

Granite Steps for Quality

New Hampshire's Quality Recognition and Improvement System

Welcome to Granite Steps for Quality. You have taken a step toward commitment to ongoing, continuous quality improvement within your program. On behalf of New Hampshire's children and families, we thank you for your dedication and your commitment to providing high quality care.

Instructions

- **ALL Programs will complete and submit pages 2-3 & page 10.**

The remaining portion of the application is on the following pages, separated by program type.

Note: If your program serves both Early Childhood and Out-of-School Time (formerly Afterschool) age groups, then you must view and complete both the Center-Based Early Childhood Programs and Out-of-School Time pages.

Please determine which application pages apply to your program and submit the applicable portion. You may opt not to print or to discard those that do not apply.

- **Pages 4-6: Center Based Early Childhood Programs**
- **Pages 7-8: Family Child Care**
- **Page 9: Out-of-School Time (formerly Afterschool) Programs**

Head Start, Early Head Start, and NAEYC Accredited programs applying for Step 3 can meet Step 3 requirements by submitting evidence of their most recent monitoring report and/or visit report and scores. Head Start, Early Head Start, and NAEYC Accredited programs applying for a Step 4 will need to select either ERS or Pyramid Model pathway and complete all of the required criteria for Steps 1-4.

Keep a copy of this application and all supporting evidence for your records.
Submit this application and all supporting documentation to:

DHHS/DCYF/Bureau of Child Development and Head Start Collaboration
Attention: Credentialing Specialist, Main Building
129 Pleasant Street
Concord, New Hampshire 03301

Granite Steps for Quality Application

Program Name	License Number	Federal ID Number
Program Director Name	Email Address	
Program Owner Name	Email Address	
Physical Address		
Mailing Address		
Telephone Number	Ages Served (Including Summer program or before/after OST care)	
Program Type <input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based Early Childhood <input type="checkbox"/> Standalone OST <input type="checkbox"/> ECE and OST	Selected Pathway <input type="checkbox"/> Pyramid Model <input type="checkbox"/> Environment Rating Scales <input type="checkbox"/> PM for ECE and ERS for OST <input type="checkbox"/> Head Start <input type="checkbox"/> NAEYC	

Vendor Number

Required for invoicing and receiving quality incentive payments. If you do not have a Vendor Number, visit State of New Hampshire Vendor Registration Page to apply.

☐ Yes, I have a Vendor Number. It is _____

OR ☐ I have applied for a Vendor Number and will provide it as soon as I receive it.

Employment Resource ID

All programs must be enrolled by the department of Health and Human Services, Division of Economic Housing Stability to provide child care services for children in employment-related care (Child Care Scholarship).

☐ Yes, I have an Employment Resource ID Number for Child Care Scholarship. It is _____

P&P Resource ID







☐ Yes, I am enrolled by the DHHS Division for Children, Youth, and Families to provide child care services for children in preventive and protective care and have a P&P Resource ID Number. It is _____







OR ☐ No, I am not enrolled.



Prerequisites All Programs Must Complete

In Order to Apply	Criteria	Steps to Complete
Update NHCIS Program Profile (Director/Admin)	Username and Password established in NHCIS. Program Profile updated to every extent possible. If you are unable to update any portion of your profile, submit a ticket to Help Desk describing the issue.	<input type="checkbox"/> Date Program Profile was last updated:
NHCIS Registry Profiles	Username and Password established in NHCIS for all staff.	<input type="checkbox"/> Profiles Complete in NHCIS
Prerequisites	Criteria	Steps to Complete
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
Children: The Bedrock of the Granite State Presentation	Watch the “Children: The Bedrock of the Granite State” Presentation. <i>Resource:</i> Children: the Bedrock of the Granite State Presentation, Self-Study Form	<input type="checkbox"/> Completed Self-Study PD Documentation included with application
Business Practices Training	Complete two of the approved NH Business Management and Director Trainings offered through Child Care Aware of NH and ProSolutions. <i>Resource:</i> NH Business Management and Director Collection Links	<input type="checkbox"/> Copies of certificates included with application AND <input type="checkbox"/> Professional Development Hours reflected in NHCIS Training Transcript
Enrolled to receive NH Child Care Scholarship Program payments on behalf of eligible families.	Complete NH Child Care Scholarship Enrollment Forms <i>Resource:</i> https://www.nh-connections.org/child-care-scholarship/ to learn more about enrolling to accept the NH Child Care Scholarship Program payments.	<input type="checkbox"/> Program must be accepted in NH Child Care Scholarship Program









