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II. PROJECT SUMMARY/ABSTRACT

Title: New Hampshire's Preschool Development Grant – Renewal Application

Applicants Name: University of New Hampshire

Address: 51 College Road, Durham, NH 03824

Phone: 603-862-4848 (voice), 603-862-3564 (fax)

E-mail address: susan.sosa@unh.edu

Website address: www.unh.edu

New Hampshire (NH) is frequently touted as one of the best places to live in the US, in part because of the culturally-embedded values Granite Staters share. Among these values is respect for the essential place families – and the children in those families – hold in communities across the state. NH Governor Sununu maintains that government is a facilitator of the success of residents, including the success of children. NH has, therefore, embraced the US Administration for Children and Families (ACF) Office of Child Care (OCC) goals for the Preschool Development Grant (PDG) initiative to create an integrated early childhood care and education (ECCE) system. NH has mobilized leadership from the state's Department of Health and Human Services (DHHS) and Department of Education (DOE) along with the University of New Hampshire (UNH) to collaboratively lead PDG efforts while engaging constituents at all levels of the ECCE system of support, including the families who benefit from it. NH's PDG renewal grant application builds upon the foundation of work achieved during the planning phase and represents the values of the state and the wealth of stakeholders who participated in the planning process. The very structure of this application illustrates the incredible ability of those who live and work in NH to collaborate effectively, efficiently, and enthusiastically. NH's proposal reflects an integration of resources among the state's highly-regarded university system, health and human services organizations, educational system, and community partners. Each of these resources has come together with a singular focus – to ensure the children of NH have bright futures. This proposal lays out a collective plan, starting with a strong understanding of the essential needs of families and children. While many educational and public health indicators rank NH advantageously as compared to other states, there are disparities among the state, within communities, town/cities, and neighborhoods; there is room for improvement, especially among NH's most vulnerable families. The state is not willing to leave any child behind and is firmly committed to building a comprehensive support structure that ensures NH realizes its vision: *All families are afforded comprehensive and responsive supports, so they are healthy, learning, and thriving now and in the future.* NH's PDG Strategic Plan will serve as the state's roadmap for this work. Parents and caregivers play a vital role in NH's system of supports. The PDG Needs Assessment revealed that 70% of parents turn to family, friends, and neighbors when looking for information on effective early childhood care and education. NH has used this knowledge to drive the state's unique approach in which parents play a dual role as both recipients and providers of supports and services. Recognizing that families are the most local level of support (and, in many instances, most trusted), NH's proposed strategies are centered on communities as the hub for engagement, capacity building, and service delivery. Moreover, local and regional efforts will benefit from, and become integrated with, the statewide early childhood infrastructure, which leverages coordination of the Governor's early childhood advisory Council, Spark NH. NH's goals focus on strong families, positive early learning experiences, healthy children and families, and statewide coordination, and fulfill all ACF requirements for Activities 1-6 and all three Bonus areas outlined in the PDG renewal grant funding announcement.

III. PROJECT DESCRIPTION

A. EXPECTED OUTCOMES: New Hampshire (NH) is committed to continue its journey towards an integrated early childhood care and education (ECCE) system to improve the health, early learning, and family supports for the state's youngest residents. NH's Preschool Development Grant Birth through Five (PDG B-5) Renewal Grant proposal builds upon the critical work that began during the PDG B-5 planning grant, maintaining the momentum across the state to enhance the wellbeing of young children and families. This proposal was informed by critical leadership from the NH Department of Health and Human Services (DHHS), NH Department of Education (DOE), and the University of New Hampshire (UNH), who worked collaboratively to develop a comprehensive approach to respond to the diverse challenges facing NH families identified through the Needs Assessment. Moreover, the proposed method is ardently supported by NH's Governor, emphasizing that the investments made in early childhood will provide a strong foundation for the future. A unique aspect of NH's approach is the perspective that families serve a dual role within the ECCE system as both recipients of services and providers of services. Within this framework, NH is committed to a network of supports that addresses family needs while simultaneously building the capacity of all families to be a part of that system of supports. Given the credibility families afford to their relatives, neighbors, and friends, as shown by the Needs Assessment, NH wants to ensure families are well-equipped to provide high-quality, timely, and effective assistance.

NH's ambitious vision that *all families are afforded comprehensive and responsive supports, so they are healthy, learning, and thriving now and in the future* is the foundation of NH's Strategic plan, which is being created with valuable input from parents, early childhood advocacy and support organizations, state and local government, philanthropic foundations,

university faculty, public school administrators, educators, health care providers, and the business community. NH asserts that an **effective** ECCE system keeps all families at the center by being inclusive, responsive, efficient, and evidence-based. An **inclusive** system offers a continuum of universal and targeted supports that promote the wellbeing of all NH children, their families, and communities; a **responsive** system engages diverse stakeholders and builds on the strengths of families, professionals, and communities; an **efficient** system builds the capacity of families while strengthening the professional system to promote successful transitions for children; and an **evidence-based** system embeds proven programs and research-informed practices that are developmentally and culturally appropriate and establish quality standards.

NH’s PDG B-5 Goals (Table 1) focus on strong families, positive early learning experiences, healthy children and families, and statewide coordination.

TABLE 1: NH PDG B-5 GOALS AND OUTCOMES	
Goal	Outcomes
1. Families have the skills, basic resources, supports, and capacity to promote their children’s development and learning before birth and continuing through grade 3, in partnership with ECCE professionals, and as supports to relatives, neighbors, and friends	<ul style="list-style-type: none"> ● Families: <ul style="list-style-type: none"> - have the capacity to ensure their children are healthy, learning, and thriving; - are trusted and effective advisors to relatives, neighbors, and friends; - have timely, affordable, and geographical access to high-quality programs and services that reflect their cultural and linguistic preferences; - have rapid access to understandable information required to navigate the system; - seamlessly and successfully transition between settings, programs, and services; - serve as partners with program staff in the services provided and received; - have a voice in the programs and resources accessed in the ECCE system as a whole; and - have the skills to advocate for themselves and their children.
2. Effective early learning and afterschool opportunities are provided in all settings, including	<ul style="list-style-type: none"> ● ECCE settings: <ul style="list-style-type: none"> - use culturally-sensitive, evidence-based and/or evidence-informed strategies; - provide safe, equitable, and inclusive environments; - are guided by policies that support a qualified/stable workforce; - have support and resources to provide programs and services; and

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the home, child care and afterschool programs, preschools, and elementary schools from birth through grade 3	<ul style="list-style-type: none"> - collect and use data and securely share information (with parental consent) to measure outcomes and improve the efficiency and quality of the system. • Professionals outside a child’s home have stable employment and adequate compensation. • Professional development is part of an integrated/coordinated system.
3. Children and families throughout NH have the best opportunities for early and life-long health	<ul style="list-style-type: none"> • Families: <ul style="list-style-type: none"> - are knowledgeable/capable of making healthy decisions; - have access to quality medical and mental health providers; - have timely access to understandable information required to navigate the medical and mental health systems; - serve as partners with medical staff in the services they receive; and - have a voice in their own and their children’s health and mental health services.
4. NH’s young children and their families have the benefit of well-coordinated ECCE settings and services that work effectively together on their behalf; and have access to resources to promote early learning throughout the day, wherever they live and play	<ul style="list-style-type: none"> • Policies support equitable access to quality learning settings (including the home) and services needed. • Learning opportunities and services achieve high quality by implementing quality measures and evaluation processes that are informed by families and the workforce. • There is adequate/consistent funding to create/maintain ECCE opportunities, professional development, and equitable access. • Learning opportunities and services are informed by data. • ECCE opportunities provide effective guidance and support to families to successfully transition from one setting/program to another and are informed by the voices of families. • Providers (families/caregivers) are supported by policies, resources, and infrastructure that respect diverse languages and cultures. • Families have resources to engage their children in early learning opportunities throughout the day in all settings.

B. APPROACH: NH created a plan of action (Table 2) that addresses identified needs of the state and local communities, while also fulfilling the renewal grant-required program activities and all three bonus items.

TABLE 2. NH PDG B-5 PLAN OF ACTION				
PDG-Required Program Activity	NH Goal 1: Strong Families	NH Goal 2: Positive Learning Experiences	NH Goal 3: Healthy Children and Families	NH Goal 4: Statewide Coordination
1. Needs Assessment	√	√	√	√
2. Strategic plan	√	√	√	√
3. Family Engagement	√		√	
4. Sharing Best Practices		√		

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5. Subgrants (Quality/Access)	√	√	√	√
6. Data/Governance				√
Bonus 1- Coord. Enrollment				√
Bonus 2- Infant/Toddler	√	√	√	
Bonus 3- Transitions	√	√	√	

Activity One: PDG B-5 Statewide Needs Assessment:

1. For the PDG planning grant, NH contracted with the RAND Corporation to conduct the statewide Needs Assessment, which included material review, definition of key B-5 terms and programs, informant interviews and parent focus groups, and surveys of families, the B–5 workforce, and Kindergarten teachers. To inform the assessment, NH convened a multi-stakeholder Needs Assessment Subcommittee, including representation from DHHS, DOE, UNH, Parent Information Center of NH (PIC), and the Spark NH, which is the Governor’s Early Childhood Advisory Council. The Subcommittee met biweekly April-October 2019. NH will ensure the findings from the Needs assessment continue to inform the state.

a. Key terms: For the Needs assessment, NH created key definitions (Table 3).

TABLE 3. DEFINITIONS OF KEY TERMS	
Term	Definition
Quality ECCE programs	Child development and learning, family engagement, family and child health and wellness are optimized by: ensuring family voice, perspective, and lived-experience are at the forefront of all work; utilizing evidence-informed, strengths-based, play-based, trauma-informed strategies; integrating systems, programs, services; and consistently evaluating for positive family outcomes.
Availability	Home, child care, and school environments are equipped to support the needs of the child and their families by: balancing availability to support all families in their choice of environment; prioritizing affordability and equity; and ensuring funding is available for families to receive supports/services.
Access	Families are connected to/engaged in information, services, and resources that meet their needs/preferences across available environments.
Affordability	Out-of-pocket expenses/forgone earnings are compared to overall family income, number of subsidies, and funding available; maintaining respect and recognition for families who chose home-based ECCE due to lost wages.
Equity	All children and families have the supports, services, and resources to thrive; barriers that prevent all families from thriving are identified and eliminated.

Vulnerable/ underserved families	Children are not connected to, do not have access to, and/or do not have information on the supports and services they need in their natural environments.
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b. Population of children: Five-year estimates from the 2017 American Community Survey (ACS) indicate NH has ~77,500 children B-5 (~12,000 children in each annual-age cohort). For the same period, about 12% of these children were living in families with income below the federal poverty line (FPL); 37% of children were living in families with income up to 250% of FPL. Other vulnerable groups include children with special needs (~12%) and children whose families face housing instability and/or experience homelessness (~5%). Approximately 26% of NH children under the age of 5 live in rural communities¹. A 2018 RAND report² indicated that while 70% of young children have parents who work, 45% of children under age 6 live in families whose wages do not provide financial security. Additionally, 37% of NH children under the age of six experience one or two factors related to early adversity, putting them at risk for poor outcomes and lifelong challenges.

c. Programs/services: Analysis of child care *availability* in NH shows that gaps in supply vary across communities. Among families who chose to care for and educate their own children, the challenges are economic (forgone earnings to invest in family) and social (limited opportunity to develop their capacity as ECCE providers). Among those choosing care/education beyond their own family, the most common barrier was the lack of early learning and child care providers. Approximately 25% of Parent Survey respondents reported being unable to find child care for at least a week in the last year; a rate higher among rural families compared to urban. Parent Survey and Family Focus Group data indicate that the most common barriers to accessing services were the lack of quality providers, family-friendly hours, transportation, and high costs. Relative

¹ 2018 NH Public Health Services

² Karoly, L.A., https://www.rand.org/pubs/research_reports/RR2955.html.

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caregivers, homeschooling parents, and parents in rural areas had the least knowledge about available resources. Families in both urban and rural areas reported a lack of providers (behavioral/mental health, specialized medical services) and access to home visiting.

Systematic information on the *quality* of ECCE programs or other early childhood services is not readily available in NH. Family Focus Group participants indicated they chose providers based on quality when they could, but often had no choice, or settled for providers of lower quality due to logistical or financial considerations. One participant referred to this as the “illusion of choice.” Families choosing their own home as a preferred ECCE environment benefitted from increased knowledge and capacity to meet their own child’s needs, and as their ability developed, served as a valued resource to friends, neighbors, and community members.

d. Unduplicated counts: The unduplicated number of children birth to age three served by the DHHS-administered Child Care Scholarship (CCS) Program and Family-Centered Early Supports and Services (FCESS) program was estimated to be 6,643 (Table 4). It was not possible to produce unduplicated counts across other DHHS/DOE B–5 system programs given that data-sharing agreements have not yet been extended to include these programs; information is not captured with consistent annual timelines; and there is no unique identifier used across data systems. Given population estimates of children B-3 potentially eligible for FCESS (e.g., children with a diagnosed condition with a high probability of delay if supports/services are not provided) and those potentially eligible for CCS (income up to 250% of FPL), NH determined that up to 6% of eligible children are not being served by FCESS, and 79% are not being served by CCS. Of children who participate in FCESS, 98% are identified and transitioned from DHHS to DOE.

TABLE 4. UNDUPLICATED COUNTS/POTENTIAL ELIGIBLE POPULATION			
Indicator	FCESS Count	CCS Count	Unduplicated Count
CCS only	0	2,454	2,454
FCESS only	3,860	0	3,860
CCS and FCESS	329	329	329
Total	4,189	2,783	6,643
Est. eligible population	4,458	13,350	–
Est. unserved population/rate	269/6.0%	10,567/79.2%	–

e. Gaps in data about program quality and availability: Findings from the Needs Assessment indicated that accessing providers outside of a family’s geographic area posed transportation challenges, added time away from work, and required working parents to take unpaid leave. Among employed respondents, only 10% receive an employer-provided discount on child care; 6% had onsite child care at market rates; and 19% reported having a Dependent Care Assistance Plan. In addition, about 60% have flexible scheduling/work hours, 40% receive unpaid parental leave, and 34% receive paid parental leave. Of note, the nature of the survey questions was based on certain societal norms that view ECCE as a formal approach that occurs outside of a child’s home. Given that few parents seemed to connect their own interactions to the development of their children, there is an opportunity to leverage all ECCE resources, including parents and caregivers, across the state. While the findings of the Needs Assessment provide clarity on the challenges parents face, the need to quantify and communicate program quality and availability remains. As part of the renewal grant, NH will seek to address data gaps by estimating the length of program waitlist and engage in work to quantify the quality of Family Resource Centers (FRCs, Activity 3) and ECCE programs via revisions to the state’s Quality Recognition and Improvement System (QRIS) (Activity 4).

Furthermore, NH must consider how to advance equity for every child and family, across race, ethnicity, family background, and family income. With a growing population of New

Americans and others from diverse backgrounds, promoting equity is a central focus of the Endowment for Health in NH³, prompting a state commitment to identify and address systemic inequities and improve access to programs, services, and opportunities. Through the PDG renewal, NH will contract with a national agency to examine how current structures at DHHS and DOE contribute to existing inequities and to create a system for accountability with measurable targets. NH will scrutinize data to identify inequities in early childhood outcomes and systemic root causes of those inequities for families of color (which was not possible in the current Needs Assessment) and create a system to engage local communities of color to tailor differentiated supports and co-design solutions, so that all families and children have the opportunity to thrive.

f. Gaps in data or research about program collaboration and parental choice: Family survey data indicate approximately half of NH families are not enrolled in out-of-home child care programs, with 44% of families reported use of center-based childcare, 12% family childcare services, 12% private preschool/pre-K, and 9% public preschool/pre-K. 64% said they had good choices for child care or early learning programs where they live, while 27% said they did not have good options. Participants noted they had the most difficulty understanding information on insurance choices and coverage and program application requirements. Further, parents of children with special needs or complex medical conditions reported that information about diagnoses and associated providers and treatments was challenging to find. Table 5 shows variability in familiarity with ECCE and other programs, and level of utilization; these data indicate an opportunity to increase use. Participants noted they had the most difficulty understanding information on health insurance choices/coverage and program application requirements. Further, parents of children with special needs or complex medical conditions reported that information

³ <http://www.endowmentforhealth.org/what-we-fund/advancing-health-equity-for-racial-ethnic-and-language-minorities/symposium-on-race-and-equity-in-nh>

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about diagnoses and associated providers and treatments was challenging to find. There remain, however, gaps in the alignment of programs administered in NH to support parents' understanding about their children's development and ability to make informed choices about care and services. There is a multitude of evidence-informed parent education and leadership programs in use, yet not evaluated by the state for efficacy. As part of the renewal phase, NH will develop systems to align these programs and create a system for evaluating their effectiveness to improve family knowledge and choice (Activity 3).

