

# NEW HAMPSHIRE



Science consistently shows **the earliest years of life lay the foundation for children’s future learning, behavior, and health outcomes.** With decades of research informing our understanding of [brain development](#) and the long-term impacts of targeted investment, one conclusion is increasingly clear: the early years matter. Policymakers interested in promoting children’s long-term academic and life success must be prepared to consider their needs on a holistic basis – by access to high-quality early learning environments as well as their health, safety, social and emotional development, and the economic and other stressors facing their families.

The state data profile highlights the significant risk factors experienced by the children of the state and shows how well services reach the children and families for whom they are intended.

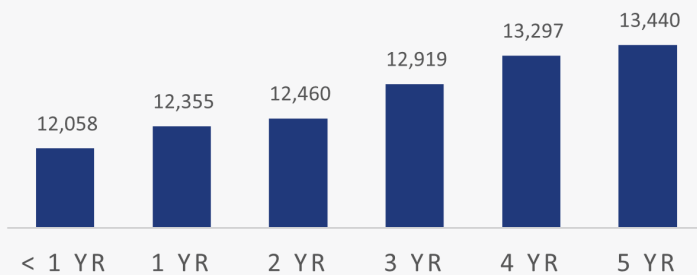
## STATE DEMOGRAPHICS

In order to implement efficient and effective early childhood systems, policymakers must first examine the unique demographics and understand common risk factors children face.

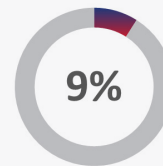
## QUESTIONS TO CONSIDER

01. Are there specific risk factors likely to undermine the healthy and optimal development of young children? What is being done to address these disadvantages?
02. What steps are being taken to ensure equitable access to services among children and families with unique needs?
03. What communities and districts are serving children well and how can those practices be scaled?

## NUMBER OF CHILDREN UNDER AGE 6 | 2020

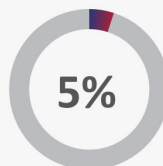


[Source](#)



**Children in Poverty\***  
Age 0–5 | 2021

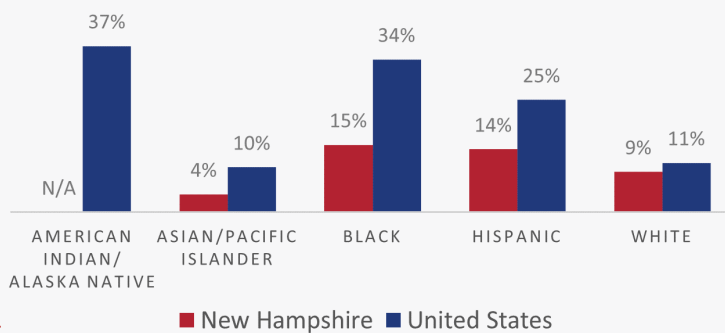
[Source](#)



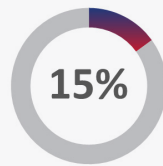
**Children Experiencing Homelessness**  
Age 0–5 | 2017-2018

[Source](#)

## CHILDREN UNDER AGE 6 IN POVERTY BY RACE AND ETHNICITY | 2019\*

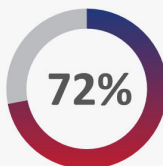


[Source](#)



**Children in Low-Income Working Families\*\***  
Age 0–5 | 2019

[Source](#)



**Children with All Available Parents in the Labor Force**  
Age 0–5 | 2021

[Source](#)

\*In 2019, the [Federal Poverty Level](#) for a family of four was \$25,750.

\*\*Low-income is defined as having a family income less than twice the Federal Poverty Level.

# NEW HAMPSHIRE



## EARLY CHILDHOOD SYSTEM OVERVIEW

There is no singular early learning infrastructure that compares with the K-12 system due to multiple funding streams and varied early education settings, services, and professional roles. As a result, state early learning systems are often viewed as fragmented, which can create disconnected experiences and challenges in navigating services for children and families.