Center Based Early Childhood Programs

Standard 1: Staff Qualifications				
Step 1	Step 2	Step 3	Step 4	Steps to Complete and Evidence to Submit
				<input type="checkbox"/> Complete list of staff provided <input type="checkbox"/> Eligible staff identified <input type="checkbox"/> Staff holding credentials are clearly indicated
				<input type="checkbox"/> Complete list of staff provided <input type="checkbox"/> Eligible staff identified <input type="checkbox"/> Staff holding credentials are clearly indicated
				<input type="checkbox"/> Complete list of staff provided <input type="checkbox"/> Eligible staff identified <input type="checkbox"/> Staff holding credentials are clearly indicated <div style="text-align: center;">OR</div> <input type="checkbox"/> Head Start or NAEYC documentation provided
				<input type="checkbox"/> Complete list of active staff provided <input type="checkbox"/> Eligible staff identified <input type="checkbox"/> Staff holding credentials are clearly indicated
Standard 2: Learning Environments Choose one pathway.				
ERS Pathway				
Step 1	Step 2	Step 3	Step 4	Steps to Complete and Evidence to Submit
				Administrator and 25% of staff have completed approved ERS Training <input type="checkbox"/> Professional Development hours reflected in NHCIS Training Transcript AND <input type="checkbox"/> Copies of certificates provided with application
				<input type="checkbox"/> All items completed and evidenced from Step 1, above <input type="checkbox"/> Completed ERS Self-Assessments for all classrooms provided <input type="checkbox"/> Administrator(s) have completed PLC with certificate of completion provided <input type="checkbox"/> List of Leadership Team members and documentation of monthly Leadership Team meetings <input type="checkbox"/> Mission and Vision statements <input type="checkbox"/> Documentation of completed CQI Plan





				<input type="checkbox"/> All items completed and evidenced from Steps 1 and 2, above <input type="checkbox"/> At least one teacher is engaged in Practice-Based Coaching An ERS Assessor assigned by BCDHSC Staff will be in touch with you regarding potential assessment dates. The Assessor will provide the Bureau and the program with completed scores via email to determine the Step designation.
				<input type="checkbox"/> All items completed and evidenced from Steps 1 thru 3, above An ERS Assessor assigned by BCDHSC Staff will be in touch with you regarding potential assessment dates. The Assessor will provide the Bureau and the program with completed scores via email to determine the Step designation.
Pyramid Model Pathway				
Step 1	Step 2	Step 3	Step 4	Steps to Complete and Evidence to Submit
				Administrator and staff have completed required PM trainings <input type="checkbox"/> Professional Development hours reflected in NHCIS Training Transcript AND <input type="checkbox"/> Copies of certificates provided with application
				<input type="checkbox"/> All items completed and evidenced from Step 1, above <input type="checkbox"/> Administrator(s) have completed PLC <input type="checkbox"/> Certificate of completion provided <input type="checkbox"/> List of Pyramid Model Leadership Team members and documentation of monthly Leadership Team meetings <input type="checkbox"/> Mission and Vision statements <input type="checkbox"/> Documentation of completed BoQ <input type="checkbox"/> Documentation of action plan based on BoQ If you were involved in Pyramid Model work as an implementation site prior to applying for GSQ, please provide the source of your funding:
				<input type="checkbox"/> All items completed and evidenced from Steps 1 and 2, above <input type="checkbox"/> At least one teacher is engaged in Practice-Based Coaching <input type="checkbox"/> Provide coach's name and email address for documentation of TPOT or TPITOS dates: <input type="checkbox"/> Professional Development hours reflected in NHCIS Training Transcripts AND <input type="checkbox"/> Certificates provided for administrator and 50% of eligible staff having completed Trauma-Informed Care and Reducing Implicit Bias
				<input type="checkbox"/> All items completed and evidenced from Steps 1 thru 3, above <input type="checkbox"/> TPOT and TPITOS data shows program-wide fidelity of Pyramid Model implementation <input type="checkbox"/> Documentation of action plan based on TPOT or TPITOS data <input type="checkbox"/> Certificates provided for administrator and 50% of eligible staff having completed Prevent Teach Reinforce for Young Children (PTR-YC) training