TABLE 5. PARENT SURVEY FINDINGS ON COLLABORATION/CHOICE		
Program/Service	Familiar with	Used by the youngest child
Head Start	90%	8%
Family-Centered Early Supports and Services	74%	16%
School-based preschool special education	73%	10%
Care-coordination for children with chronic illness/ disability	50%	4%
Child Care Scholarship Program	63%	12%
Women, Infants, and Children (WIC) Program	87%	23%
Supplemental Nutrition Assistance Program (SNAP)	81%	17%
Home Visiting	46%	10%
Parent Education	37%	6%
Other Family Support/Education Programs	28%	5%
Behavioral Health Services	67%	12%
Housing Subsidies/vouchers	78%	7%
Financial Assistance to Needy Families (FANF)	73%	10%
Employment Assistance Programs	68%	6%

g. Measurable indicators of progress: NH's PDG B-5 strategic plan includes objectives related to the development of ECCE system performance measures along with an expanded capacity to collect, analyze, and report data at the child-, program-, region-, and state-levels to ensure continuous quality improvement. Also, strategies aim to increase the percentage of families who access available services and resources, and to improve the rate of developmental screening. DHHS and DOE Early Childhood Integration Teams (ECIT) will oversee this work, advised by a

broader stakeholder group including Spark NH. For this work, NH will develop and monitor indicators of success and communication pathways, including avenues for sharing data.

h. Issues related to facilities: Feedback from key informant interviews indicated the critical issues related to facilities were the lack of availability of adequate space appropriately constructed and organized to meet federal, state, local, and service provider requirements. Interviewees reported poor conditions at child care facilities, and spaces resulting from poorly-maintained old or inadequate spaces. Providers working in repurposed spaces, such as churches, indicated that retrofitting these spaces to meet requirements is difficult and costly. Providers reported there are few high-quality facilities for ECCE that offer necessary amenities, such as outdoor space or accessibility for individuals with disabilities. Interviewees also reported some healthcare facilities lack appropriate equipment to provide specialized services, including few hospitals with high-quality childbirth facilities.

i. Barriers to funding and provision of high-quality ECCE: As presented in subsection f., data indicates variability in the awareness of programs and supports, as well as participation rates. When asked how they learned about non-home-based ECCE offerings, 77% of parents reported they learned from friends or family, 63% from Google search, 53% from social media outlets, 16% from a local community organization. Among families not using B-5 programs outside the home, the top three reasons for nonuse were lack of perceived need or benefit, the assumption their child was not eligible, and not being aware of the program.

The majority of NH's ECCE system is federally funded. Strategic investments should involve state and local public funds, as well as private contributions from philanthropy and business. Goals of NH's renewal grant are to expand high-quality supports to families, including for children in home settings, continue strategies to realize an effective and efficient integrated

ECCE system, and build the infrastructure at the state level to support informed decisions about future investments, thereby ensuring quality is achieved and expected impacts are realized.

j. Transition supports: Data collected through the Needs Assessment provided insights into transition supports as children move between home care, early childhood care, school-based education programs, and school entry. Kindergarten entry assessments are currently used by most teachers, but the practice is not standardized. Less-intensive Kindergarten transition practices are most common, but again, practice varies. Parents also report varied transition experiences, with less intensive practices being common. Parents are generally satisfied with the Kindergarten transition, although there is room for improvement. Families with children with special needs benefit from greater coordination throughout the transition to Kindergarten.

2. NH will hire RAND to assist with the periodic updating of the Needs Assessment to ensure its relevancy as a working document and its inclusivity of changing community needs across the state. During the PDG B-5 renewal, NH will collect additional, comprehensive data pertaining to child and family access to programs and services, the quality of those services, and the level of coordination in the ECCE system. Given that data in the Needs Assessment could not be disaggregated based on race/ethnicity, and focus groups lacked representation by diverse populations, NH hopes to glean further data about possible disparities related to various populations through more targeted/local data collection. Moreover, NH aims to improve its primary data collection processes and system through the ECITs and Data Integration Team (DIT), which will better inform the Needs Assessment process going forward. Furthermore, NH will strengthen the data collection capacity of local communities with standardized tools to drive continuous quality improvement and sustainability planning, including providing Community Grants to engage in regional needs assessments (Activity 5). Finally, NH will utilize the *UNH*

Survey Center Granite State Poll to collect population-level data at both the state and regional levels every six months. Needs Assessment outcomes, milestones, and timelines are outlined in Table 10 and Table 12.

3. NH will utilize the state’s FRCs, Community Action Agencies, Regional Early Childhood Coalitions (RECC), and parent organizations to ensure families are part of future activities. This process will benefit from the expertise of NH Family Voices (NHFV), which will engage parents of children with chronic health conditions and/or disabilities, and PIC, which will engage all parents involved in their children’s learning and development.

4. Needs Assessment outcomes, milestones, and timelines are outlined in Table 10 under the Project Timeline and Milestones (section C) and in Table 12 under the Project Performance Evaluation (PPE) (section E).

Activity Two: PDG B-5 Statewide Strategic Plan:

NH embarked on an iterative and inclusive 5-year Strategic Plan development process that considered data-informed priorities while stimulating meaningful engagement of a broad array of ECCE stakeholders. Spark NH served as the coordinating entity for the plan, guided by an external strategic plan consultant and overseen by a Strategic Planning Subcommittee. Existing state strategic plans were reviewed, and critical objectives extrapolated and prioritized with input from stakeholders. The strategic planning process also considered federal, state, and local statutory requirements related to ECCE programs and services. The process will include key-informant interviews and family focus groups, as well as a webinar with stakeholders to review the final plan. Given that a critical goal of PDG B-5 efforts is the creation of a more coordinated and effectively governed ECCE system, the strategic planning process emphasized the importance of the ECITs and their endeavors to align programs, braid funding, and coordinate service delivery

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(Activity 6); this structure will continue to inform the PDG B-5 renewal work. NH's holistic approach to ECCE integration and improvement incorporates all families across all learning environments, whether home, child care, or school setting. The underlying thread that ties these environments, and the deployed resources, together is the common framework for the healthy development of children and their families.

I. NH's initial PDG B-5 Strategic Plan will be completed in December 2019 and will be updated annually based on the Needs Assessment and federal requirements.

Stakeholder Engagement: The Strategic Planning Subcommittee will continue to review and monitor strategies and actions to ensure completion of the state's strategic goals. Representation from health, early learning, and family support at the local and state levels, and from public and private entities, will be targeted to ensure NH continues to engage the full range of stakeholders meaningfully involved by the work of the renewal grant. Knowing that over 60% of families choose a home-based ECCE option, it will be essential to incorporate families, including those from PIC and the Head Start State Parent Advisory Council, into the planning process. Moreover, the Strategic Plan will be informed by the RECC's, for which Spark NH coordinates a community of practice for leadership to align across regions and on a statewide level, as well as results from strategic plans developed in regions awarded Community Grants by the state as part of the PDG renewal (Activity 5).

Plan for Establishing ECCE B-5 System: NH created goals and outcomes (Table 1) that outline the plan to establish a comprehensive ECCE B-5 system; these were developed as part of the planning phase and will be carried out during the renewal phase. When the Strategic Plan is completed in December 2019, all outcomes will be accompanied by specific action steps.

Identification of Partnerships, Collaborations, and Activities: NH's goals include identifying the partnerships, collaborations, coordination, and quality improvement activities necessary to leverage policy alignment, program quality, and service delivery in the ECCE system and across settings. Key anticipated partnerships include state-level departments, state-initiated task forces such as Home Visiting, Spark NH and its diverse membership, and families, among others.

Improving Transitions: Goal 2 supports improved transitions from home to infant-toddler programs to preschool programs to elementary schools. At both the state and local level, NH is committed to aligning home-based, public, and private early learning settings with public schools, and will replicate best-practices currently underway within NH's regions.

Improving Coordination/Collaboration: Goal 4 delineates how NH will build on and support improved coordination among ECCE settings and programs. For nearly a decade, Spark NH has been coordinating early childhood work through dedicated committees on critical areas, working with communities throughout NH to improve communication, and building coordination among providers and families to establish an ECCE system at the local level. Collaboration at the local level will supplement current state-level initiatives to improve coordination and alignment of programs to support NH's children and families (Activity 6).

Increasing Access: Table 1 provides a framework for how NH will increase the families and children's access to high-quality ECCE programs, services, and setting within and across a mixed delivery system that includes home, child care, and school- and community-based settings. NH will identify priority programs, services, and settings, and will provide communities and organizations with tools and resources to increase awareness and access to improve overall

participation. NH will measure participation levels by comparing baseline numbers against participation rates as a result of PDG efforts.

Assessing Statutory Requirements: To assess current federal, state, and local statutory requirements and identify potential barriers to future coordination, through the PDG B-5 planning grant, NH compiled a comprehensive database with links to policies that concern DHHS-related programs, including child care, child support, employment assistance, child welfare, specialized medical/developmental services, behavioral health/ substance misuse services, nutritional programs, newborn screening, and family planning, among others. NH will conduct further research on policies related to other vital areas, such as developmental screening.

Using Indicator Data: NH will contract with PPE consultant, Abt Associates, to identify how the state will use indicator data to assess progress, monitor key desired outcomes, inform cost and resource efficiency, and support continuous improvement (Section E), and align indicators with work proposed for an interoperable data system (Activity 6).

State Advisory Council: Spark NH will continue to coordinate the Strategic Plan to achieve collective impact and strengthen early childhood programs. NH envisions Spark NH playing a critical role with local communities, including supporting local strategic planning. A strong understanding of localized activities will allow Spark NH to effectively serve in its advisory capacity to UNH, DHHS and DOE.

2. A first draft of the goals and related outcomes for the Strategic Plan was developed and shared with key members of DOE and DHHS on October 11, 2019; a final Strategic Plan document will be completed by the end of the 2019 calendar year.

3. NH has made progress on a range of elements related to the Strategic Plan, including a vision statement, logic model, and governance structure, including the decision-making process. Table 6

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describes overall progress on NH’s Initial PDG B-5 grant, including milestones accomplished, challenges, and mitigation strategies. NH has strived to incorporate and aligned comprehensive support services focusing on health, mental health, nutrition, social services, early intervention, children with or at risk of disabilities, and other areas.

TABLE 6. PDG PLANNING GRANT MILESTONES

Milestones	Challenges	Strategies to Address Challenges
Needs assessment		
<ul style="list-style-type: none"> • Reviewed 90 sources of NH-specific needs assessment and supporting materials • Conducted 16 family focus groups among 139 participants • Conducted 29 stakeholder interviews among state/local leaders and B-5 providers • Conducted surveys among 209 teachers, 1,234 families, and 323 providers • Defined key terms and programs • Conducted early childhood data mapping • Captured unduplicated # of children served 	<ul style="list-style-type: none"> • Two family focus groups relocated due to low enrollment • Varying perspectives on system definitions • Unduplicated count limited by the availability of data, access, and privacy 	<ul style="list-style-type: none"> • Secured new locations for family focus groups, and recruited, screened and registered for the new sites • Engaged subcommittee of stakeholders to agree on definitions • Contacted individual program stewards to collect and share data
Strategic plan		
<ul style="list-style-type: none"> • Contracted with consultant Early Childhood Associates (ECA) • Kickoff: broad stakeholder meetings 60+ attended • Completed document review of existing strategic plans • Needs Assessment team joined SP meetings • SP Leadership Team developed to support and drive the strategic plan • Stakeholder meeting held to identify issues and strategic initiatives • All-day stakeholder meeting held to identify system improvements • Stakeholder meeting held to review strategic directions and identify priorities • Initial plan sent for review by DOE/DHHS 	<ul style="list-style-type: none"> • Delay in contract execution resulting in shortened timeframe • Delay in completion of Needs Assessment due to contract delay • Underestimated scope of data and information to be integrated in this process 	<ul style="list-style-type: none"> • Revised contract to adjust for shortened timeframe • Added Needs Assessment team to the Strategic Planning process to share information before completion of final report • The consultant added staff to work with the information more quickly

Family Knowledge and Choice		
<ul style="list-style-type: none"> • Strengthened network of RECC • Engaged families to participate in Needs Assessment and Strategic Plan • Employed family engagement capacity at the regional level • Initiation of Welcome Family Website development • Implementation of Serve and Return Public Awareness Campaign 	<ul style="list-style-type: none"> • Implications of NA data regarding family information sources and how to reach families • Scheduling family focus groups 	<ul style="list-style-type: none"> • PIC and NHFV have successfully reached out to a variety of partners and organizations to make this happen
Disseminating Best Practice		
<ul style="list-style-type: none"> • Creation of plan to share best practices through preservice professional development (PD) • Plan to align PD systems towards a fully-integrated cross-sector system • Enhanced state’s capacity to share best practices through QRIS • Provided play-based Kindergarten coaching 	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • Not applicable
Data Integration		
<ul style="list-style-type: none"> • Convened diverse stakeholders • Identified shared goals • Cataloged data systems among case-study programs. • Agreement on data sharing philosophy • Identifying key legislative barriers to data integration • Identifying cultural barriers that inhibit data integration • Exploring integrated data system platforms 	<ul style="list-style-type: none"> • Identifying “right” people to involve from initiation • Tools enabling data-sharing culture and clarity re: exchange of info • State/federal policies as barriers to sharing data 	<ul style="list-style-type: none"> • Used case study for specific programs • Promoted honest, open communication • Utilized system level to discuss desired data elements • Explored approaches re: legislative change • Decision-making by group consensus

Activity Three: Maximizing Parent and Family Knowledge, Choice, and Engagement in their Child’s Early Learning and Development:

1. NH celebrates parents as a child’s first and most crucial educator/caregiver and aims to elevate the vital role of parents and the nurturing home environments that contribute to child success. Family input, voice, and leadership were encouraged and promoted throughout the Needs Assessment and Strategic Planning process. Family focus groups indicated that while parents wish

to engage in their young child's care and education, many struggle to support their child's health and development, especially parents whose children have disabilities and special needs. Moreover, parents indicated they were getting information from family, friends, neighbors, google searches, and social media, yet, they were not always aware of all of the resources available to them. As well, there are few resources that are explicitly designed to build their knowledge and capacity to meet the needs of their children and to support, where appropriate, friends and neighbors. There is an undoubtedly need for a comprehensive strategy that includes multiple strands to ensure families have the information and capacity they require. NH has identified a multi-pronged approach to engaging families that recognizes the needs identified in the assessment process to improve information dissemination, with consideration for families-of color, who do not speak English as their first language, who have children with disabilities, and who are in more remote/rural areas of the state.

Welcome Families Website (WFW), an initiative launched during the PDG B-5 planning grant, is an innovative online tool that aims to increase family's knowledge by providing them with access to the most up-to-date information on recreational resources, housing resources, guidance on child development, social service resources, and crisis-related supports. The site will offer a one-stop location that enables all families to quickly gain access to the information and resources they need through a customized algorithm. WFW is not intended to be a clearinghouse or directory, nor is it designed to duplicate helpful information that already exists on the Internet. WFW will incorporate a reflective feature so that all families with young children -- including those who are new Americans and those who have children with disabilities or chronic health conditions -- see themselves in the design and content of the website. WFW will be accessible following industry standards; and mobile-friendly and responsive across all electronic devices. In

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developing the WFW model, NH engaged Spark NH and the United Way of the Greater Seacoast to convene diverse stakeholders to provide input and feedback, including parents. Through a competitive bid, Rebel Interactive (Rebel) was selected to build the plan for the WFW as part of the PDG planning grant. Rebel is currently engaged to complete the discovery and design phases of the website development. Following a discovery and project planning phase, Rebel will detail the requirements for a fully functioning website to be executed during the PDG B-5 renewal period. NH will implement a campaign to promote WFW, including paid, earned, and social media, as well as email and text messages.

