



## Child Care Workforce Grant (CCWG) Interim Report

**Instructions:** Please carefully follow the steps below and submit the completed report by December 2, 2024. It is important to answer all the questions in the requested fields. If a question does not apply to you, simply write N/A.

Here's how you can submit your completed report:

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

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

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

NH State Vendor Number	Business Name Associated with NH State Vendor Number (if you do NOT HAVE a vendor number, please see instructions below to obtain one)
NH Scholarship Resource Number(s)	Mailing Address Associated with NH State Vendor Number
Have any of the following occurred during the grant period (check all that apply)	Please explain including pertinent dates
<input type="checkbox"/> Program was closed for any period of time	When? Reason?
<input type="checkbox"/> Program was consolidated or merged with another program	When? Why? At your location? At another? Please describe if this increased or decreased slots for child care.
<input type="checkbox"/> Increased or decreased licensed or approved capacity	When? Change? Reason?
<input type="checkbox"/> Changed ownership or planning to sell in next year	When? From to Whom? Reason?
<input type="checkbox"/> Changed Directors	When? From to Whom?
<input type="checkbox"/> Plan to permanently close operations within the next year	When? Why?
<input type="checkbox"/> Plan to or have changed hours of operation change?	From what hours to what hour? When? Why?

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**PROGRAM INFORMATION AT TIME OF INTERIM REPORT**

Program Information	Number or Percentage	Has this Increased, Decreased, or remained the same?
Total Capacity		
<i>Currently enrolled children</i>		
<i>Number of children on your wait list</i>		
Number of children currently receiving NH Child Care Scholarship		
Number of increased enrollments?		
Number of newly opened classrooms?		
Number of staffing?		
Are all of your positions filled?		
If you answered no, please describe the issues you are having in filling your positions:		
Able to increase staff wages?	Yes	No
What positions were wages increased? 1. <input style="width: 100%;" type="text"/> 2. <input style="width: 100%;" type="text"/> 3. <input style="width: 100%;" type="text"/> (If more room is needed, please add to a separate document)	# of staff who received increased wages _____	Avg. Hourly increase _____
Able to add positions?	Yes	No
What positions were added: 1. <input style="width: 100%;" type="text"/> 2. <input style="width: 100%;" type="text"/> 3. <input style="width: 100%;" type="text"/> (If more room is needed, please add to a separate document)	# of staff added _____	Why not able to add positions?

Child Numbers By Age Group	Currently Enrolled Full Time	Currently Enrolled Part Time	Open Slots Full Time	Open Slots Part Time	Wait List Full Time	Wait List Part Time
Infants						
Toddlers						
Preschoolers						
Kindergarteners						
School Age Grades 1- 3						
School Age Grades 4 - 5						

Staffing	Currently Enrolled FT	Currently Enrolled PT	Available Positions FT	Available Positions PT	Wait List FT	Wait List PT
Assistant Teacher						
Teacher						
Lead Teacher						
Assistant Director						
Director						
Bus Driver						
Cook						
Group Leader						

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

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

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

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

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

Grantee Awardee Signature \_\_\_\_\_ Title: \_\_\_\_\_

Grantee Awardee Printed Name \_\_\_\_\_ Date: \_\_\_\_\_