				<input type="checkbox"/> Evidence that program implements PTR-YC processes to support Tier 3 <input type="checkbox"/> Program's BoQ and action plan evidence a plan for program-wide sustainability using internal resources
Head Start/Early Head Start Pathway				
		Step 3		Steps to Complete and Evidence to Submit
				<input type="checkbox"/> Acceptable documentation includes evidence of meeting Performance Standards in the areas of Interactions and Environments Head Start programs that wish to apply for a Step 4 must select either ERS or Pyramid Model pathway and complete all requirements within chosen pathway.
NAEYC Pathway				
		Step 3		Steps to Complete and Evidence to Submit
				<input type="checkbox"/> Acceptable documentation includes NAEYC Accreditation Decision Report, NAEYC Renewal Accreditation Report, or Accreditation Evaluation Summary NAEYC Accredited programs that wish to apply for a Step 4 must select either ERS or Pyramid Model pathway and complete all requirements within chosen pathway.









Family Child Care Providers

Standard 1: Staff Qualifications				
Step 1	Step 2	Step 3	Step 4	Steps to Complete and Evidence to Submit
				<input type="checkbox"/> Active child care license
				<input type="checkbox"/> Provider awarded NH Early Childhood or NH Afterschool Credential(s)
				<input type="checkbox"/> Provider awarded NH Family Child Care Credential or NH Afterschool Credential(s)
				<input type="checkbox"/> Provider awarded NH Family Child Care Credential or NH Afterschool Credential(s)
Standard 2: Learning Environments				
Choose one pathway.				
ERS Pathway				
Step 1	Step 2	Step 3	Step 4	Steps to Complete and Evidence to Submit
				Provider has completed approved FCCERS training <input type="checkbox"/> Professional Development Hours reflected in NHCIS Training Transcript AND <input type="checkbox"/> Copies of certificates provided with application
				<input type="checkbox"/> All items completed and evidenced from Step 1, above <input type="checkbox"/> Completed ERS Self-Assessments for program provided <input type="checkbox"/> Administrator(s) have completed PLC with certificate of completion provided <input type="checkbox"/> Documentation of monthly Leadership Team meetings <input type="checkbox"/> Mission and Vision statements <input type="checkbox"/> Documentation of completed CQI Plan
				<input type="checkbox"/> All items completed and evidenced from Steps 1 and 2, above <input type="checkbox"/> Practice-Based Coaching is occurring in the program <i>An ERS Assessor assigned by BCDHSC Staff will be in touch with you regarding potential assessment dates. The Assessor will provide the Bureau and the program with completed scores via email to determine the Step designation.</i>
				<input type="checkbox"/> All items completed and evidenced from Steps 1 thru 3, above. <i>An ERS Assessor assigned by BCDHSC Staff will be in touch with you regarding potential assessment dates. The Assessor will provide the Bureau and the program with completed scores via email to determine the Step designation.</i>