Family Resource Centers (FRC) promote health, wellbeing, self-sufficiency, and positive parenting through support, education, and capacity building. The 18 FRCs across NH offer evidence-informed and evidence-based parent education programs, made possible with federal *Community Collaborations and Parental Assistance grants* from ACF and new state general funds focused on building parental capacities, including but not limited to the Strengthening Families Protective Factors Framework, which emphasizes parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Aligning with statewide efforts, FRCs offer outreach and marketing of programs to hard-to-reach families and provide participation incentives for families, such as child care, and barrier-resolution strategies; and serve as a supportive clearinghouse to help connect families to information and resources. While programs vary center-to-center, all receive support from the NH Children's Trust (NHCT), which DHHS contracts with as a facilitating organization to build infrastructure among the FRCs. To maintain quality and consistency across FRCs, the NH legislature established the Wellness and Primary Prevention Council as the oversight entity for the FRC of Quality Designation; FRCs with this designation use a two-generation approach.

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While FRCs are open to the public and can be beneficial to all parents, historically, FRCs have been especially supportive of families struggling with challenging issues, and those with limited financial resources. Through the PDG initiative, NH will build upon the robust and coordinated FRC infrastructure to serve even more families, including those who have not traditionally taken advantage of this vital resource. During the PDG B-5 renewal, NH will conduct a public awareness campaign that promotes FRC's for all families to help destigmatize this critical resource as one only appropriate for vulnerable families. Also, NH will encourage FRCs to create satellite programs to reach those families unable to travel to FRC base locations. Furthermore, NH will provide enhanced support to the NHCT to provide guidance, support, and training to FRC's, including the resources made available through the statewide 2-1-1 resource.

Watch Me Grow (WVG), NH's developmental screening and referral system since 2008, uses parent-completed developmental screening tools (Ages and Stages Questionnaire (ASQ) 3; ASQ Social-Emotional 2). WVG is implemented in partnership with the FRC's, ECCE providers, medical providers, RECCs, and other organizations. During the PDG B-5 renewal grant, NH aims to become a Help Me Grow affiliate giving NH access to national experts who will share best-practices, consistent guidelines, and recommendations for promoting screening. NH will develop training modules in an eLearning format that aligns with Help Me Grow recommendations and will engage test sites to ensure the guidelines and recommendations are effective, efficient, and useful to families. By increasing the number of children screened, NH can increase the number of families who are aware of child development milestones and ensure children are referred to supportive resources if needed.

2. NH has identified the **Kinship Navigator Program** as a new two-generational approach to be implemented during the PDG B-5 renewal period to address identified family needs. NH has

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witnessed an increasing number of children being cared for by grandparents and other relatives who did not anticipate raising a child, many who are involved in the state's child welfare system. The NH legislature recently convened a study commission to propose enabling legislation to alleviate barriers for alternative caregivers when parents are unable to fill that role; such legislation will only increase the number of relative caregivers. NH will expand its Kinship Navigator Program, operated through NHCT, to help link other relative caregivers to services and supports that meet their own needs along with those of the children they are raising. Kinship Navigators are skilled and knowledgeable relative to resources, policy, advocacy, and public awareness/marketing of programs.

Alignment with DOE Initiatives. Through the PDG B-5 renewal, NH will work to align and integrate existing B-5 focused parent initiatives with parent-focused initiatives of the DOE, including ensuring the Search Institute *40 Developmental Assets* model and corresponding programs such as *Resilient Kidz*, which equips all families and caregivers broadly for their critical support role, and Harvard University Karen Mapp's *Family Engagement Workshop Series*, which helps schools honor and recognize the wealth of knowledge that families possess. Moreover, starting in 2020, NH will participate in the *Waterford Upstart* program in support of Kindergarten Readiness. This family-implemented Kindergarten readiness program engages preschool-age children in daily literacy activities with the remote backing from community liaisons. Upstart also embeds social-emotional learning aspects in the curriculum, as well as off-line activities that parents can engage in with their children to support development.

Alignment with State Initiatives. Alignment with NH's *Whole Families Approach to Jobs: Parents Working, Children Thriving*, which is part of national and regional effort to close the *cliff effect* (when wages alone do not make up for the loss of benefits a family may receive)

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will also be a focus of the renewal grant. NH is working on closing the cliff effect to ensure can parents can work while their children thrive.

3. The Needs Assessment uncovered that families are not always aware of the many programs and supports available for parents with concerns about their children's development or for those who have a young child with a disability or chronic health condition. Leveraging NHFV and PIC, NH aims to strengthen family awareness/utilization of critical programs and partnerships through a multi-strand marketing and communication campaign for families that aligns with the work of the FRCs. Also, during the PDG B-5 renewal, Spark NH will equip local communities to leverage the resources of its *Children: The Bedrock of the Granite State* public awareness campaign that has been engaging leaders across NH, by promoting the importance of early childhood, and providing evidence for the efficacy of initial investments. Using the campaign, Spark NH has reached more than 3,000 people, and they will continue this work while adapting tools to focus on specific audiences, including parents and families. Spark NH will support local communities to utilize campaign resources to help families understand the importance of brain-building moments using the *Vroom* app and *Mind in The Making* (MITM) program. Vroom includes a free mobile app that provides families with tools and activities to use in a fun and engaging way, helping parents build confidence in their ability to raise their children and enhancing their capacity to connect and communicate with their children. MITM shares the science of children's learning and promotes the teaching of seven essential life skills that every child needs for success in school and life. During the PDG B-5 renewal, Spark NH will promote both resources and develop infrastructure to ensure a coordinated, effective public awareness campaign. Spark NH will provide presentations to family members and ECCE professionals to embed these tools into their ongoing work/engagement with children. Promotion of Vroom and MITM will be done in

partnership with family-focused entities, such as libraries, children’s museums, supermarkets, schools, state agencies, FRCs, and businesses interested in embedding this information into their HR departments. NH will ensure parents are aware of available resources (Table7).

TABLE 7. AVAILABLE PARENT RESOURCES	
Partner	Service Description
Partners in Health (PIH)	13 state-funded providers offering care coordination for families of children with a chronic health condition
FCESS	Delivered by designated area agencies for families who have a child with a diagnosed, established condition that has a high probability of delay if supports and services are not provided
DOE Preschool Special Education	Provides free public education to children with disabilities ages 3-5 in the child’s home, school, or approved residential facilities.
iSocial	Focuses on the social-emotional outcomes of infants, toddlers, and young children with disabilities through the implementation of the evidence-based Pyramid Model
Home Visiting Program	Offered through Healthy Families America, Comprehensive Family Support Services, and Early Head Start to equip families with the tools they need to meet their child’s developmental needs ⁴

4. NH has a wealth of partnerships to leverage during the PDG B-5 renewal period to ensure parents are informed about and connected to needed services. As mentioned previously, FRCs serve as a supportive clearinghouse to help connect families to information and resources. Moreover, CCA provides families with the information (e.g., the NH Child Care Scholarship Program), they need to find child care through free and confidential referral services, and by maintaining a database of out-of-home child care providers. Also, 2-1-1 NH connects all residents via telephone and website to information about critical services available in their communities, including basic human needs resources, physical and mental health resources, housing, employment support, and support for children, youth, and families. This emerging ground-level

⁴ RAND Corporation found that 1,100 NH families with young children are served by three home visiting models annually, yet, estimates from the National Home Visiting Resource Center indicate that ~9,200 NH families with young children face at least two risk factors and would potentially benefit from home visiting.

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work with families will continue and expand during the PDG B-5 renewal through direct program grants to communities (Activity 5)

5. Needs Assessment data show that families require information about high-quality early learning programs and indicators of quality. NH will implement a comprehensive communication and marketing plan that will improve the availability and usability of information related to indicators of quality. NH has been revising the state's QRIS to further differentiate quality and to reflect high expectations for excellence. Additional levels are being established to provide a clear pathway of communicating and improving quality. Improvement of the QRIS will also help build the capacity of families throughout the state, many of whom depend on early childhood programs. Refining the QRIS will help NH families become better consumers, driving the demand for quality early childhood services is a targeted activity of the renewal grant.

6. NH will explore lessons learned from two coordinated referral systems at the regional level to determine the best way to replicate components of these models to promote efficient access to services for families across the ECCE system. For example, LAUNCH Manchester established the Adverse Childhood Experiences Response Team (ACERT) that uses a multi-agency approach to meet the immediate needs of vulnerable children and families exposed to violence or a caretaker's substance misuse or overdose. Integrated within the ACF-funded *Community Collaborations* initiative, this program has since expanded to three other regions. Given the number of partners involved in ACERT, and the critical reliance on data to inform the project and measure success, LAUNCH Manchester developed clear roles and responsibilities related to data collection and sharing, as well as multiagency data-sharing agreements. The Coos Coalition has developed a screening and referral system for caregiver depression, including protocol so that referrals from primary care for receive priority appointments.

7. The Needs Assessment indicated that families wanted to be involved in leadership opportunities at the state and local level, and they wanted peer-to-peer connections. Throughout the PDG B-5 planning period, PIC and NHFV worked to build and support family engagement and leadership. This regional work was driven by the Policy Statement on Family Engagement: From the Early Years to the Early Grades released by the US DHHS and DOE, which recognizes the need to provide training and support to families and the professionals to work effectively together (Dual-Capacity Building Framework). With PIC and NHFV support, the RECC's have begun to implement strategies that enhance family leadership and voice and support families and systems to work together. During the PDG B-5 renewal, PIC and NHFV will work with the RECC's to develop and sustain infrastructure to support family leadership and voice.

Activity Four: Sharing Best Practices and Professional Development for the Early Childhood

Workforce:

1. NH's vision is to create a fully integrated cross-sector professional development (PD) system that supports all ECCE out-of-home professionals across health, early learning, and family support. The state will achieve this vision by strengthening pre-service coursework and in-service PD efforts that ensure the workforce is well-educated, highly-skilled, and culturally competent. NH will rely on the Shared Professional Early Childhood Core Competencies (SPECCE) as a guide for its proposed plan to share best practices among early childhood care and education program providers. Spark NH's Workforce and Professional Development Committee is coordinating ECCE providers in the state to reduce duplication of effort, leverage financial and other resources, and increase program quality. NH benefits from a cadre of evidence-informed PD providers that will be leveraged during the PDG B-5 renewal, including NHCT, CCA, PIC, the Preschool Technical Assistance Network (PTAN), DOE, and UNH.

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2. NH seeks to improve the training and experience of B-5 ECCE providers in the state through the creation of a Sustainable Practice-Based Coaching Model. In 2017, faculty from across UNH with interdisciplinary expertise in early childhood created a coalition to address persistent challenges raised by community collaborators to improve the lives of NH's most vulnerable children. The coalition's work has been well received across NH, and partnerships have been formed to co-design policies and practices to support children's learning and development in diverse contexts. It is because of this work UNH was designated as the entity to execute NH PDG B-5 initial and renewal grants.

To help ensure the sustainability of seamless delivery of high-quality in-service PD system and pre-service training, including evaluation of the effectiveness of policies and practices being enacted, with support from the philanthropic community. UNH is working to create an Early Childhood Center of Excellence. The Center substantially expands the capacity of NH to strengthen the ECCE workforce and ensure the sharing of best practices throughout home, school, and community settings. The PDG B-5 planning grant was a catalyst for this work, and under the renewal grant, UNH will begin to coordinate practice-based coaching opportunities relevant to ECCE professionals across sectors, including the critical work around play-based learning. While NH has a network of organizations that provides technical assistance based on evidence-based practices; however, the primary mode of delivered is through workshops and online modules. The Center of Excellence would help provide capacity for the state to provide evidence-based coaching administered directly in programs and classrooms that aligns with pre-service preparation and the state's credentialing systems. NH aspires to extend the work of the Center of Excellence across higher education to support long-term sustainability.

Quality Recognition and Improvement System (QRIS) Coaching. During the PDG B-5 planning grant, UNH worked with the state to increase NH's capacity to provide practice-based coaching. To support the DHHS QRIS's coaching for continuous quality improvement, UNH is conducting a pilot study in 17 classrooms with at least 25% of children receiving Child Care and Development Fund (CCDF) scholarships to provide individualized coaching to improve teacher-child interactions and instruction, both recognized as a successful means to impact program quality. The coaching model is aligned with ACF's *Guide to Effective Consultation* and highlights the importance of supportive relationships, open communication, continuous observation, and feedback. Programs seeking to participate in the higher reimbursement levels of the QRIS will be evaluated using the Environment Rating Scales (ERS), and the pilot is utilizing the ERS as the primary means of assessing coaching effectiveness. Preliminary results of the coaching pilot have yielded promising outcomes with increases in the Early Childhood ERS (ECERS-3), especially for language and literacy, learning activities, interactions, and program structure. Through the renewal grant, UNH, in collaboration with the DHHS QRIS taskforce, will work to expand this pilot work to provide opportunities for practice-based coaching in infant and toddler programs and to formalize a QRIS coaching implementation guide. NH is primed to move this work forward, building on PDG-supported efforts to provide introductory training on the ECERS-3, Infant/Toddler ERS, Family Child Care ERS, and School-Age Care ERS and the establishment of reliable Anchor assessors on all ERS scale (via contract with CCA). UNH will extend the QRIS pilot to at minimum another 20 preschool programs and 20 infant and toddler programs.

Play-Based Kindergarten Coaching. In addition to B-5 ECCE programs, in the renewal grant, NH will continue embedded coaching initiated in the planning year to support Kindergarten teacher's use of developmentally appropriate best-practice, including hands-on play-based

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learning. Currently, 32 teachers from across the state are receiving embedded coaching with the requirement that they serve as a model classroom for their district. The response to this professional development has been overwhelming, with another 250 teachers and administrators participating in workshops and presentations supported by PDG and a waitlist of teachers wanting to receive practice-based coaching (Needs Assessment indicated 86% of were interested in PD). This work would continue under the PDG renewal with a specific focus on the integration of other practice-based coaching models in the state. In year 1, coaching will be provided for at minimal an addition 20 teachers and will be supplemented with workshops and other informational materials. Under the grant, NH will develop an evaluation system to understand the efficacy of coaching to change teacher practice and child outcomes. This work will be conducted in collaboration with the grant's PPE consultant, who will work to build capacity in each of the participating districts.

Integration of Practice-Based Coaching Models. UNH will work with at least three local communities to build infrastructure to support collaboration across the birth to grade 3 workforce. B-5 educators, Head Start, early elementary teachers, and their administration will be brought together to share best practices and support successful transitions for children and families. The collaboration will initially focus on practices related to play-based learning, with the goal that these collaborations will begin to build an infrastructure to bring early childhood professionals together around the importance of developmentally appropriate practice that aligns with National Association for the Education of Young Children (NAEYC) and NH's SPECCC. Under the renewal grant, UNH and PDG partners will create and adopt cross-sector professional development opportunities and practices.

Evaluation of Practice-Based Coaching. An essential component of NH's Center of Excellence is the ability to engage in an iterative, collaborative program design where projects are

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developed, implemented, and evaluated as a means to understand how best to support children's development and why particular endeavors succeed and for whom. To ensure the efficacy of NH's efforts to improve ECCE quality, the state must address the capacity for evaluation. NH is committed to building infrastructure to engage in continuous program evaluation through integrated data systems. While UNH has played a vital role in the PDG Needs Assessment process, and PPE, the lack of internal capacity has made it necessary for NH to contract to an external organization to conduct the majority of the evaluation work. UNH will work with Abt to build capacity for UNH to continue the evaluation upon the completion of the PDG.