### Early Childhood Governance

Early childhood governance refers to a state's organizational structure and its placement of authority and accountability for program, policy, financing, and implementation decisions for publicly funded early care and education for children from birth to age five.

Three approaches of early care and education oversight were categorized by the Education Commission of the States to describe the nuanced and complicated early childhood governance structures across the country:

- 01. Coordination:** Places authority and accountability for early learning programs and services across multiple public agencies. This can be achieved in two ways: peer agency coordination or coordination through the Governor's Office.
- 02. Consolidation:** Places authority and accountability for the early childhood system in one executive branch agency for development, implementation and oversight of multiple early learning programs and services.
- 03. Creation:** A new executive branch agency or entity within an agency is created that has the authority and accountability for the early learning system.

**i** Early care and education in New Hampshire is coordinated by multiple agencies.

### QUESTIONS TO CONSIDER

- 01.** Could my state benefit from a restructure of all early care and education services?
- 02.** Do families in my state have knowledge on how to access the services available to them?
- 03.** How could my state make it easier for families to navigate services?

## Early Childhood Services

The federal government is the nation's primary funder of programs for children aged birth to five, with many states supplementing these investments to expand access to programs such as home visiting or child care subsidies as well as state-funded prekindergarten.

AGE 0-1	AGE 1	AGE 2	AGE 3	AGE 4	AGE 5
<b>Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)</b> Provides home visiting to families living in at-risk communities.					
<b>Child Care and Development Block Grant (CCDBG)</b> Provides funding for licensing and quality of child care, ensuring parental choice in child care, supporting the child care workforce, and child care subsidy for low-income families.					
<b>Preschool Development Grant Birth through Five (PDG B-5)</b> Provides funding for states to strengthen the early childhood system. <small>*Awarded to selected states</small>					
<b>Maternal and Child Health (MCH) Block Grant</b> Provides funding to support the health and well-being of all mothers, children, and families.					
<b>Public Assistance Programs (TANF, WIC, SNAP, CHIP, Medicaid, Child Tax Credit)</b>					
<b>Early Head Start (EHS)</b> Provides comprehensive services to low-income pregnant women, infants and toddlers, and their families.			<b>Head Start</b> Provides comprehensive services for low-income children ages three to compulsory school age, and their families.		
<b>IDEA Part C</b> Provides early intervention services to infants and toddlers with disabilities.			<b>IDEA Part B, Section 619</b> Provides special education and related services to preschool children with disabilities.		

*\*New Hampshire was an initial recipient of a Preschool Development Grant Birth through Five (PDG B-5) and received a \$3,843,557 award. The state also received a renewal grant of \$8,942,186.*

## FEDERAL EXPENDITURES

Child care and early learning services are most commonly underwritten through two federal programs: the **Child Care and Development Fund** (CCDF), a federal block grant that supports child care subsidies and quality enhancement initiatives, and **Head Start**. Compared to preschool programs for older children, the infant and toddler slots funded by these programs are typically available to fewer children.

**\$12,370,052**

CCDF Allocations | 2021

[Source](#)

**\$21,040,873**

Head Start Expenditures | 2021

*\*Includes all Head Start programs, including Early Head Start*

[Source](#)

**\$3,025,084**

Maternal, Infant, and Early  
Childhood Home Visiting  
(MIECHV) | 2021

The federally-funded Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) supports states to provide voluntary, evidence-based home visiting services to women during pregnancy and to parents with young children up to kindergarten entry.

[Source](#)

## Special Education

**\$3,587,364**

IDEA Part C, Early Intervention  
for Infants and Toddlers | 2021

[Source](#)

**\$2,414,479**

IDEA Part B, Section 619 for  
Preschoolers with Disabilities | 2021

## COVID-19 RELIEF FUNDS

The federal government has provided three major funding relief packages to bolster child care and early education programs during the coronavirus pandemic through the Coronavirus, Aid, Relief, and Economic Security (CARES) Act (March 2020), the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act (December 2020), and the American Rescue Plan (ARP) Act (March 2021).