Pyramid Model Pathway

Step 1	Step 2	Step 3	Step 4	Steps to Complete and Evidence to Submit
				Provider and staff (if applicable) have completed required PM trainings <input type="checkbox"/> Professional Development hours reflected in NHCIS Training Transcript AND <input type="checkbox"/> Copies of certificates provided with application
				<input type="checkbox"/> All items completed and evidenced from Step 1, above <input type="checkbox"/> Provider has completed PLC and certificate of completion provided <input type="checkbox"/> Documentation of monthly Leadership Team meetings <input type="checkbox"/> Mission and Vision statements <input type="checkbox"/> Documentation of completed BoQ <input type="checkbox"/> Documentation of action plan based on BoQ
				<input type="checkbox"/> All items completed and evidenced from Steps 1 and 2, above <input type="checkbox"/> Provider is engaged in Practice-Based Coaching <input type="checkbox"/> Provide coach's name and email address for documentation of TPOT or TPITOS dates: <hr style="width: 20%; margin-left: 0;"/> <input type="checkbox"/> Professional Development hours reflected in NHCIS Training Transcripts AND <input type="checkbox"/> Certificates provided for administrator and 50% of eligible staff having completed Trauma-Informed Care and Reducing Implicit Bias trainings
				<input type="checkbox"/> All items completed and evidenced from Steps 1 thru 3, above <input type="checkbox"/> TPOT and TPITOS data shows program-wide fidelity of Pyramid Model implementation <input type="checkbox"/> Documentation of action plan based on TPOT or TPITOS data <input type="checkbox"/> Certificates provided for administrator and 50% of eligible staff having completed Prevent Teach Reinforce for Young Children (PTR-YC) training <input type="checkbox"/> Evidence that provider implements PTR-YC processes to support Tier 3

Out-of-School Time Programs

Standard 1: Staff Qualifications				
Step 1	Step 2	Step 3	Step 4	Steps to Complete and Evidence to Submit
				<input type="checkbox"/> Complete list of active staff provided <input type="checkbox"/> Eligible staff identified <input type="checkbox"/> Staff holding credentials are clearly indicated
				<input type="checkbox"/> Complete list of active staff provided <input type="checkbox"/> Eligible staff identified <input type="checkbox"/> Staff holding credentials are clearly indicated
				<input type="checkbox"/> Complete list of active staff provided <input type="checkbox"/> Eligible staff identified <input type="checkbox"/> Staff holding credentials are clearly indicated
				<input type="checkbox"/> Complete list of active staff provided <input type="checkbox"/> Eligible staff identified <input type="checkbox"/> Staff holding credentials are clearly indicated
Standard 2: Learning Environments				
Step 1	Step 2	Step 3	Step 4	Steps to Complete and Evidence to Submit
				Administrator and staff have completed approved SACERS training <input type="checkbox"/> Professional Development hours reflected in NHCIS Training Transcript AND <input type="checkbox"/> Copies of certificates provided with application
				<input type="checkbox"/> All items completed and evidenced from Step 1, above <input type="checkbox"/> Completed ERS Self-Assessments for all groups provided
				<input type="checkbox"/> All items completed and evidenced from Steps 1 and 2, above <i>An ERS Assessor assigned by BCDHSC Staff will be in touch with you regarding potential assessment dates. The Assessor will provide the Bureau and the program with completed scores via email to determine the Step designation.</i>
				<input type="checkbox"/> All items completed and evidence from Steps 1 thru 3, above <i>An ERS Assessor assigned by BCDHSC Staff will be in touch with you regarding potential assessment dates. The Assessor will provide the Bureau and the program with completed scores via email to determine the Step designation.</i>

Attestation and Statement of Commitment

The Applicant/Program Director and the Program Owner must sign the following section.

By signing below, I hereby verify that:

- I have read and understand the Granite Steps for Quality guidebook. I understand the Standards and the requirements to apply.
- I understand that a Professional Development Specialist will contact or visit my program to discuss the application, help me register for a PLC, coach a practitioner in my program, or conduct an assessment.
- 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 Step.
- All information provided as part of this application and in all submitted information is true and accurate to the best of my knowledge.
- I understand that if awarded, I am required to maintain all criteria for a minimum of the three-year award period.
- I understand that to receive quality incentive funds I must submit invoices timely. I understand that failure to submit spending reports may result in a pause on incentive payments.

Signature of Applicant/Program Director:

Date:

Signature of Program Owner:

Date: