working per week, then the same for the support staff and management. Now put in the hours that a new employee would work for those open positions. Add all the hours together and we will do the rest of the work.

Simply it looks like this – Sally works 30 hours a weekJustin works 25 hours a weekCarmen works 15 hours a weekYou work 40 hours per weekYour team is putting in 110 hours per week Family child care providers should put in the amount of hours they are working plus those of an assistant, they currently have or are trying to hire. |
| **Question 22 – Average Staff Wages** | This is another critical question and requires you to average out what staff are being paid. We recommend adding the hourly rates of all staff in one category then divide by the number of staff. Do the same for the vacancies – if you would pay incoming staff $15.00 an hour than put that amount.Remember if an employee is working over 40 hours you will need to show that in your report documentation later.Family child care providers should put in an average of $30+ dollars an hour in one category. |
| **Question 23 - Acknowledgement** | Read it carefully and then sign, this must be signed and submitted in order for you application to be accepted.You can digitally sign by typing your name. |

Now push DONE, sometimes you need to do it twice and you have submitted. You should get a thank you message!

We will let you know if we have any questions or issues, as soon as possible.