### Child Care

The Child Care and Development Block Grant (CCDBG) has been the primary mechanism for distributing over [\\$52 billion in relief funds](#) to states and child care providers. Relief funds could cover administrative expenses; child care providers' general operating expenses, including fixed costs and increased operating expenses, such as cleaning and sanitation expenses; staff wages, benefits, and bonuses; assistance for families; and past expenses incurred due to the COVID-19 pandemic.

Most recently, the ARPA allocated \$39 billion in child care relief funding, including \$24 billion for [stabilization grants](#) for child care providers to remain open or reopen, and \$25 billion for states to spend on allowable CCDBG activities to make child care more affordable and accessible. State Child Care Development Fund (CCDF) plans include how states plan to allocate ARP Act funds. [CCDF state plans for the 2022-2024 fiscal years have been approved.](#)

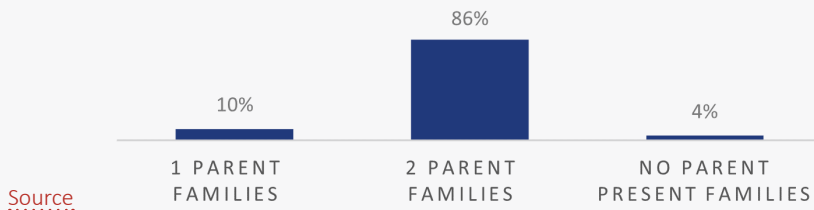
- [Federal Relief Funds: State Progress, Summer 2021](#) | Child Care Aware of America blog highlighting state strategies.
- [ARP Act State Allocations](#) | State allocations for CCDBG flexible funding and child care Stabilization funding.
- [Child Care Relief Funding: Timeline & Deadlines](#) | First Five Years Fund (FFYF)
- [Strategies to Guide the Equitable Allocation](#) | Child Trends state strategies to address equity in allocating ARPA child care funds.

## MEETING THE NEEDS OF FAMILIES

### Family Structure

Family structure is **strongly associated** with children’s chances of growing up in poverty, academic success, and future mental health outcomes. Household disruption can lead to adverse experiences impacting child outcomes. However, children are more likely to achieve optimal developmental growth in any family structure with the assistance of **protective factors**.

#### FAMILY STRUCTURE IN NEW HAMPSHIRE | 2022\*



Source



Children Age 0-1 in Foster Care | 2020

62



Children Age 1-5 in Foster Care | 2020

366

Source

### Family Supports

To best support children in their earliest years, vulnerable families need access to information and services related to nutrition, health care, and other programs such as Temporary Assistance for Needy Families (TANF).

37,747

Number of Households Participating in the Supplemental Nutrition Assistance Program (SNAP) | 2022

Source

13,952

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Participants | 2021

Source

218,628

Number of Children Enrolled in MEDICAID | 2022

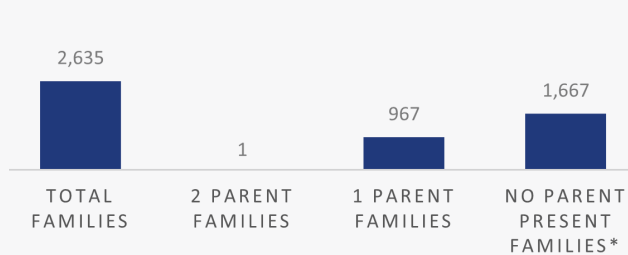
Source

22,168

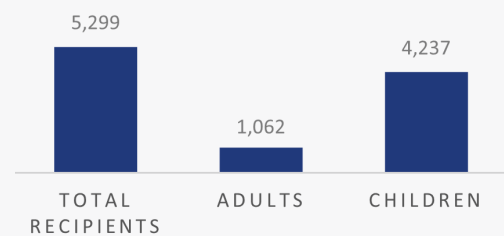
Number of Children Enrolled in the Children’s Health Insurance Program (CHIP) | 2022

