



Child Care Workforce Grant (CCWG) Final Report

Instructions: Please carefully follow the steps below and submit the completed report by August 15, 2025. It is important to answer all the questions in the requested fields. If a question does not apply to you, simply write N/A.

Here's how you can submit your completed report:

- **Via Email:** Send the completed report to CCWGrant@dhhs.nh.gov. In the subject line of your email, write CCWG FINAL REPORT SUBMITTAL.
- **By Mail/Drop-off:** Mail or drop off the completed report to CCWGFINAL REPORT SUBMITTAL, c/o BCDSHC, Brown Building, 129 Pleasant St., Concord, NH 03301.

Remember, your contribution to completing the report is crucial for ensuring accurate reporting and demonstrating the grant's effectiveness. Your active involvement in this step is key to our success. By participating and supporting accurate reporting, we enhance our chances of securing more grant opportunities for your benefit. Thank you for your cooperation!

NH Child Care License No.	Name of Program & Program Type
Program Phone Number	Program Location Address (Street, City/Town, Zip Code and County)
Grant Report Contact Phone Number	Grant Report Contact, Title (Program Director, Owner/Program Director, Exec Director, etc.)
Program Director, if not grant contact	Grant Report Contact Email Address

NH State Vendor Number	Business Name Associated with NH State Vendor Number
NH Scholarship Resource Number(s)	Mailing Address Associated with NH State Vendor Number
Have any of the following occurred during the grant period (check all that apply)	Please explain including pertinent dates (Was this change reported to DHHS? If so, when & how?)
<input type="checkbox"/> Program was closed for any period of time	When? Reason?
<input type="checkbox"/> Program was consolidated or merged with another program	When? Why? At your location? At another? Please describe if this increased or decreased slots for child care.
<input type="checkbox"/> Increased or decreased licensed or approved capacity	When? Change? Reason?

<input type="checkbox"/> Changed ownership or planning to sell in next year	When? From to Whom? Reason?
<input type="checkbox"/> Changed Directors	When? From to Whom?
<input type="checkbox"/> Plan to permanently close operations within the next year	When? Why?
<input type="checkbox"/> Plan to or have changed hours of operation?	From what hours to what hour? When? Why?

PROGRAM INFORMATION AT TIME OF FINAL REPORT

Program Information	Number or Percentage	Has this Increased, Decreased, or remained the same?
Total Capacity		
Currently enrolled children		
Number of children on your wait list		
Number of children currently receiving NH Child Care Scholarship		
Number of increased enrollments?		
Number of newly opened classrooms?		
Number of staffing?		
Are all of your positions filled?		
If you answered no, please describe the issues you are having in filling your positions:		
Able to increase staff wages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What positions were wages increased? 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> (If more room is needed, please add to a separate document)	# of staff who received increased wages	Avg. Hourly increase _____
Able to add positions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What positions were added: 1. <input style="width: 100%; height: 15px;" type="text"/> 2. <input style="width: 100%; height: 15px;" type="text"/> 3. <input style="width: 100%; height: 15px;" type="text"/> (If more room is needed, please add to a separate document)	# of staff added _____	Why not able to add positions?
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Child Numbers By Age Group	Currently Enrolled Full Time	Currently Enrolled Part Time	Open Slots Full Time	Open Slots Part Time	Wait List Full Time	Wait List Part Time
Infants						
Toddlers						
Preschoolers						
Kindergarteners						
School Age Grades 1-3						
School Age Grades 4 - 5						

Staffing	Full Time	Part Time	Open Positions Full Time	Open Positions Part Time
Assistant Teacher				
Teacher				
Lead Teacher				
Assistant Director				
Director				
Bus Driver				
Cook				
Group Leader				

How did you use the grant money to re-invest and improve the recruitment and retention of child care workers? Please describe in detail.

Expense Area	Describe Activities	Cost
Deposit into an eligible, tax-advantaged Health Savings Account or Flexible Spending Account.		\$
Mentor credentialing and support networks for mentors.		\$
Sign-on and/or retention incentives and/or wage increases.		\$
Professional costs such as training hours, CPR, or memberships in professional organizations.		\$
Child care tuition assistance or discount.		\$
Credit towards the employee's share of the cost of their health insurance plan.		\$
Paid time off equivalent.		\$
Student loan repayment.		\$
Telemedicine coverage.		\$
Payment towards a physical, first-aid certification, CPR certification, background check, or other credential required for the child care position.		\$

Expense Area	Describe Activities	Cost
A percentage of the funds may be used to cover the payroll of the person(s) administering the grant funds.		\$
Other:		
Total \$ Amount Re-invested:		\$

I, the CCWG Grant Awardee, hereby certify that I received a CCWG grant funds and used them only for eligible expenses and not for other expenses for which I received previous funding.

Furthermore, I certify that the information, representations and documentation submitted herein, and the information I have presented to receive a CCWG grant, is to the best of my knowledge, true, accurate and complete.

Grant Awardee Signature _____ Title: _____

Grant Awardee Printed Name _____ Date: _____