3. ECCE workforce turnover and shortages have significantly impacted NH, necessitating the need for a multi-prong strategy to address this critical issue. Through the PDG B-5 planning grant period, NH began to address this challenge with DHHS partnering with the Endowment for Health and NH Charitable Foundation to design and fund a center-based child care workforce study to provide comprehensive baseline information, including demographics, recruitment, retention, and compensation. Following an RFP process, NH awarded the contract to School Readiness Consulting to conduct the study and develop a recommendations report (to be completed in spring 2020) that will inform the state's strategies and policies to address the critical workforce shortage. NH's strengthening commitment to its ECCE professionals and programs over the past two years will enable the state to better recruit, retain, and support the field. NH's 2020-2021 biennium budget includes increases in funding to support increased rates for child care providers, doubles the disability differential payment for providers caring for children with a significant special need, and offers paid closure days for programs for the first time in many years.

4. The Needs Assessment indicated that NH requires a more comprehensive and measurable QRIS system. NH's present document-based system (Licensed Plus) lacks multi-level assessment

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and recognition, does not provide support for attaining and retaining quality, and fails to offer an evidence-based system for measuring quality in program and activities. Only 169 of NH's 800+ licensed early care and afterschool programs have the Licensed Plus designation, and only 52 programs are NAEYC accredited. To improve the quality of ECCE, NH needs a comprehensive, accessible, evidence-based QRIS that invites participation, nurtures progress, fosters innovation, and best practices and recognizes success. NH aims to build a QRIS that is evidence-based, measurable, and responsive over time and across multiple program types to increase quality in early care and afterschool programs. Over the next three years, NH will implement a QRIS program that increases the number of programs that attain and retain quality recognition status; and will provide supports to programs to increase the level of quality, such as coaching, training, expert consulting, modeling, assessment, and collaboration. Furthermore, NH will provide programs with financial and in-kind incentives to invite participation in the QRIS, inspire and support improvement and recognize the ongoing delivery of quality programming in the early care and afterschool center and family child care settings. This future work will build upon NH's foundational efforts, including the adoption of a common language for quality, pinpointing barriers and incentives to participating in the system, and recognition of the core components required for an authentic, measurable QRIS. This work includes the aforementioned QRIS pilots, as well as build infrastructure (e.g., ERS assessors and trainings, public awareness campaigns, develop supporting materials, and incentive strategy).

NH will work with DHHS to develop a replacement system for the current Professional Registry. CCDF and PDG funds will be leveraged to create the new system using Salesforce as the data platform. Additionally, NH will form a consortium with interested states to defray the

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costs of designing the system by sharing code with one another for the development of modules for CCDF-required data.

5. NH will work to expand the availability of early learning programs for infants, toddlers, and preschoolers outside of the home by working with communities to increase access through a mixed-delivery model. The Needs Assessment identified a dearth of early learning programs, including a lack of Early Head Start programs in Northern and Southwestern NH; child care deserts in the North Country, a limited capacity for programs to serve children with disabilities, and an increasing demand for quality child care, particularly for infants and toddlers.

In NH, the number of licensed family child care providers has continued to drop over the last five years. In 2016, 169 programs served 1,959 children (48% infants/ toddlers) compared to 135 programs in 2019 serving 1,590 children (30% serving infants/toddlers). This outcome is primarily due to alternative (and better paying) employment opportunities, increased licensing requirements, costly insurance, and local ordinances. Many of the previous providers have opted to either go “underground” or become license-exempt providers (LEP), though LEPs have also dropped significantly, from 168 in October 2017 to 42 in October 2019 with the introduction of training and monitoring requirements. The drop in LEPs has significantly reduced the number of care arrangements available to children receiving CCDF, and all but eliminated the natural feeder for future licensed family child care providers.

During the PDG B-5 renewal period, NH will design and implement a 2-generation, whole family, mixed delivery service system to expand B-5 early learning program capacity. The system will include preschool programs for children aged 3-5 years (e.g., Head Start, center-based child care, preschool special education, local public and private preschool programs), infant/toddler programs (Early Head Start/child care partnerships, family child care), with integrated supportive

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services (e.g., family resource centers, early intervention, early childhood mental health). A project planning committee will identify and design the pilot programs (preschool and infant/toddler) in the first ten months of year 1. The project will begin with exploration and focus on geographical early learning “deserts,” program capacity to include all children; and program quality (tied to the QRIS). The planning committee will consist of state and local, public and private representatives and parents/caregivers with interest in a mixed delivery system of early learning and related programs and services. The preschool expansion supports NH’s adoption of the *Whole Families Approach to Jobs*, aligning with best-practice recommendations from ACF and the National Conference of State Legislatures.

A preschool subcommittee will review the research, other states’ experience, and similar efforts in NH to identify the facilitators and barriers for creating quality, sustainable, collaborative community preschools for children age 3-5 as a part of a broader mixed delivery system. Inherent in this work will be the idea of building up parent and caregiver capacity to provide effective ECCE to children in their care, leveraging NH families. Models may include various partnerships among Head Start, public school, DOE, local school districts, child care centers, libraries, FRC’s, families, and others as program sites, with other services integrated into the program. During the last two months of year one, 3-4 programs will be recruited to participate in the pilot and begin their exploration work. Installation and implementation of the model in the pilot sites will start in year 2. Based on results of the pilots, a blueprint will be developed in year 3 for expanding/scaling up, and additional sites will be launched.

A family child care subcommittee will also engage in exploration during the first ten months of year 1, with an emphasis on infant/toddler care. During this time, the project will build a local community of support among stakeholders, including families, providers, schools,

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businesses, towns/cities, and funders for quality licensed family child care. With 67% of NH families choosing home-based early care, this work will emphasize capacity-building activities among parents and caregivers to provide effective ECCE support to their children. The project will recruit participants (end of year 1) and launch a licensed family child care pilot in year 2 to collect data and best practices for sustainability, quality, operations, and stakeholder support. NH will work to expand the current licensed family child care supply by 50% over the next three years, with a minimum of half accepting infants and toddlers. Further, NH will work to increase by 50%, the number of licensed family child care providers, and license-exempt providers accepting children enrolled in the NH CCDF program, providing irregular hours/days, and accepting children with special needs. While quantity is important, quality is paramount. Therefore, NH seeks to expand the program quality of existing licensed family child care providers and license-exempt providers by utilizing the QRIS. Finally, NH will support the development of regional professional practice groups of providers and mentors to build quality, recognition, and sustainability.

6. A significant amount of work will be focused on developing capacity in the home, child care, and school setting. As part of its coordinating activities, DHHS, DOE, and UNH will convene representatives from each of these domains with the goal of sharing best practices across all ECCE practitioners, including parents and caregivers, child care professionals and educators, with the aim of developing best practices and professional development to be shared with all involved in ECCE.

7. Leveraging the professional resources of B-5 ECCE programs, during the PDG planning year, NH has sought to create continuity of best practices across the transition to elementary school. In the renewal grant, this work will continue in earnest with a specific focus on alignment between other professional initiatives in the state, which is a critical framework for the special

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education State Systemic Improvement Plan and the State Personnel Development Grant. DHHS, DOE, UNH, academic partners, and Spark NH's Workforce and Professional Development Committee members will create a unified coach curriculum that exposes participants to the ongoing initiatives including but not limited to Pyramid Model, play-based coaching, and QRIS. In conjunction with the unified coaching curriculum, NH will develop a Quality Coach Recognition Certification requiring a combination of field experience, training, and evaluation, with a focus on identifying mechanisms to provide college-credit for professional development experiences.

8. NH will support the ECCE workforce that cares for children as they transition into the early elementary school grades through the Kindergarten Entry Assessment (KEA) Transition Project. To date, NH has lacked the capacity to collect and aggregate standardized, statewide data/information on children's preparedness for success in school upon entering Kindergarten. Based on the PDG Needs Assessment, there is a need to improve the Kindergarten entry process and strengthen the pre-Kindergarten entry connection with parents and local child care/early learning programs. NH aims to address the identified needs for standardized KEA; and strengthen transitions, family/community partnerships, and the alignment of standards, curriculum, assessment, and expected child outcomes. NH will convene a KEA-Transition Task Force to engage in a facilitated process to design a focused, comprehensive plan to address the issues identified in the Needs Assessment. The task force will be comprised of a broad group of representatives from the private early childhood programs, public/private sectors, state and local organizations, cross-disciplinary professions; birth to five/public school program teachers and administrators, family organizations, policymakers, and parents.

Activity Five: Improving Overall Quality and Service Integration, Expanding Access, and Developing New Programs (including subgrants):

1. The PDG planning grant allowed NH to conduct a statewide Needs Assessment and a statewide strategic planning process. While these efforts will create an improved infrastructure and overall system, due to limitations of time and resources, they were not able to capture the local needs of communities. Moreover, as identified under Activity 3, NH has identified a range of strategies to engage, inform, and support parents, and yet, there are limited resources. During the PDG B-5 renewal, NH will create a competitive procurement process so that communities can access critical funds to address local needs, informed by and aligned with statewide efforts. PDG subgrant funding will enhance system changes in the following categories:

Needs Assessment Grants: Funds will support local and regional efforts to conduct targeted needs assessment using standardized tools and to align with data points within the statewide Needs Assessment. Grants can be used for training, data collection and analysis, market research, technical expertise, staffing/coordination, and development of an advisory council/governance.

Strategic Planning Grant: Funds will support the facilitation of a local strategic planning process, informed by a needs assessment. The strategic plan must align with the statewide strategic plan and must incorporate comprehensive objective-setting and action planning. Grant funds can be used for community convenings, technical expertise, and planning facilitation.

Implementation Grants: Funds will be awarded to those communities who already have a strategic plan and are prepared to implement evidence-based strategies. Funds can be used to implement evidence-based programs and practices from an approved list that aligns with results from the NH PDG Needs Assessment and Strategic Plan, which may include: Help Me Grow/ASQ/ASQ-SE, Home Visiting, ACERT, Strengthening Families, Pyramid Model, Partners

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to Promote Safety, Permanency, and Wellbeing For Families Affected by Substance Abuse, Strength to Success, Play-based Learning, Boundary Spanning Leadership, 40 Developmental Assets models, Waterford-Upstart, and parental depression screening.

Expansion Grants: Funds will be awarded to those communities more advanced in this work that will allow them to expand a proven practice or develop a program sustainability plan.

NH anticipated an increased level of readiness among the local communities and regions as the PDG Grant renewal period progresses, and so the state anticipates awarding the following:

	Needs Assessment	Strategic Planning	Implementation	Expansion
Year 1	4	2	2	1
Year 2	4	4	2	1
Year 3	2	4	4	2

Eligible applicants are “Local Support Hubs” that must represent a defined geography. While they can be an FRC or RECC, NH will welcome applicants from other community-level entities, including local education agencies. Local Support Hubs must have a diverse representation of stakeholders, which at a minimum must include a school district representative, CAP agency, parents, health /mental health providers, early childhood program provider representative, FRC, FCESS provider, business representatives, and Head Start representative. Additional stakeholders may include but are not limited to representatives from housing authorities/supportive housing, immigrant/refugee providers, those serving children with disabilities, substance use disorders, and government officials.

In their applications to the state, Local Support Hubs must demonstrate geographic need and vulnerability based on such indicators as child and family homelessness, free/reduced-price lunch, rates of English proficiency, rates of child maltreatment, and high numbers of families involved with the child welfare system, and domestic violence rates. They must also demonstrate

their level of readiness to embark on their proposed initiative. Applicants will be required to create SMART objectives that are specific, measurable, actionable, realistic and time-specific. Also, applicants will be asked to clarify how the funds supplement, not supplant other funds, and how they will sustain activities beyond the life of the grants. Further, applicants must agree to participate in the statewide PDG PPE, which may include collecting and reporting data. The procurement, applicant evaluation, and grants management process will be managed by UNH and DOE. To disseminate the awards objectively and fairly, NH will employ industry-standard practices for announcing the opportunity and collecting applications as well as standardized guidelines and objective vetting of (e.g., safeguards against conflicts of interest).

2. NH has identified contracts and activities that aim to improve the quality of local programs through the enhancement of early childhood systems and infrastructure. Overview of all contracts and justification is provided in the proposals budget justification.

Activity Six: Monitoring, Evaluation and Data Use for Continuous Improvement:

A. NH has made significant strides towards data integration, interoperability, management, and data use, including a commitment to data governance by DHHS and DOE through their ECITs. Any new data obtained through the PDG activities will be considered by these groups to drive continuous quality improvement of the ECCE system.

1. **Integrated Data Reporting System (In the Planning Process):** NH does not yet have an early childhood data system that can present an integrated view of children and families across the state. It is proposed that NH builds upon a scalable data integration platform that already exists, Enterprise Business Intelligence (EBI), to enhance integrated reporting. This platform was created to support efforts under NH's State Opioid Response. The platform architecture was developed in a scalable way to be able to transform multiple data sources to more efficiently allow queries,

reporting, and analytics. This provides the ability to integrate data across departments and existing data systems in an interoperable way. NH proposes to scale the existing EBI system to include early childhood programs. This first step will be for NH to create an early childhood data governance structure. NH will follow the documented NH Data Governance and Management Program framework. This framework outlines how data governance is addressed across people, process, and technology. It also provides a detailed list of recommended membership, decision-making processes and the roles and responsibilities of each member. Work has begun during the planning grant, with a diverse team exploring some of the barriers to integrated reporting for data from multiple sources.

2. Specific Data Elements Collected (Not Yet Planned):

3. Linking Data Across Programs (Not Yet Planned):

4. Data Collection for Professional Development (Planning in Progress): NH DHHS currently has a voluntary Professional Registry housed at CCA as part of the National Data System, which will be closed soon. Over the next year, DHHS will leverage CCDF and PDG funds to build a new Professional Development Registry.

5. Assessing Data Literacy (In the Planning Process): As part of an EBI project, NH has formed a team, which includes professional services from a vendor skilled on the toolsets and process to ingest data sources into an environment, transform the data into a data mart and data warehousing solution to allow for the modeling of that data to provide trends, linkages between services, probabilistic matching based on defined business rules and predictive analytics. This system will expand its footprint through formal and informal training methodologies to include classroom, train the trainer, and shadow strategies.

6. Data Governance Structure (In the Planning Process): Once the data governance structure is in place and has identified the fundamental data questions, NH will develop a comprehensive Memorandum of Understanding (MOU) between DHHS and DOE, which will expand its existing Data Sharing Agreement. Currently, there is an MOU between DHHS and DOE relative to the transition of children from FCESS (Part C IDEA) to Preschool Special Education (Part B IDEA). With parental consent, this MOU allows Part C to share a child's name, date of birth, parent contact information, service coordinator's name, and contact information. 98% of students successfully transition from Part C to B into a school-based learning environment. NH has a long history of protecting student privacy through rigorous state law, with schools well-versed in the requirement to secure parent permissions to work with student data. This aside, the current State EBI platform can be expanded to include data from DOE to allow for the linking of information across health and early learning programs. To accomplish this task, NH would need to leverage a professional services contract to extract, transform, and load disparate data sources into the State EBI environment; link the different data sources via assigning unique identifiers and referencing multiple data sources to create an accurate match; create data models of the combined data to allow for viewing the data from various perspectives; and facilitate design discussions with the State employees and educational partners to understand the business needs and develop appropriate dashboards for both internal and external use as allowed by law.

7. Unique Identifiers (In the Planning Process): NH has begun work to create a Master Client Index that has a State-assigned unique identifier linking the Child Support, Child Welfare, Integrated Eligibility, and Long-Term Support Services data systems together. This master client index will be extended to build the linkages indicated in this statement to be able to address the workforce, providers, programs, and families.

8. Unduplicated Count (In the Planning Process): During the PDG planning grant, NH set out to get an unduplicated count of children receiving three programs: CCS (children age 0-3), FCESS (children age 0-3), CCS (children age 3-5) and receiving DOE preschool special education services (age 3-5; Part B/619). Because of the lack of existing appropriate MOUs, NH was only able to get an unduplicated count of the two programs housed in DHHS (CCS 0-3 and FCESS 0-3). Even when including only two programs that are located within the same department, determining the unduplicated count was difficult. In the end, a team reviewed and cross-referenced Excel sheets from both programs to create an unduplicated count. This is an area where NH will need to improve to better understand where children are being served, how many children/families are waiting to receive services, inform resource allocation, and understand patterns of service.

B. Monitoring, Evaluation, and Continuous Improvement.

See Section E for an overview of NH's Program Performance Evaluation (PPE). Specific to NH's development of an integrated data system and creation of a sustainable monitoring and evaluation system, Abt Associates will serve in an advisory capacity to help to identify optimal indicators and outcomes for monitoring and evaluating the efficacy of the ECCE system to facilitate continuous quality improvement. The focus will be on assisting NH to build capacity to effectively analyze and report data to inform policy and practice. In addition to Abt, expertise from the grants Needs Assessment consultant, RAND, and UNH's Research Computing Center will serve in an advisory role in the creation of a sustainable system focused on continuous quality improvement.

C. Meaningful Governance and Stakeholder Engagement

1. To ensure timely completion of grant activities while ensuring the representation of a diverse set of stakeholders, NH's PDG-B5 grant's governance includes the following structure, which has

changed slightly from the initial grant application. **Interagency Executive Team (IET)** –NH will further differentiate the governance structure with the formation of an IET with decision making authority for the overall direction and completion of grant activities. This committee is comprised of UNH principal investigator; DHHS Associate Commissioner of Human Services and Division Director of Economic and Housing Stability; and DOE Commissioner and Deputy Commissioner. The IET meets monthly, with additional meetings as needed to facilitate the completion of grant activities. The IET is assisted by the grant’s support staff, comprised of the staff positions hired to facilitate the completion of the grant activities.

Leadership Advisory Board (LAB) - The LAB aims to provide the IET with diverse viewpoints and insights to guide the direction of grant activities and includes a broader range of ECCE stakeholders, including representation from Spark NH, FRC, ECCE, Early Intervention, K-12 public school, philanthropic organizations, EC advocacy, and a parent representative. The LAB will meet monthly with the IET with corresponding as needed via email. The ideas and suggestions generated from the meetings will be collected and documented through its minutes and will be integrated, as appropriate, into future activities.

Early Childhood Integration Team (ECIT) will serve as a governance structure to enhance service delivery for NH families and child-serving programs by promoting collaboration, improving communication, and facilitating appreciative inquiry and problem-solving. DHHS currently has an ECIT, and DOE is in the process of developing its ECIT. The ECIT’s embedded in each Department focuses on each of its departments. From each ECIT members will be selected for the joint ECIT, which spans DOE and DHHS. This ECIT will promote coordination, innovation, action, and evaluation with the vision as the primary goal of the group. The ECIT will

serve as a sustainable governance structure to promote a shared responsibility for programmatic oversight and accountability, resource management, data integration, and coordinated policies.

2. Figure 1 provides a map showing the state’s decision-making path, which organizations serve in an advisory capacity and who are the decision-makers.

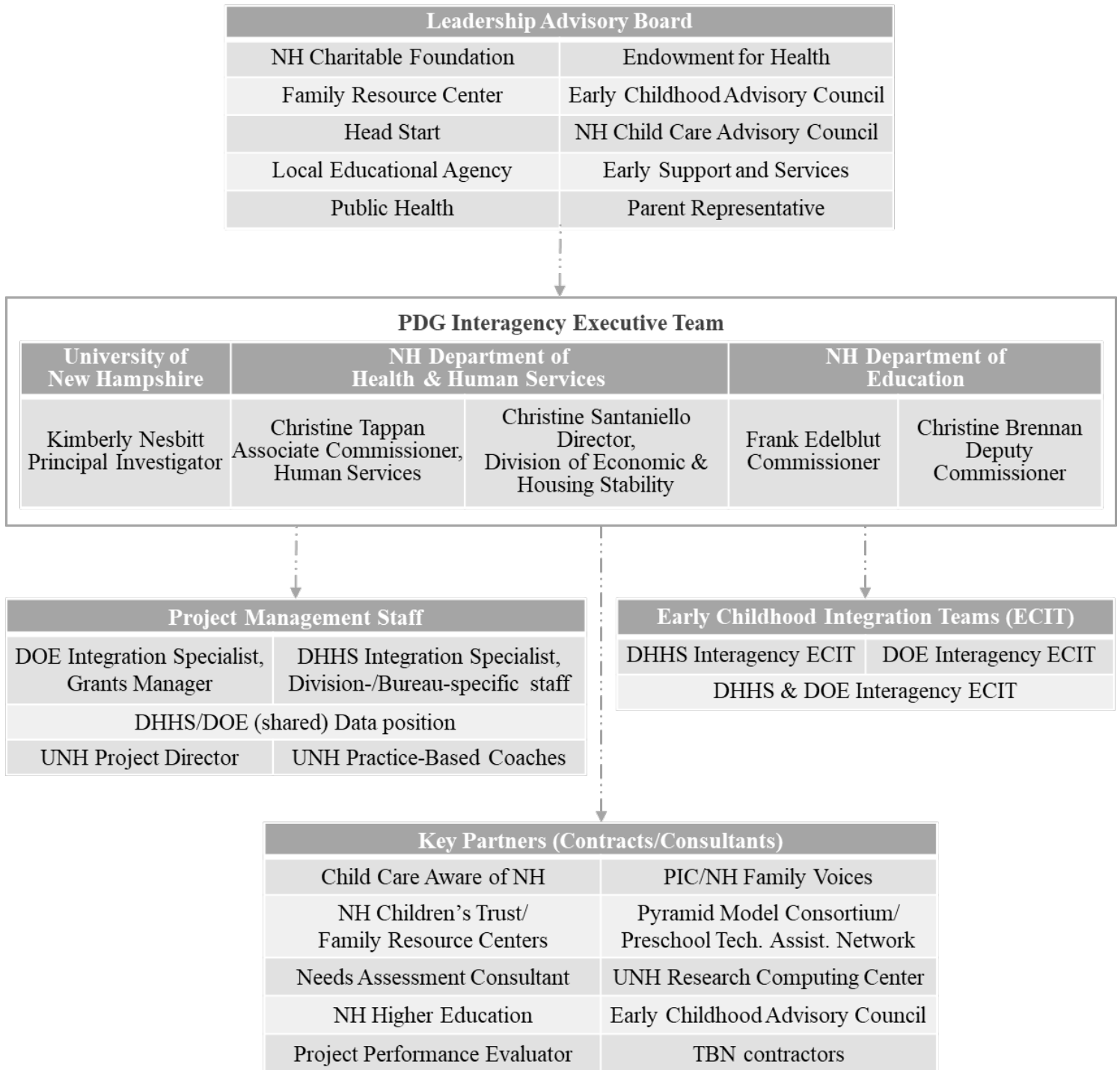
3. Table 9 includes key partners that have been identified for engagement in the grant activities, many of which have been described previously. The capacity in which these partners and stakeholders are engaged varies and includes contractors, service providers, and advisors.

TABLE 9. NH PDG B-5 KEY PARTNERS AND STAKEHOLDERS	
Partners	Contribution to Plan Implementation and Sustainability
Abt Associates	Abt will oversee the implementation of Program Performance Evaluation plan and inform grant activities to support sustainability of monitoring, evaluation, and continuous improvement.
Child Care Aware of NH	The state’s child care resource and referral agency (contracted by DHHS) will assist in the implementation of the grant and the sharing of best practices and professional development.
Endowment for Health (EFH)	EFH has prioritized early childhood in their philanthropic strategic plan. The EFH will serve in an advisory role in grant activities and support initiatives related to the state’s needs assessment and strategic plan, including work to understand racial inequities in the ECCE system.
Family Resource Centers and Family Support NH	A coalition of nonprofit family resource centers and family support programs to strengthen families that will assist with enhancing family engagement activities, including assisting with needs assessment and strategic plan, and the FRCQ quality improvement efforts.
NH Charitable Foundation	A community foundation invested in proven focus areas to increase the opportunity for NH’s kids, including the Early Childhood Education. NHCF will serve in an advisory role in grant activities and support initiatives related to the state’s strategic plan.
NH Children’s Trust	DHHS Facilitating Organization for Family Resource Centers, which provide family support programs to strengthen families and will implement quality improvement efforts
NH Department of Education	DOE provides educational leadership and services which promote equal educational opportunities and quality practices and programs. The DOE will participate in the execution of project and plan activities as specified in the scope of work.
NH Department of Health and Human Services	DHHS is responsible for the health, safety, and well-being of the citizens of NH. The DHHS will participate in the execution of project and plan activities as specified in the scope of work. Under the Division of Economic & Housing Stability, which includes CCDF and the Head Start

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	Collaboration Office, will integrate the work of the bureau with the work of this project in all relevant areas, leveraging resources and dedicating staff time to project teams and committees.
NH Family Voices	Family-to-family information and referral center staffed by parents to help navigate through systems, which will assist in recruiting/hiring parent consultants and family engagement for the needs assessment, strategic plan development, and state-level parent knowledge and choice activities.
Parent Information Center of NH	A statewide family organization that strives to achieve positive outcomes for children and youth, which will assist with enhancing family engagement activities, including assisting with needs assessment and strategic plan.
Preschool Technical Assistance Network	A grant-funded statewide technical assistance and support network will assist in the implementation of the grant and the sharing of best practices and professional development.
RAND Corporation	The needs assessment process will be led by an expert national consulting team with extensive experience in conducting large-scale comprehensive, needs-assessments related to early childhood care and education. The needs assessment consultant will have prior experience working with NH stakeholders and advanced knowledge of measurement and quantitative and qualitative statistics.
Spark NH & Early Learning NH	The early childhood advisory council serves in an advisory capacity to state agencies and will provide leadership of the strategic planning and public awareness campaign and provide coordination and guidance to help facilitate the development of cross-sector and cross-departmental systems and programs.
University of New Hampshire	UNH will serve as a fiscal agent for the grant and ensure that the work plan of the grant is effectively carried out and provide fiscal oversight and ensure the project's budget is managed effectively and efficiently. UNH will also participate in the execution of project and plan activities as specified in the grant. UNH's RCC and Survey Center will also be utilized.

Figure 1. New Hampshire Preschool Development Grant B-5 (Renewal) Governance



C. PROJECT TIMELINE AND MILESTONES

TABLE 10. GRANT ACTIVITIES, MILESTONES, AND TIMELINE

Project Activities (Responsible Party)	Timeline (Quarters)				Milestones
	1	2	3	4	
Activity 1. Needs assessment (NA)					
1.1. Consulting contract (UNH)					<ul style="list-style-type: none"> Signed contract with NA consulting team
1.2. Solicit and select Community Grants (UNH, DOE, DHHS)					<ul style="list-style-type: none"> Announce Community Grants for needs assessments Review proposals for priority communities, capacity, local commitment Create a cross-sector review team DOE hire to manage grants; monthly reporting to UNH
1.3. Update state-level needs assessment (NA) (NA Consulting Team)					<ul style="list-style-type: none"> Data collection (e.g., Granite State Poll, NH Family Survey) Contract with PIC/NHFV for parent involvement in statewide NA Incorporate results from PDG-supported local needs assessments Annual update by topic (address planning grant data gaps) Align with existing data collection efforts Incorporate Equity Assessment
1.4. Support local NA via Community Grants (CG) (NA Consulting team, local support hubs; UNH)					<ul style="list-style-type: none"> NA Consulting team to standardize NA tools, protocols 3-4 CG recipients complete NA using standardized tools, protocols CG recipients contract with PIC/NHFV: engage families in NA process CG recipients report local data to NA consulting team for the state-level annual update CG recipients submit final needs assessment to statewide repository
Activity 2. Strategic planning (SP)					
2.1. Solicit and select Community Grants (UNH, DOE, DHHS, Spark NH)					<ul style="list-style-type: none"> Announce Community Grants for Strategic planning Review proposals for priority communities, capacity, local commitment Create a cross-sector review team DOE hire to manage grants; monthly reporting to UNH
2.2. Update statewide Strategic plan (SP) (Spark NH)					<ul style="list-style-type: none"> Contract with PIC/NHFV: parent involvement in statewide SP Incorporate results from PDG-supported local, statewide NA Annually updated plan Inform DHHS/DOE Integration Teams, ongoing non-PDG initiatives

				<ul style="list-style-type: none"> • Establish formal connections with other state agencies • Create dissemination plan (inform policy & practice)
2.3. Support local SP via Community Grants (CG) <i>(Spark NH, local support hubs)</i>				<ul style="list-style-type: none"> • Spark NH to standardize SP framework (tools, process) • 3-4 CG recipients complete SP using standardized tools, processes • CG recipients contract with PIC/NHFV: engage families in the SP process • CG recipients report local data to Spark NH for state-level annual update • CG recipients submit final local/regional SP to statewide repository
Activity 3. Maximizing Parental Choice and Knowledge (State-level activities)				
3.1. Strengthen the network of Family Resource Centers (FRCs) <i>(Facilitating Organization / FRCs)</i>				<ul style="list-style-type: none"> • Supplement existing work to bring FRCs to FRC of Quality (FRC-Q) • Extend home visiting; consider "remote" option • Support parental knowledge of programs, support transitions • Institute FRC sustainability requirements (e.g., community connections) • Support Kinship Networks/Parent Navigators • Contract with PIC/NH Family Voices for parent engagement • Public relations campaign (i.e., FRCs as universal support) • Communities without FRCs: explore "hub-&-spoke" (i.e., schools)
3.2. Welcome Families Website <i>(Contractor, Spark NH)</i>				<ul style="list-style-type: none"> • Development & maintenance
3.3. Statewide Public Awareness Implementation <i>(Spark NH, DOE, DHHS)</i>				<ul style="list-style-type: none"> • Review and coordination of parent knowledge programs • Welcome Families and related parent knowledge marketing and outreach • Early Childhood Advisory Council administrative support
3.4. Strengthen developmental screening <i>(DHHS, Facilitating Organization / FRCs)</i>				<ul style="list-style-type: none"> • Utilize Help Me Grow for system strong infrastructure • Expand to a monitoring, screening, referral, education, evaluation, diagnosis, treatment, service model • ASQ website accessible to families & providers, possibly FRC's • PR campaign; explore expanding sites (e.g., at FRCs) • Consider RFI re: referral & service coordination
Activity 4. Sharing Best Practices				
4.1. Establish Early Childhood Center of Excellence <i>(UNH, DHHS, DOE)</i>				<ul style="list-style-type: none"> • Hire & train three coaches to support universal competencies, provide practice-based coaching • Create coaching curriculum for alignment/coordination; consider equity

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					<ul style="list-style-type: none"> • Hold community/regional workshops • Create infrastructure for internal evaluation of program performance
4.2. Alignment of professional development; strategies for workforce pipeline development (<i>UNH, DHHS, DOE, Spark NH</i>)					<ul style="list-style-type: none"> • Coordinate and incentivize cross-sector PD • Engage Higher Education re: preservice • Consider evidence-informed practices and/or RFI re: apprenticeships; scholarships; TEACH model • Enact common criteria leading to the reciprocity of training
4.3. Support for Pyramid Model integration (<i>Contractor, DHHS, DOE</i>)					<ul style="list-style-type: none"> • Incorporate Pyramid data/reporting into iSocial data system • Practice-based coaching training related to Pyramid, considering equity • Progress towards Pyramid Model benchmarks of quality • Marketing, Public Relations • Pyramid Model embedded into QRIS
4.4. Enhance state capacity of QRIS (<i>Contractor, DHHS</i>)					<ul style="list-style-type: none"> • Process-based coaching by Contractor (re: ERS tools; a cadre of anchors) • Public awareness re: revised QRIS
4.5. Practice-based coaching pilot (<i>DHHS, Contract., UNH</i>)					<ul style="list-style-type: none"> • QRIS infant/toddler, QRIS preschool, PBK (3 coaches, 20 sites each) • Contractor: observations for pilots (pre/post); assessors for ERS
4.6. Support Kindergarten Entry Assessments (KEA), Transition (<i>UNH, DHHS, DOE</i>)					<ul style="list-style-type: none"> • Create KEA transitions taskforce • Develop a comprehensive plan for standardized KEA • Strengthen transitions, family communication partnerships, align standards/curriculum/assessments & expected child outcomes
Activity 5. Improving Quality/Subgrants					
5.1. Solicit and select Community Grants (<i>UNH, DOE, DHHS</i>)					<ul style="list-style-type: none"> • Announce Community Grants • Review proposals for priority communities, capacity, local commitment • Create a cross-sector review team • DOE hire to manage grants; monthly reporting to UNH
5.2. Implement & manage Community Grants (CG) (<i>DOE, local support hubs</i>)					<ul style="list-style-type: none"> • CG recipients implement projects (sustainability, evaluative components) • CG recipients reports, evaluation results to DOE, external evaluator
5.3. Increase child care seats (center-/family-based) (<i>DHHS, Contractor</i>)					<ul style="list-style-type: none"> • Identify child care desert communities to integrate existing funding • Develop strategies (consider focus on Infant/Toddler programs) • Pilot programs • Create an expansion plan (e.g., family child care mentoring program)

					<ul style="list-style-type: none"> • Conduct survey (family child care & license-exempt); analyze results • Develop & launch public awareness campaign
Activity 6. Governance/Data Interoperability					
6.1. Data Interoperability (DHHS, DOE, UNH RCC)					<ul style="list-style-type: none"> • Identify questions & answers to reduce barriers (including legislative) • Build a Data Governance structure; create appropriate MOUs, DSAs • Develop RFP for system changes re: shared data
6.2. Extend BCDHSC Data System (DHHS)					<ul style="list-style-type: none"> • Expand capacity for program modules & learning management modules (e.g., capture QRIS activities, co-locate CCDF & CCLU data)
6.3. Governance/Improve state agency capacity (DHHS, DOE, UNH, Spark NH)					<ul style="list-style-type: none"> • Hire DOE/DHHS Senior Scientific Data Analyst • Continue & support integration teams across & within DHHS/DOE • Expand integration efforts to other departments & initiatives • Coordinate applications, enrollment, eligibility across DHHS & DOE
Other Grant-Required Activities					
Hire project management staff (UNH, DHHS, DOE)					<ul style="list-style-type: none"> • Hire FTE project staff for UNH, DOE, DHHS
Contract with external evaluation expert for PPE (UNH, Contractor)					<ul style="list-style-type: none"> • Confirm steps of NA & SP completed by a contractor, CG recipients • Evaluate projects completed by CG recipients • Create and monitor PPE
Hire consultants; enter contracts (UNH)					<ul style="list-style-type: none"> • Hire consultants and create contacts/MOU with contractual partners
<p>Note: ASQ: Ages and Stages Questionnaire; B-5: Birth through age 5; BCDHSC: Bureau of Child Development and Head Start Collaborative; CCAoNH: Child Care Aware of NH; CCDF: Child Care Development Funds; CCLU: Child Care Licensing Unit; CG: Community Grant; COP/TOP: Child/Teacher Observation in Preschool; DHHS: NH Department of Health and Human Services; DOE: NH Department of Education; DSA: Data Sharing Agreement; ERS: Environmental Rating Scales; FRC: Family Resource Center; FRC-Q: Family Resource Center of Quality; KEA: Kindergarten Entry Assessment; FTE: Full Time Equivalency; MOU: Memorandum of Understanding; NA: Needs Assessment; PBL: Play-Based Learning; PD: Professional Development; PDG: Preschool Development Grant; PIC/NHFV: Parent Information Center / New Hampshire Family Voices; PPE: Project Performance Evaluation; PTAN: Preschool Technical Assistance Network; QRIS: Quality Recognition and Improvement System; RCC: Research Computing Center; RFI/RFP: Request for Information/Proposal; SP: Strategic Plan; TEACH: Teacher Education and Compensation Helps; UNH: University of New Hampshire</p>					

TABLE 11. GRANT ACTIVITIES AND TIMELINE YEARS 2 AND 3	
Project Activities	Outcome
Activity 1. Needs Assessment (NA)	
<ul style="list-style-type: none"> Local capacity created for sustainable systematic assessment of needs Local NAs inform revision of State NA with new report at end of year 3 Data from local NAs contribute to NH interoperability data system 	<ul style="list-style-type: none"> NA completed by communities and connect to state NA Local and state bidirectional collaboration Local integration of services and support for vulnerable families Culture of continuous quality improvement
Activity 2. Strategic Plan (SP)	
<ul style="list-style-type: none"> Local capacity created for utilization of NA to inform SP Local SPs inform revision of State SP on annual basis Programs and services expanded beyond DHHS and DOE for fully integrated system 	<ul style="list-style-type: none"> Repository of local and community SP Local and state bidirectional collaboration Local integration of services and support for vulnerable families State interoperability data to inform ongoing local SP
Activity 3. Maximizing Parental/Family Choice and Knowledge	
<ul style="list-style-type: none"> FRCs expanded to vulnerable communities via hub and spoke model Effective developmental screening, referral, and treatment system created Parental capacity building programs aligned and evaluated 	<ul style="list-style-type: none"> Stable transitions across family supports Developmental screening and connection to programs and services Parental knowledgeable and capacity to access programs and services Equitable access
Activity 4. Sharing Best Practices	
<ul style="list-style-type: none"> Practice-based coaching from programs across birth to early grades Preservice pipeline to ease higher education barriers implemented In-service professional development programs aligned and evaluated 	<ul style="list-style-type: none"> ECCE program quality improvement Professional development aligned and implemented across B-8 ECCE programs ECCE workforce and seats increased in vulnerable communities and for infant and toddler programs
Activity 5. Improving Quality	
<ul style="list-style-type: none"> Communities identify and evaluate effectiveness of evidence-informed strategies based on SP 	<ul style="list-style-type: none"> Sustainable system for continuous quality improvement Local coordination of B-8 supports programs Increased program access to meet unique identified needs
Activity 6. Governance/Data Interoperability	
<ul style="list-style-type: none"> Interoperable data system created and implemented Annual project performance evaluation conducted to inform on-going activities EC governance expanded beyond DHHS and DOE and includes family voice 	<ul style="list-style-type: none"> Coordinated application, eligibility, and enrollment Data from local and state-level integrated to inform policy and practice Coordinated cross-sector EC governance Family engagement in governance

D. ORGANIZATIONAL CAPACITY: UNH was selected as the State's lead agency of the PDG project for the renewal grant. In close collaboration with its state, regional, and local partners, UNH has the resources to successfully oversee the project. UNH is NH's flagship public institution and has a strong organizational track record in federally sponsored programs and community partnerships. UNH, has successfully managed and completed multiple federal grants collaborating with numerous state and local partners, while providing state-of-the-art training to prospective educators and practicing professionals. UNH is designated by the Carnegie Classification as an R1 or very high research activity university. The campus manages in excess of \$109 million in annual federal grants expenditures annually. The University maintains fund accounting in accordance with Governmental Accounting Standards Board standards. This project will utilize the financial management capabilities of the UNH-Sponsored Programs Administration (UNH-SPA). The sub-award accounts will be maintained in accordance with the principles of "fund accounting." UNH-SPA will monitor all expenditures and ensure compliance with federal guidelines and is audited by an external firm annually and provide accounting and financial compliance, including allowable direct and indirect costs. UNH-SPA will prepare and submit required financial reports to the sponsors project director and partners.

UNH will: (1) administer and serve as fiscal agent for the grant and ensure that the work plan of the grant is effectively carried out; (2) provide budgetary oversight and ensures project's budget is managed effectively and efficiently and supports project sustainability; and (3) ensure that memorandums of understanding and contracts are executed, in accordance with the timelines set herein. The oversight of grant management at UNH will be facilitated by the grant's primary investigators, Drs. Kimberly Nesbitt and a full-time project manager, under the guidance of the

leadership of DHHS and DOE and in consultation with PDG key partners. To ensure alignment with DHHS and DOE grant and operational activities, UNH will also have PDG staff members embedded in DHHS and DOE. Formal decision-making rules and protocols will be used to assure that state and federal regulations are followed, that all project stakeholders have a forum within which to express their ideas and opinions, and that the project goals and activities are achieved on time and budget.

E. PROGRAM PERFORMANCE EVALUATION PLAN: NH’s PPE will assess progress made towards project goals and objectives, systematically document implementation and outcomes of grant activities, and contribute to ongoing continuous quality improvement efforts. Additionally, NH will leverage the information obtained through the PPE to refine and finalize the logic model and evaluation processes over time, as appropriate. Table 12 provides an overview of the grant evaluation indicators and data collection tools. The PPE aligns with both the logic model (Figure 2) and NH’s vision statement.

TABLE 12. GRANT EVALUATION INDICATORS AND DATA TOOLS		
	Evaluation Indicators	Data Collection Tools
Activity 1. Needs Assessment (NA)		
1.1.	• Signed contract with NA consulting team (RAND)	• Document review
1.2.	• Cross-sector review team formed with diverse representation • Review team awards Community Grants (CG), prioritizing vulnerable communities • DOE Grant manager hired, reports monthly to UNH • Challenges/barriers in the grant review process (number of vulnerable communities submitting grants, challenges securing representatives to serve on review team, experience developing and applying review protocol to support standardized review)	• Interviews: cross-sector review team; UNH, DOE, DHHS
1.3.	• NH Family Survey conducted annually with parent involvement planned/managed by PIC/NHFV • NA Consulting Team incorporates results from local NA along with results from annual state-level NA into a fully integrated report by Year 3 (see below) • Extent of annual update by NA Consulting Team that incorporates results of NA, addresses/maps to data gaps identified in planning grant around facilities, transportation,	• Interviews: UNH, NA Consulting Team, PIC/NHFV • Document Review (e.g., NA Consulting Team documents incorporating NA results) • Report Review

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	<p>program mapping of early childhood, & equity assessment</p> <ul style="list-style-type: none"> • Production of fully integrated report in Year 3 combining annual NA results with other data collection efforts 	
1.4.	<ul style="list-style-type: none"> • NA consulting team develops standardized tools and protocols for local NA • Local NA conducted by grantees, in collaboration with PIC/NHFV to connect with families • Local grantees analyze data from NA and report data to RAND and to a statewide repository 	<ul style="list-style-type: none"> • Interviews: UNH, local grantees, RAND, PIC/NHFV • Report review (e.g., local NA reports)
Activity 2. Strategic Planning (SP)		
2.1.	See 1.2	See 1.2
2.2.	<ul style="list-style-type: none"> • SP updated annually with clear incorporation of results from local and statewide NA • Signed contract with PIC/NHFV • Formal involvement of other state agencies in annual updated SP • Dissemination plan completed 	<ul style="list-style-type: none"> • Interviews: UNH, Spark NH, DHHS, DOE, PIC/NHFV • Report Review (SP) • Document Review (e.g., attendance record, dissemination)
2.3.	<ul style="list-style-type: none"> • Standardized SP framework (tools and process) completed by Spark NH and approved • Number of CGs with completed SPs • Number of CGs considering/implementing RFI process for evidence-informed strategies • Number of families participating in the SP process • Community-level SP aligned with local NA & state SP • Number of local grantees submitting annual local data and SP 	<ul style="list-style-type: none"> • Interviews: local grantees, PIC/NHFV, UNH, Spark NH • Document review (e.g., standardized tools and framework for local NA, local SP, local data reports)
Activity 3. Maximizing Parental Choice and Knowledge (State-level activities)		
3.1.	<ul style="list-style-type: none"> • Number of FRCs that go to FRC-Q status • New/expanded home visiting activities (families served) • New/expanded parent knowledge programs (participants) • Addition of Parent Navigators and families reached • Supports for FRCs from PIC/NHFV in engaging families • Number and type of Public Relations activities • "Hub-&-spoke" opportunities in communities without FRC's • Nature and strength of local coordination 	<ul style="list-style-type: none"> • Interviews: DHHS, FRCs, Facilitating Organization, UNH, PIC/NHFV • Wilder Inventory data
3.2.	<ul style="list-style-type: none"> • Welcome Families website developed and maintained • Welcome Families website viewed and used 	<ul style="list-style-type: none"> • Website review • Website analytics • Interviews: UNH, Spark NH, Contractor
3.3.	<ul style="list-style-type: none"> • Number and type of Public Relations activities • Review of parent knowledge programs • Review of Early Childhood Advisory Council activities 	<ul style="list-style-type: none"> • Interviews: Spark NH, DOE, DHHS • Document review (e.g., campaign materials, activities)

3.4.	<ul style="list-style-type: none"> Facilitating organization named to lead coordination and tracking efforts, creating accessibility of ASQ website, Public Relations campaign FRCs plan for expanding role in providing and tracking child screening (Watch Me Grow) for families seeking services Increased proportion of children in communities are screened for developmental needs 	<ul style="list-style-type: none"> Interviews: DHHS, FRCs, facilitating the organization Screening metrics Document review (e.g., campaign materials, activities)
Activity 4. Sharing Best Practices		
4.1.	<ul style="list-style-type: none"> UNH hires and trains three coaches in practice-based coaching to support universal competencies UNH develops coaching curriculum that aligns/coordinates with coaching for QRIS, PBL, Pyramid, trauma-informed care UNH implements practice-based coaching curriculum UNH holds community/regional workshops with B-5 educators and Kindergarten teachers on: aligned/integrated PD, best practices particularly around transitions System and infrastructure for program evaluation developed 	<ul style="list-style-type: none"> Interviews: UNH Early Childhood Center of Excellence, DHHS, DOE Document review (e.g., educator workshop agendas, teacher satisfaction surveys)
4.2.	<ul style="list-style-type: none"> Plan for coordinated PD resources across sectors (both in-service PD and resources for preservice PD) created Plan for incentivizing cross-sector early childhood professionals to use PD system created Develop a process with higher education and different sectors for B-5 educators to obtain college credit for in-service PD Coordinate/consult with higher education on strategies for preservice training of teachers and feasibility Consider evidence-based practices: how B-5 educators obtain preservice training (e.g., scholar/apprenticeships, TEACH) 	<ul style="list-style-type: none"> Interviews: DHHS, UNH, DOE, Spark NH Document review (e.g., Review of RFI for soliciting evidence-based practices)
4.3.	<ul style="list-style-type: none"> Pyramid Model Consortium supports practice-based coaching Develop strategies to embed the Pyramid Model, aligned coaching into QRIS Develop strategies for informing public about revised QRIS 	<ul style="list-style-type: none"> Interviews: Pyramid Model Consortium, CCAoNH, PTAN, UNH, DHHS, DOE iSocial metrics
4.4.	<ul style="list-style-type: none"> CCAoNH provides process-based coaching Develop strategies for informing public about revised QRIS 	<ul style="list-style-type: none"> Interviews: DHHS, CCAoNH, UNH
4.5.	<ul style="list-style-type: none"> Conduct a pilot study of practice-based coaching where three trained coaches work with educators in sample of infant/toddler and preschool classrooms, play-based learning Kindergarten classrooms based on pre-post ERS observations (QRIS assessors), and independent observations of Kindergarten classrooms (administered and managed by Abt) 	<ul style="list-style-type: none"> Document/report review (e.g., design plan for pilot study, final report) ERS, COP/TOP observation data
4.6.	<ul style="list-style-type: none"> Creation of KEA transitions taskforce to develop standardized KEA, family communication strategies, alignment with Kindergarten curriculum and assessments Taskforce reviews research on effective transition practices Taskforce creates logic model linking key components of 	<ul style="list-style-type: none"> Interviews: UNH, DHHS, DOE, KEA Taskforce Document review (e.g., transition plan with model for standardization)

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	transition practices to child outcomes and creates thought piece on how to evaluate effectiveness of new standards for NH	
Activity 5. Improving Quality/Subgrants		
5.1.	See 1.2	See 1.2
5.2.	<ul style="list-style-type: none"> CG applications identify evaluation components, include sustainability plan, develop evaluative report Local grantee projects align with local needs assessments, local strategic plan, and state strategic plan 	<ul style="list-style-type: none"> Interviews: UNH, DOE, local grantees Local grantee PPEs, metrics
5.3.	<ul style="list-style-type: none"> Community organization(s) identified to pilot strategies Strategies developed for integrated/braided funding for center-/family-based child care, especially Infant/Toddler seats, child care deserts Create a plan for scaling up/expanding effective strategies to other communities, including public awareness campaign 	<ul style="list-style-type: none"> Interviews: UNH, DHHS, Contractor
Activity 6. Governance/Data Interoperability		
6.1.	<ul style="list-style-type: none"> Data Governance structure developed; MOUs/DSAs created Development of RFP for systems changes re: shared data 	<ul style="list-style-type: none"> Interviews: UNH RCC, DHHS, DOE
6.2.	<ul style="list-style-type: none"> Increased number of program/learning management modules 	<ul style="list-style-type: none"> Interviews: DHHS
6.3.	<ul style="list-style-type: none"> Creation of shared data position Number and type of integration activities Extent of coordination among agencies around early childhood policies and programs 	<ul style="list-style-type: none"> Interviews: DHHS, UNH, DOE, SparkNH Wilder Inventory data
Other Grant-Required Activities		
	<ul style="list-style-type: none"> Project management staff hired 	<ul style="list-style-type: none"> Interviews: UNH
	<ul style="list-style-type: none"> Execution of project activities including NA, SP, and evaluation of CG projects Execution of PPE 	<ul style="list-style-type: none"> Quarterly reports submitted by Abt to UNH
	<ul style="list-style-type: none"> Consultants hired and contracts/MOUs executed 	<ul style="list-style-type: none"> Interviews: UNH
*For Activities/Milestones and Abbreviations, see Table 10. Timeline for PPE will be quarterly reports submitted by Abt to UNH, which will include tracking of project costs across activities.		

As presented in Table 12, NH’s PPE will rely on multiple discrete yet complementary data collection methods: (1) interviews with stakeholders (e.g., cross-sector review team, UNH, local grantees, Spark NH, RAND, PIC and NHFV, HMG facilitating organization, and KEA Transitions Taskforce); (2) document reviews (e.g., community grant applications, local needs assessment tools/reports, websites and their corresponding analytics reports, WMG metrics, educator/parent workshop materials); (3) report reviews (e.g., needs assessments, survey findings, strategic plans, findings report from the practice-based coaching pilot using ERS pre-/post-observations); (4) Wilder Collaboration Factors Inventory data to systematically measure local

collaboration; and (5) Child and Teacher Observation in Preschool (COP and TOP) data to measure the effects of practice-based coaching on classroom interactions.

Data will be analyzed with several goals in mind. First, data collected from stakeholder interviews and document/report reviews may **identify implementation challenges** in achieving particular milestones. In such cases, NH can make mid-course corrections promptly. Second, data collected will help inform **continuous quality improvement** efforts. For example, if Community Grant recipients indicate difficulties with their local strategic planning processes, NH may provide additional supports and guidance to all or some of the grantees. Third, by conducting a **social network analysis** using data from the Wilder Collaboration Factors Inventory tool, NH will be able to systematically understand the extent to which state and local collaboration is occurring, as well as identify areas of fragmentation that might be addressed. Finally, **pre-post COP/TOP observation data** from about 20 classrooms will be used to better understand changes in classroom interactions as a result of practice-based coaching to help inform refinements to the model and decisions about scaling up this approach.

The UNH project manager will oversee the work of an external evaluation partner, Abt, and will convene the leadership team and support its evaluation-related work. Abt will be responsible for developing all data collection tools, collecting and analyzing information, and reporting findings on an ongoing basis. Abt is well-positioned to support NH in these efforts; for more than 50 years, Abt has been an influential contributor to the growing body of rigorous, groundbreaking research in early childhood research and a leader in building capacity for effective, data-driven decision-making. The Abt evaluation team will support NH's implementation of the evaluation plan by contributing a blend of early childhood subject matter expertise, experience working with state early childhood agencies on formative and rigorous evaluations and studies,

and strong technical capabilities in applied research, instrument development, data collection, and data analysis. Upon grant award, the Abt team will work closely with its own Institutional Review Board to ensure that evaluation activities and protocols are reviewed and approved. Abt will provide UNH with quarterly reports summarizing key takeaways from the data collection and analysis tasks. Quarterly reports will also highlight potential implications for ongoing continuous quality improvement efforts. The UNH project manager will work closely with the Abt evaluation team to ensure that their work effectively contributes to ongoing learning and continuous quality improvement efforts throughout the course of the grant. The timeline for data collection activities are outlined in Table 10. The evaluation plan is supported by the project budget, including costs for Abt.

F. LOGIC MODEL: As aligned with the goals in Table 1, NH’s logic model (Figure 2) presents work towards an effective, inclusive, responsive, efficient, and evidence-based early childhood system. As described in the PPE inputs, key processes, and expected outcomes, to make systematic progress NH proposes to leverage extant inputs to target the core activities of the grant proposal (column 2) to yield direct outputs of the first year of grant (column 3), which will in turn create a foundation for the state to meet short- and long-term outcomes (column 4) to achieve the vision that all NH children and families are afforded comprehensive and responsive supports, and are healthy, learning, and thriving now and in the future. As the PPE focuses on the first year of the renewal period, that subsequent years will more systematically examine all of the outputs and short-term outcomes in the logic model and a plan for this will be developed over the next year.

Figure 2. New Hampshire’s Logic Model

VISION: All children and families of New Hampshire are afforded comprehensive and responsive supports, and are healthy, learning, and thriving now and in the future.			
INPUTS	ACTIVITIES & PROCESSES	DIRECT OUTPUTS	OUTCOMES/IMPACT
<p>UNH (Section D)</p> <p>Interagency Collaborative Partners (DHHS, DOE) (Act.6, C.1)</p> <p>Key Early Childhood Stakeholders, including Governor’s EC council (Act.6, C.3)</p> <p>Community/ Local Partners & Grantees (including families, providers, education, philanthropy) (Act.5)</p> <p>Key Staff (Section J)</p> <p>Budget (Section J)</p>	<p><u>Needs Assessment (NA)</u></p> <ul style="list-style-type: none"> – Update statewide NA (data gaps; priority topics) – Capacity grants: local communities to conduct NA (with parent engagement) – Iterative update: local data to state NA <p><u>Strategic Plan (SP)</u></p> <ul style="list-style-type: none"> – Update statewide SP based on NA – Capacity grants: local communities to write SP (with parent engagement) – Connect with other state agencies, non-PDG and integration efforts; Dissemination <p><u>Parent Knowledge, Choice, Engagement</u></p> <ul style="list-style-type: none"> – Strengthen network of Family Resource Centers (e.g., developmental screening, home visiting, referral, service coordination; sustainability) – <i>Coordinated application, etc.</i> <p><u>Sharing Best Practices</u></p> <ul style="list-style-type: none"> – Establish Center of Excellence (<i>universal practice-based coaching model, support for transitions</i>) – Support efforts related to professional development and workforce pipeline – <i>Continue quality initiatives (i.e., QRIS, Pyramid Model)</i> <p><u>Continuous Improvement</u></p> <ul style="list-style-type: none"> – <i>Subgrants to increase quality, access, service integration</i> – <i>Data interoperability</i> – Governance/state agency capacity 	<ul style="list-style-type: none"> • State and local Needs Assessments • State and local Strategic Plans • Family engagement for NA & SP • Dissemination of NA data locally and statewide • Community Grants to build capacity at local/regional level to implement evidence-informed strategies, resulting in Evaluative Summaries • Sustainability considerations for local/regional efforts, including Family Resource Centers (FRCs) • Public awareness campaign (FRCs’ role); Public relations re: DHHS eligibility, statewide family supports • FRCs of Quality designation • Metrics related to home visiting, developmental screening, etc. • Evaluation of practice-based coaching for play-based learning; workshops for B-8 alignment • Increase quality of early childhood programs (QRIS, Pyramid, etc.) • Standardized Kindergarten entry practices, strengthened transitions • Coordinated plan for EC workforce pipeline and preservice training • Plan for data interoperability, including data governance structure • Expanded inter-/intra-agency integration and connections to relevant non-PDG initiatives 	<p>Short-Term</p> <ul style="list-style-type: none"> • Coordinated cross-sector EC governance, including data interoperability • Bidirectional collaboration (state, local entities) • Family engagement • Increased public investment: EC initiatives • Coordination of family support programs • Increased ECCE program quality for B-8 alignment and program transitions <p>Long-Term</p> <ul style="list-style-type: none"> • Culture of continuous quality improvement • Stable transitions across EC programs, including transition to Kindergarten • Increased access (including cc seats) to quality programs/resources • Increased dev. screening, connection to supports • Better outcomes for children, families, schools, communities • Equitable system meeting needs of all families • B-8 system local/regional coordination
<p><i>Italics signify relevance to Bonus Activities</i></p>			

G. PROJECT SUSTAINABILITY PLAN: NH’s sustainability strategy considers the importance of local ownership and capacity building that aligns with statewide systems and strategies. Through grants to local support hubs described in Activity 5, NH will enable communities to develop their ECCE infrastructure, collect local data and create responsive plans that meet community needs, and build the local knowledge base among ECCE providers and recipients. In doing so, NH will impart the promise of ECCE as critical to the future of our children and families. In creating its PDG B-5 renewal grant application, NH recognized that, like many states across the country, it must address the inadequate funding available for ECCE. NH’s proposed strategies, therefore, align with those recommendations included in National Academies of Science, Engineering, and Medicine’s (NASEM) *Transforming the Financing of Early Education and Care*⁵ report, which above all, emphasize the importance of greater coordination among financing mechanisms and significant mobilization of financial and other resources. In particular, NH’s proposal aligns with NASEM’s recommendation to establish consistent standards for high quality across all ECCE programs, ensure that all children and families should have access to affordable and high-quality ECCE programs, and a coalition of public and private funders is engaged to support local- and state-level plans toward a reformed ECCE financing structure. In particular, key state agencies – DOE and DHHS, along with private funders - the NH Children’s Health Foundation, Endowment for Health, and the NH Charitable Foundation have been actively engaged in the PDG initiative since project launch.

H. DISSEMINATION PLAN: NH proposes a multi-pronged approach to the dissemination of grant-related products to ensure that stakeholders across the state are engaged in the process and the outcomes. Stakeholders across early learning, family support, and health, as

⁵ <https://www.nap.edu/catalog/24984/transforming-the-financing-of-early-care-and-education>

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well as local communities and families, will understand the work in the PDG and how they can get involved in affecting the ongoing state strategic planning process. Grant work products will be made available through email, social media, and posted on the DOE, DHHS, and other websites, including Spark NH. As part of the ongoing strategic planning work, the PDG team will identify target audiences to ensure the broadest reach of PDG work and develop strategies to reach these audiences. DHHS and DOE both have dedicated communication staff that will be used to disseminate the findings and activities of the grant. These include the needs assessment and any new data collected as a part of the renewal grant; the strategic plan and updates; reports proposed in the grant application; as well as outcomes from activities and pilots included in the grant; and information on best practices that emerge as a result of subgrants, pilot or other grant efforts. As with the PDG planning year, results of the findings will be shared on a regional and national stage through conferences and events held by organizations inside and outside of NH (e.g., Boston Federal Reserve, Society for Research in Child Development). NH will continue to see connections with a more diverse array of organizations, including those with a health and social work focus. Annually, the PDG will convene a broad stakeholder event to highlight all progress in the grant, including outcomes and best practices of approaches funded in the grant. This convening will present all developments and allow stakeholders to ask questions and become involved.

I. THIRD-PARTY AGREEMENTS: In the Appendix are: 1) letter from DOE and DHHS outlining the partnership with UNH 2) cost share commitments from DOE and DHHS in the amount of \$3 million, and 3) Governor Sununu's letter establishing UNH as the lead agency.

J. PROJECT BUDGET AND BUDGET JUSTIFICATION

TABLE 13. LINE-ITEM BUDGET BY ACTIVITY		
Cost Category	Description	Federal Share
Activity 1 - Needs Assessment		
Contractual	National needs assessment consulting team (statewide update; local standardization)	\$230,000
Contractual	Technical Assistance re: family engagement (statewide, locally)	\$50,000
Contractual	Race & Equity Needs Assessment	\$150,000
Misc	Participant recruitment & support (state-level needs assessment)	\$20,000
Total Cost Activity 1		\$450,000
Activity 2 – Strategic Plan		
Contractual	Coordinate statewide Strategic plan update	\$125,000
Contractual	Technical Assistance re: family engagement (statewide, locally)	\$25,000
Total Cost Activity 2		\$150,000
Activity 3 – Family Knowledge and Choice (State-level activities)		
Contractual	Family Resource Center Support	\$1,000,000
Contractual	Technical Assistance re: family engagement (statewide, locally)	\$25,000
Contractual	Welcome Families Website (build-out and implementation)	\$150,000
Contractual	Public Awareness (NH Bedrock, Vroom); Welcome Families marketing & outreach	\$300,000
Contractual	Support for Developmental Screening (Help Me Grow)	\$125,000
Total Cost Activity 3		\$1,600,000

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Activity 4 – Sharing Best Practice		
Service Provider	Professional development/workforce pipeline development	\$35,000
Contractual	Pyramid Model expansion/infrastructure building; practice-based coaching support	\$125,000
Service Provider	QRIS infrastructure, materials, implementation, recognition/certification	\$70,000
Contractual	ECCE Access Community organization to increase access (center-/family-based)	\$300,000
Service Provider	Process-based coaching and QRIS pilot assessments	\$90,000
Misc	Stipends to compensate for coaching	\$35,000
Total Cost Activity 4		\$655,000
Activity 5 – Subgrants		
Subgrant	Needs Assessment Community Grants (2-4 grants to local support hubs per year)	\$300,000
Subgrant	Strategic Plan Community Grants (1-3 grants to local support hubs per year)	\$300,000
Subgrant	Implementation/Expansion Community Grants (1-3 to local support hubs per year)	\$2,227,350
Other	Community Grant overhead; facilitation/meeting/consultant fee	\$88,326
Total Cost Activity 5		\$2,915,676
Activity 6 – Governance/Data Interoperability		
Contractual	Data Interoperability (Data System Platform Development)	\$375,000
Contractual	BCDHSC Data System	\$300,000
Service Provider	Advisor to Statewide Data Integration Team	\$50,000
Total Cost Activity 6		\$725,000
General Grant Personnel		
Faculty salary		\$48,365
UNH-based grant-contracted staff salary (1 Project Director, 3 Center of Excellence Coaches)		\$200,000

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Shared DOE/DHHS grant-contracted staff salary (1 Senior Scientific Data Analyst)		\$45,000
Department of Education (DOE) grant-contracted staff salary (1 Integration Specialist, 1 Grant Manager)		\$87,500
Department of Health and Human Services (DHHS) grant-contracted staff salary (1 Integration Specialist, 1 DEHS Coordinator, 1 BCDHSC Coordinator, 1 BCDHSC Admin, 1 Council for Thriving Children Director)		\$307,464
Part-time ad-hoc hourly		\$30,000
NICRA 45%; Summer faculty @ NICRA 8%; Hourly fringe @ NICRA 8%		\$292,902
General Grant Activities		
Contractual	Evaluation expert to conduct PPE	\$365,000
Other	Meeting Facilitation Costs	\$34,177
Materials/Supplies	Printing, mailing, and computers	\$5,000
Travel	In-state for meetings, coaching (\$10,000), Required grantee (\$5,000)	\$15,000
Total Cost General Grant Personnel/Activities		\$1,430,408
TOTAL DIRECT COSTS		\$7,926,084
Facilities and Administrative/Indirect Coasts (50.5% of MTDC)		\$1,016,102
TOTAL SPONSOR COST		\$8,942,186
Cost Match	NH DHHS (\$447,109), DOE (\$2,235,546)	\$2,682,655

TABLE 14. BUDGET JUSTIFICATION BASED ON BUDGET INFORMATION STANDARD FORM (SF-424A)
Revisions to original budget are indicated in italics.

Personnel	Total Requested Funds = \$718,329
<p>Kimberly Nesbitt, Project Investigator (.35 FTE), will serve as Principal Investigator and will have overall responsibility for the implementation of the proposed project, including overseeing the training of practice-based coaching. \$20,795 is requested to support Dr. Nesbitt’s time during the Academic year (2 course buyouts) and \$18,211 during the summer (2 months).</p>	
<p>Lisa Ranfos, Faculty Personnel (.08 FTE), will assist in implementing the proposed Center of Excellence, specifically responsible for overseeing alignment of profession development systems. This application is requesting \$9,359 for 1-month summer salary.</p>	
<p>Meredith O’Shea, Project Director (1 FTE), will report to the Principal Investigator and be responsible for implementing and managing grant activities, ensuring coordination with grant subcontractors and service providers. \$70,000 is requested to support the position. <i>Reduction to \$58,000 as a result of being covered by no-cost extension until 2/29/2020.</i></p>	
<p>Karen Dubois-Garofalo, Practice-Based Coach (1 FTE), will be responsible for developing a cross-sector practice-based coaching model and providing practice-based coaching on play-based learning. \$65,000 is requested to support the position. <i>Reduction to \$54,000 as a result of being covered by no-cost extension until 2/29/2020.</i></p>	
<p>Brittany Little, DHHS Integration Specialist (1 FTE), will be responsible for managing grant activities for tasks that directly align with the programs and services overseen by DHHS, and be a liaison with UNH. \$50,000 is requested to support the position. <i>Reduction to \$45,000 as a result of being covered by no-cost extension until 2/29/2020.</i></p>	
<p>Sarah Henry, BCDHSC Coordinator, will be responsible for managing grant activities directly aligning with the programs and services overseen by the DHHS’ Bureau of Child Development Head Start Collaborative, and be a liaison with UNH. \$65,000 is requested. <i>Reduction to \$56,000 as a result of being covered by no-cost extension until 2/29/2020.</i></p>	
<p>TBN, DEHS Coordinator (1 FTE), will be responsible for managing grant activities for tasks directly aligning with the programs and services overseen by DHHS’ Division of Economic and Housing Stability, and be a liaison with UNH. \$90,000 is requested to support the position. <i>Reduction to \$79,000 as a result of need to find qualified applicant.</i></p>	
<p>TBN, Council for Thriving Children Director (1 FTE), will be responsible for coordinating new governance structure, aligning integration initiatives between multiple state departments, and be a liaison with UNH. \$90,000 is requested to support the position.</p>	
<p>TBN, Administrative Assistant, BCDHSC (1 FTE), will be responsible for administrative support, coordination, and secretarial duties for the Bureau of Child Development Head Start Collaborative at DHHS. \$38,000 is requested to support the position. <i>Reduction to \$33,464 as a result of need to find qualified applicant.</i></p>	
<p>TBN, DOE Integration Specialist (1 FTE), will be responsible for managing grant activities for tasks that directly align with the programs and services overseen by DOE, and be a liaison with UNH. \$52,500 is requested to support the position. <i>Reduction to \$43,750 as a result of need to find qualified applicant.</i></p>	
<p>TBN, Grants Manager (1 FTE), will be responsible for financial and program management of Community Grants as administered by DOE. \$52,500 is requested to support the position. <i>Reduction to \$43,750 as a result of need to find qualified applicant.</i></p>	

<p>TBN, Senior Scientific Data Analyst (1 FTE), will be responsible for implementing data interoperability between DHHS and DOE. This is a shared position, to establish a data governance structure and an interoperability system across state agencies. \$90,000 is requested to support the position. <i>Reduction to \$49,500 based on expectation that interoperability work will not be ready to support this position until July.</i></p>	
<p>TBN, Practice-Based Coach, (2 FTE). The coaches will be responsible for implementing the cross-sector practice-based coaching model and providing practice-based coaching on play-based learning. \$52,500 is requested to support each position. <i>Reduction to \$43,750 as a result of need to find qualified applicant.</i></p>	
<p>TBN, Administrative Assistant, Hourly (approx. \$20/hr x 1500 hours, approx. .72 FTE) will be responsible for general project support, including data entry, administrative duties, and/or clerical activities. \$30,000 is requested to support this position.</p>	
Fringe Benefits	Total Requested Funds = \$292,902
<p>The University’s fringe benefit rates are federally approved. The rates applicable to this application are: 45% for full fringe benefits, 8% for partial fringe benefits. The “partial fringe” rate applies to non-student hourly wages, faculty summer salaries.</p>	
Travel	Total Requested Funds = \$15,000
<p>Projected expenses for in- and out-of-state travel (\$10,000) to accomplish project goals include mileage reimbursement at the current federal rate. Support (\$5,000) is also requested for travel to send 4 staff members as needed to required Grantee Meetings in DC for 3 days each. Costs include airfare (Boston to DC), per diem at Federal rate, lodging (est. \$225/night), and ground transportation (mileage to airport, parking, local taxi/mass transit in DC).</p>	
Contractual	Total Requested Funds = \$6,472,350
<p>Need Assessment Contractor. The needs assessment process will be led by a nationally recognized expert who has extensive experience in conducting large-scale comprehensive, needs assessments related to early childhood care and education, including NH’s initial PDG Needs assessment. This application is requesting \$230,000 for their expertise.</p>	
<p>TBN, Equity Assessment. As part of the Needs assessment, a plan to address equity in NH’s systems will be developed. A national firm will be hired to facilitate this process. \$200,000 is requested for the completion of this work. <i>Reduction to \$150,000 based on need to reduce budget, the scope of work to be identified through request for proposals will account for this reduction.</i></p>	
<p>Strategic Planning Contractor. <i>To reflect a change in governance, NH will identify an experienced consultant to lead ongoing revision of the statewide strategic plan. The contractor will have intimate knowledge of strategic planning within the context of NH, and general early childhood systems and governance. This application is requesting \$125,000 for this work.</i></p>	
<p>Community Grantees TBN. UNH will administer and manage Community Grants to support local support hubs in activities to build regional capacity, as determined by a competitive process considering local need, capacity, and commitment. This application is requesting \$3,072,500 to support the Community Grants directly, and overhead for facilitation and related costs. <i>Reduction to \$2,827,350 to reflect administration of grants via UNH to accord with change in governance.</i></p>	
<p>Parent Information Center of NH. This application is requesting \$100,000 to extend PIC’s work from the planning grant related to family engagement activities for the Needs assessment and Strategic planning, and to enhance family voice and leadership.</p>	

TBN, Welcome Families Website Developer. Building on the completed discovery and planning phase, the renewal grant proposes \$150,000 for a multiphase process of sitemap creation, website design and development, including graphics, logos, and search optimization.
NH Children’s Trust. This application is requesting \$1,000,000 for this Facilitating Organization to extend and supplement support for FRCs in quality improvement efforts, activities related to family engagement, and implementation of DHHS initiatives, including home visiting, developmental screening, and kinship networks.
Early Learning NH. To reflect recent governance changes in NH, the fiscal agent for the former early childhood advisory council will continue to support public awareness. This application is requesting \$650,000 to support this work. <i>Reduction to \$300,000 based on reduction to the scope of resources dedicated to public awareness campaigns and removal of activity 3 oversight.</i>
TBN, Developmental Screening Vendor. To support statewide developmental screening, the grant proposes \$125,000 to affiliate with Help Me Grow (HMG) for best practices. To implement HMG guidelines, the contractor will conduct a needs assessment of current screening activities and make recommendations for infrastructure.
TBN, Pyramid Model Vendor. To expand current work at DOE and DHHS, this proposal requests \$125,000 to build infrastructure (e.g., state-wide cadre of trainers, coaches), embed the model into the revised QRIS, and incorporate data into a shared system with iSocial.
Abt Associates. The Project Performance Evaluation will be led by Abt Associates, an expert national evaluation team with extensive experience in early childhood research and formative, rigorous evaluations. Abt has strong technical capabilities in applied research, instrument development, data collection, and data analysis. \$365,000 is requested for their expertise.
TBN Data Interoperability Developer. The data interoperability project will be supported by leveraging professional services for discovery work. This organization will conduct scope analysis and fulfill requirements and deliverables to leverage the existing data governance model (e.g., MOUs, DSAs, RFP). \$750,000 is requested for the completion of this work. <i>Reduction to \$375,000 based on revised scope of work for year 1 to focus more on creating governance structure and data sharing agreements and less on physical infrastructure.</i>
Salesforce. To design, implement, and support an information system for DHHS’ BCDHSC, this application anticipates blending funds with CCDF discretionary funds as well as partnering with the State of MA. The software company will design and develop a new system in partnership with CCLU. \$400,000 is requested for the completion of this work. <i>Reduction to \$300,000 based on time in which PDG funds will be needed to implement.</i>
TBN ECCE Access Community Organization. To expand the availability of early learning programs (center- or family-based), especially in child care deserts, a project planning committee will identify, design, and implement strategies to blend and braid funds, and plan for sustainability. \$300,000 is requested for the completion of this work.
Service Providers Total Requested Funds = \$260,000
TBN, Survey Translation. To translate Needs assessment surveys from English to Arabic, Spanish, Nepali, and other priority languages, and responses to English, the grant allocates \$5,000 for a leading provider of translation services, located in NH.
TBN, Workforce Pipeline. The contractor will design a model for a statewide hub for cross-sector professional development collaboration and engage Higher Education regarding preservice. To support this work, the proposal requests \$35,000.
TBN, QRIS Infrastructure Vendors. To support the revised QRIS framework, the application proposes \$70,000 for building of infrastructure, including public awareness and marketing.

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<p>Child Care Aware of NH. This application requests \$90,000 to support CCAoNH in providing process-based coaching and to certify and maintain a cadre of anchors for Environmental Rating Scales, and conduct observations and assessments for QRIS.</p>	
<p>UNH Survey Center. To support Needs assessment data collection in a systematic, statewide, and scientific manner, the grant allocates \$10,000 to include questions in the quarterly Granite State Poll, and cross-tabulation of results by numerous demographic components.</p>	
<p>UNH Research Computer Center. To support data interoperability, including data governance and statewide data infrastructure, the grant allocates \$50,000 for advisory/consultant services by UNH’s RCC to DHHS, DOE, and DoIT.</p>	
<p>Other Direct Costs</p>	<p>Total Requested Funds = \$127,500</p>
<p>Materials & Supplies. We anticipate new dedicated laptops for new grant-supported staff, and budgeted for miscellaneous supplies, such as brochures or other dissemination expenses, \$5,000. Modest parent and teacher participant incentives (essential for recruitment and retainment) are estimated at \$55,000. <i>Reduction to \$45,000 compensation based on permission from ACF to use current planning funds to purchase materials.</i></p>	
<p>Department of Education. This application requests \$88,326 to support the Department’s early childhood integration efforts (both inter- and intra-department) and facilitation of Community Grants. <i>Budget item moved from Contractual to reflect change in governance.</i></p>	
<p>Meeting Costs. This application requests \$72,000 to support the state’s early childhood integration efforts, alignment of public relations messaging, and facilitation of public participation in the Needs assessment or RFI processes. <i>Reduction to \$34,174 for work to be shared by DOE and UNH.</i></p>	
<p>Facilities & Administrative</p>	<p>Total Requested Funds = \$1,016,101</p>
<p>This application is requesting \$1,016,101 to support the facilities and administrative charges associated with this project. The indirect cost rate calculated at 50.5% of direct costs is based on the indirect cost rate approved by US DHHS. Per Uniform Guidance, UNH has waived collecting F&A on costs over \$25,000 on large vendor agreements, as listed above under Contractual. UNH’s rate agreement is on file with an agreement date of 7/17/2019. <i>Facilities and Administration costs were adjusted proportionate to direct costs to the amount of \$1,016,101.</i></p>	

K. BONUS POINTS:

1. Coordinated Application, Eligibility, Enrollment: Aligning with the goals of Bonus area 1, NH will build an NH Early Childhood Information System to include data collection on NH child care programs, including a child care search feature for families seeking child care in NH. The system will have the capability to: collect program QRIS activities; house information provided by NH early childhood professionals working in and on behalf of child care and other early learning programs (NH Professional Registry); provide a Learning Management System to apply for credentials that are awarded through the system; record technical assistance/coaching provided to child care/early learning programs and individuals working in these programs; manage federal requirements to determine eligibility of those working with children in child care/early learning programs; provide a more user-friendly, accessible, “one-stop-shop” system for those working in child care/early learning programs that is easy to update with required information. The new information system will replace the existing CCA system for child care that will no longer be available. It shall also replace and enhance the eligibility tracking and determination system that does not currently meet the FBI’s Criminal Justice Information requirements. With this system, the Child Care Licensing Unit (CCLU) will be better able to meet the U.S. DHHS, Office of Child Care federal requirements for determining eligibility within specified timeframes. This project will also add the capability to track QRIS and NH early childhood and afterschool credentials. This project will facilitate CCLU productivity and security for DHHS staff and provide DHHS staff with reporting and program management metrics. All system data are and will remain the property of DHHS.

2. Infant/Toddler Emphasis: Aligning with the goals of Bonus Area 2, NH will expand the availability of child care providers based on the increasing demand for quality child care,

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particularly for infants and toddlers. By increasing access to child care providers, NH will support early developmental skills, foster growth in a safe and nurturing environment, especially for families with low incomes, those located in child care deserts, and those with infants and toddlers. Additional programs to be implemented during the PDG renewal that have an infant/toddler emphasis include iSocial, which aims to improve social-emotional outcomes of infants, toddlers, and young children with disabilities through the implementation of the evidence-based Pyramid Model. Through iSocial, NH will build an infrastructure for a statewide cadre of trainers and coaches to support the implementation of the Pyramid Model Framework, increasing the capacity of early childhood settings and programs to implement the Pyramid Model. Two key components of the Pyramid mode are identifying and developing resources for family engagement, as well as increasing the use of outcome data to support decision making. NH will also expand Home Visiting Programs, which are offered through Healthy Families America, the state-based Comprehensive Family Support Services, and Early Head Start. Home Visiting programs equip families to meet their child's developmental needs, screen for risk, and connect families to service. Further, NH will promote utilization of Family-Centered Early Supports and Services (FCESS), which are delivered by contractual agreements between the NH Bureau of Developmental Services and designated non-profit and specialized service agencies located throughout the state and available for any parent who is concerned about an infant or toddler's development, and it is designed for children birth through age three who have a diagnosed, established condition that has a high probability of resulting in delay, are experiencing developmental delays, or are at risk for substantial developmental delays if supports and services are not provided. Finally, recognizing the unique perspective that New Hampshire families serve a dual role in ECCE as both recipients of services and providers of services, broad programming centered around the Search Institutes 40

Developmental Assets model will focus on the building of capacity across the state for families and caregivers to provide an important part of ECCE support infrastructure.

3. Collaborative Transition & Alignment from Birth to the Early Grades: Aligning with the goals of Bonus Area 3, NH will work to align Kindergarten Entry Assessment and Transition Project. As previously described under Activity 4, to date, NH could not collect and aggregate standardized, statewide data/information on children's preparedness for success in school upon entering Kindergarten. NH aims to address the identified needs for standardized Kindergarten Entry Assessment (KEA); and strengthen transitions, family/community partnerships, and the alignment of standards, curriculum, assessment, and expected child outcomes across the B-5 education community. NH will convene a KEA-Transition Task Force to engage in a facilitated process to design a focused, comprehensive plan to address each of the KEA and transition-related issues identified in the PDG Needs Assessment. The task force will be comprised of a broad group of representatives from the public/private sectors, state and local organizations, cross-disciplinary professions; birth to five/public school program teachers, early childhood program teachers/director, sand and administrators, families and family organizations, policymakers, and others. Through the KEA initiative, NH will create a comprehensive plan for standardized Kindergarten Entry Assessment in NH; strengthen strengthening transitions, family/community partnerships; and aligning standards, curriculum, assessment, and expected child outcomes. (year 1); Employ Evidence-based strategies that foster buy-in/support for standardized KEA (year 2); and adopt the standardized KEA and transition practices. (by the end of year 3) at select sites.