Source

#### TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) ENROLLMENT | 2022



Source



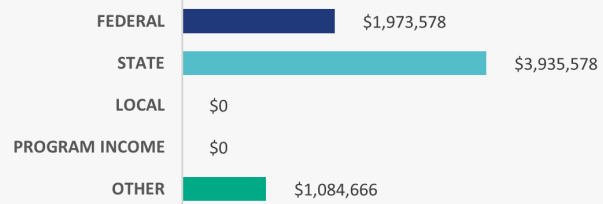
**COVID-19:** Due to the COVID-19 pandemic, families reported high levels of **stress and anxiety**. They **continue to struggle** with balancing work and child care, well-being and emotional distress, and finding stable employment. At the **height of the pandemic**, one in three families reported they could not afford basic need, with Black, Hispanic, and single-parent households experiencing this stress at a **disproportionately high rate**. Although pandemic response and recovery is providing relief for some families, material hardship continues to rise for families with young children, even those with higher household incomes.

\* Children in households with no parent present are in care of grandparents, other relatives, unrelated foster parents, or in group homes.

## Maternal and Child Health Grant

The federal government allocates the Title V Maternal and Child Health (MCH) Block Grant to states to support the health and well-being of all mothers, children, and families. States must provide a match to federal funding.

## MCH FUNDS BY SOURCE | 2020



Source

POPULATION SERVED	INDIVIDUALS SERVED
Pregnant Women	11,839
Infants	11,825
Children (Age 1-21)	316,059
Children with Special Needs	77,762
Others (women and men, over 21)	1,031,600
<b>Total</b>	<b>1,449,085</b>

Source



### Funds from the Title V MCH Block Grant help:

- Assure access to quality maternal and child health care services to mothers and children, especially those with low incomes or limited availability of care
- Reduce infant mortality
- Provide access to prenatal, delivery, and postnatal care to women, especially pregnant women who are low income and at-risk
- Increase regular screenings and follow-up diagnostic and treatment services for children who are low income
- Provide access to preventive and primary care services for children who are low income and rehabilitative services for children with special health needs
- Implement family-centered, community-based, systems of coordinated care for children with special health care needs
- Set up toll-free hotlines and assistance with applying for services to pregnant women with infants and children eligible for Medicaid

### New Hampshire has prioritized the following National Performance Measures:

- Safe Sleep
- Developmental Screening
- Injury Hospitalization
- Adolescent Well-Visit
- Transition
- Smoking

### QUESTIONS TO CONSIDER

01. Are women accessing and receiving health care services before giving birth?
02. What services are women and children accessing after birth?

# NEW HAMPSHIRE



## Paid Family Leave

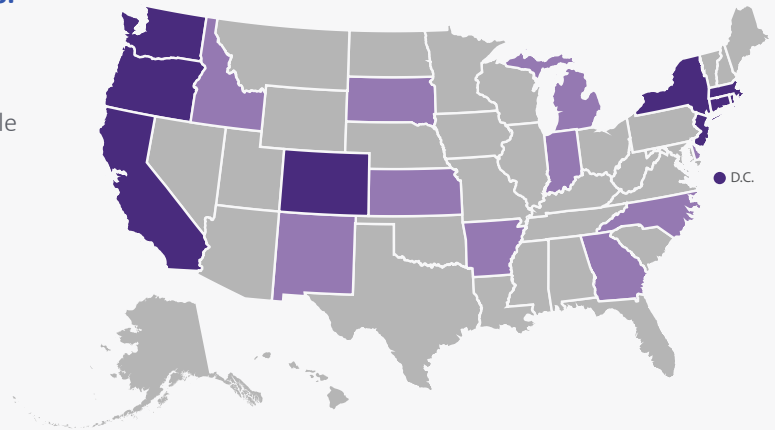
Paid family leave policies support working families with time off to bond with a newborn baby, adopted or foster child, or to care for a seriously ill family member. Paid family leave is [associated](#) with positive infant brain function and reductions in infant mortality. The United States does not have a national paid family leave policy, but some states are taking action to enact policies.

**i New Hampshire does not have a statewide paid family leave policy but will enact a voluntary paid family leave policy for state employees beginning in January of 2023.**

### States with Paid Family Leave Policies

Nine states and the District of Columbia have implemented universal paid family leave policies, while 10 additional states have enacted paid family leave provisions for state employees only.

- States with Paid Family Leave for State Employees
- States with Paid Family Leave



[Source](#)

## Home Visiting

Home visiting is a type of service targeted towards expectant parents and families with children ages birth to five to support healthy child development. Though models and programs vary, home visits typically allow trained experts to provide services, share best practices, and connect families to other resources, all within the home setting. Research ([1, 2, 3](#)) has shown that home visiting services contribute to reduced child maltreatment, which is most likely to occur in the first year of a child's life.

### QUESTIONS TO CONSIDER

- 01.** What is my state's paid family leave policy?
- 02.** How are different home visiting models used to support families' unique needs?
- 03.** What percentage of families have access to home visiting programs in my state? What are their eligibility requirements?

**486**  
Number of Families Served



Number of Home Visits  
**5,211**



Home Visiting Models  
Early Head Start Home-Based Option and Healthy Families America

[Source](#)

## Child Maltreatment

Child abuse and neglect is physical or emotional abuse and neglect committed by a parent or caregiver – also known as child maltreatment. Maltreatment has short-term and life-long consequences and can lead to increased risk of behavioral, physical, and mental health problems. However, [research has identified](#) multiple effective [prevention strategies](#) to mitigate the occurrence of child maltreatment, such as enhancing parenting skills through parenting education and home visiting, as well as high-quality early care and education experiences.

### CHILD MALTREATMENT BY AGE (RATE PER 1,000 CHILDREN) | 2020

AGE 0-1	AGE 1	AGE 2	AGE 3	AGE 4	AGE 5
12	7	5	6	6	5

[Source](#)

COVID-19 potentially [impacted](#) the reporting of 2020-2021 child maltreatment data as fewer children were enrolled in programs that typically have high reporting rates (e.g., child care, schools, Head start, etc.).

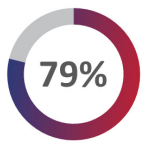
# NEW HAMPSHIRE

## Prenatal Care

Receiving appropriate prenatal care helps reduce the likelihood of negative birth outcomes, including low birthweight and premature births, which are [linked](#) to developmental delays. Furthermore, births to teen mothers increase risk for both children (increased likelihood of infant mortality and being born at a low birthweight) and their mothers (decreased likelihood of graduating from high school and maintaining steady employment). These outcomes often vary significantly across demographic groups resulting in systemic inequities in infant and maternal health and well-being.

### QUESTIONS TO CONSIDER

- 01.** Are disparities in access to care and health outcomes evident in my state's data?
- 02.** What steps is my state taking to reduce teen pregnancy?
- 03.** What steps might be taken to reduce the prevalence of low birthweight, particularly among high-risk populations?

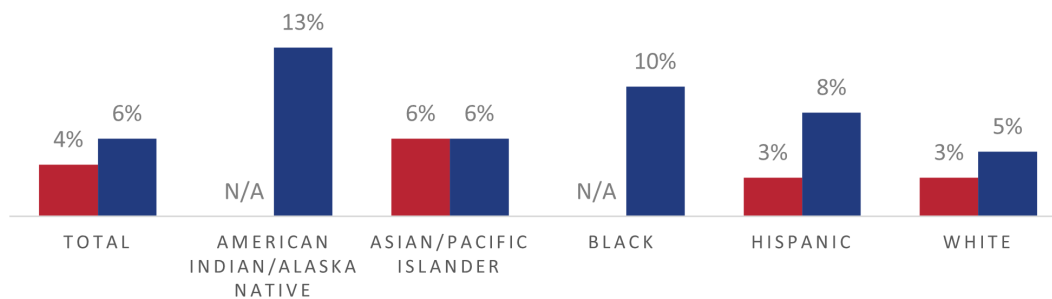


### Appropriate Prenatal Care

Percentage of infants who were born to women who received consistent prenatal care beginning in the first four months of pregnancy.

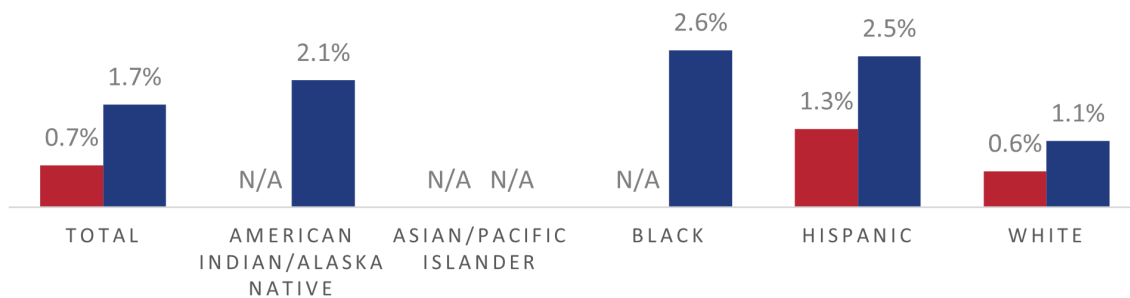
[Source](#)

## BIRTHS TO WOMEN RECEIVING LATE OR NO PRENATAL CARE | 2020



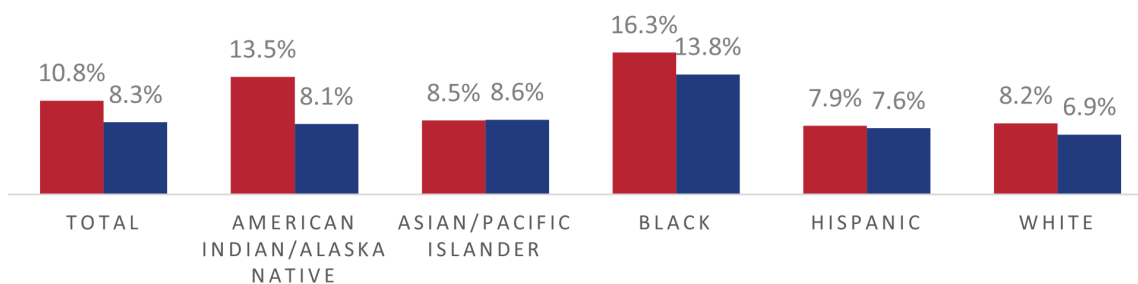
[Source](#)

## TEEN BIRTHS | 2020



[Source](#)

## LOW BIRTHWEIGHT | 2020



[Source](#)

■ New Hampshire    ■ United States

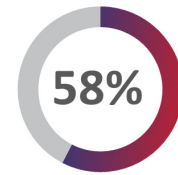
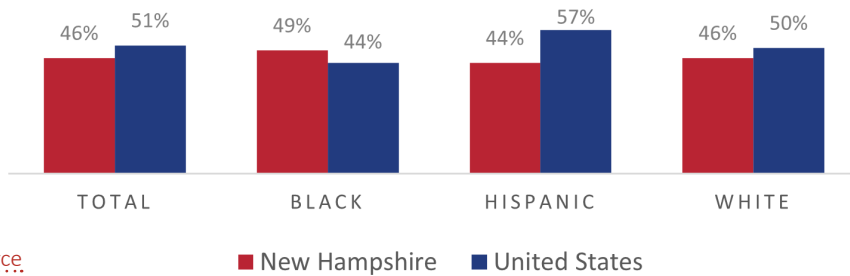
## CHILD CARE

Most children under age six in the United States live with employed parents. As a result, many American families require nonparental early care and education. However, eight out of 10 parents reported serious issues in accessing affordable, high-quality child care.

### Child Care Access

A child care desert is an area with little or no access to quality child care or, more specifically, an area with three times as many children, aged five and under, as **licensed** child care slots. Not included are family, friend, or neighbor care, which is a common child care arrangement for families.

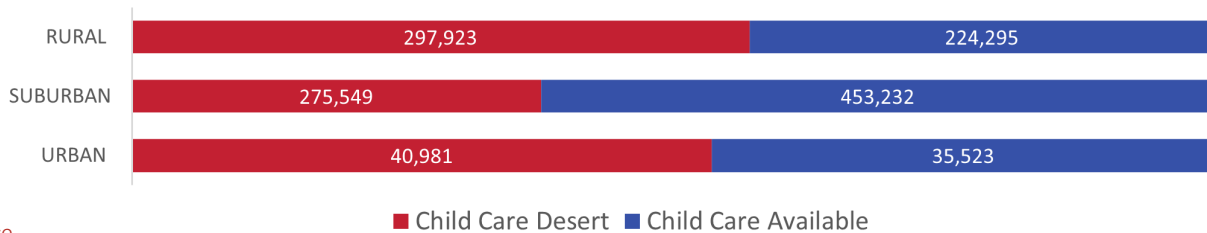
#### PERCENT OF PEOPLE LIVING IN CHILD CARE DESERTS | 2018



Children Receiving at Least 10 Hours of Child Care per Week | 2020

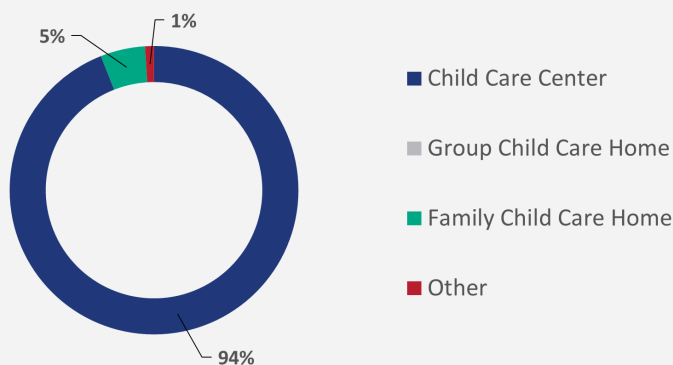
Source: [Source](#)

#### NUMBER OF PEOPLE LIVING IN CHILD CARE DESERTS | 2018



### Child Care and Development Fund (CCDF)

#### PERCENT OF CHILDREN RECEIVING SUBSIDIZED CHILD CARE ASSISTANCE BY TYPE OF CARE | 2020



# 4,200

Average Number of Children (All Ages) Receiving Child Care Subsidy Monthly | 2020

Source: [Source](#)



## Quality Ratings of Regulated Early Care and Education Programs

In recent years, many states have designed Quality Rating and Improvement Systems (QRIS) to provide families with information about the quality of regulated early care and education programs, including child care, pre-K, and Head Start. A QRIS rating is often a reflection of various measures such as health and safety, teacher-child interactions, classroom environments, family engagement, and staff educational attainment. Typically voluntary, QRIS systems are meant to help improve the quality of early care and education and help families choose the right care for their children.

<b>QRIS Name</b>	<b>New Hampshire QRIS (Last updated in 2019)</b>
<b>Number of levels</b>	<b>3</b>
<b>Percentage of licensed center-based programs participating</b>	<b>100%</b>
<b>Licensed center-based program participation</b>	<b>Licensed programs enrolled at the first level</b>
<b>Percentage of family child care homes participating</b>	<b>100%</b>
<b>Licensed family child care home participation</b>	<b>Licensed programs enrolled at the first level</b>
<b>Total number of programs participating</b>	<b>806</b>
<b>Other financial incentive</b>	<b>No financial incentives</b>
<b>Tiered subsidy reimbursement</b>	<b>Tiered</b>

Source

### QUESTIONS TO CONSIDER

- 01.** What components make up my state’s QRIS?
- 02.** If my state does not have a QRIS, why? What impact does that have on the quality of early care and education children in my state receive?



## EARLY CARE AND EDUCATION FOR CHILDREN AGES BIRTH TO THREE-YEARS-OLD

### Affordability of Infant Care

Licensed child care is delivered through center-based and family child care home settings. According to the U.S. Department of Health and Human Services, child care is affordable if it costs no more than seven percent of a family’s income. There are efforts underway in some states to ensure costs for families receiving subsidized child care are capped at this level.

Average Annual Cost of Infant Care | 2021

**\$13,800**

[Source](#)

Cost of Infant Care as a Share of Median Family Income | 2019

**12%**

[Source](#)

Percentage of Families That Can Afford Infant Care (7% of family income) | 2019

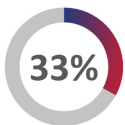
**11%**

[Source](#)

The first three years of life are a unique and critical period of development, during which up to one million new neural connections are formed in the developing brain each second. Infants and toddlers develop and learn at exponential rates as they explore and engage with the environments and adults around them. To best support their **health and development**, families need access to evidence-based parenting education, supports, and services.

### Early Intervention

Research has demonstrated that children's growth begins prenatally, making preventive care and early intervention critical for infants' and toddlers' healthy development.



Developmental Screening | 2020

Percentage of children ages 9 to 35 months who received a screening

[Source](#)

Number of Children Ages 0-2 Served by Early Head Start | 2021

**385**

[Source](#)

Early Intervention | 2020

Children birth to 36 months who received early intervention services through Part C of IDEA

**1,698**

[Source](#)

#### QUESTIONS TO CONSIDER

- 01.** How is my state using COVID relief funds for child care and early education?
- 02.** Are state funds used to expand mixed-delivery systems?
- 03.** Are mechanisms in place to support transition from early intervention when children turn three?



## EARLY CARE AND EDUCATION FOR CHILDREN AGES THREE- TO FIVE-YEARS OLD

By age three or four, children may become eligible to enroll in one or more types of publicly-funded pre-kindergarten. This includes state-funded pre-K, often delivered in both public and private settings, and Head Start, a federally-funded preschool program operated by local grantees. Typically, these programs are not compulsory.

**3- to 5-Year-Old Children Enrolled in Head Start | 2021**

**1,178**

[Source](#)

**Average Annual Price of Child Care for a 4-Year-Old | 2021**

**\$10,068**

[Source](#)

**3- to 4-Year-Old Children Enrolled in State Funded Preschool Program | 2021**

**No state funded preschool program**

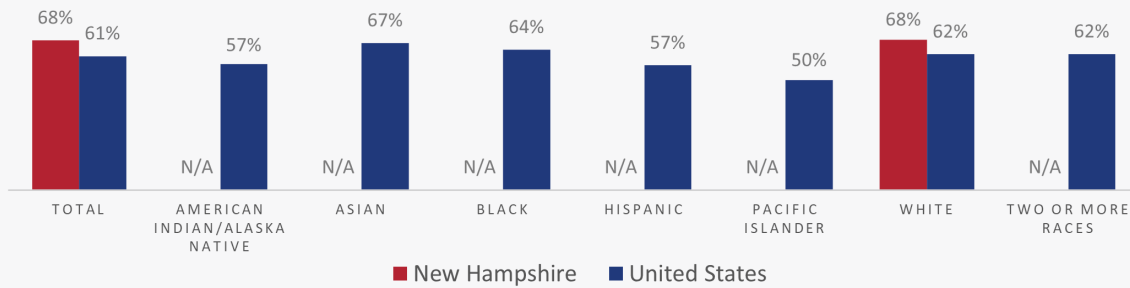
[Source](#)

**3- to 5-Year-Old Children Receiving Special Education Services through Part B, Section 619 of IDEA | 2020-2021**

**2,139**

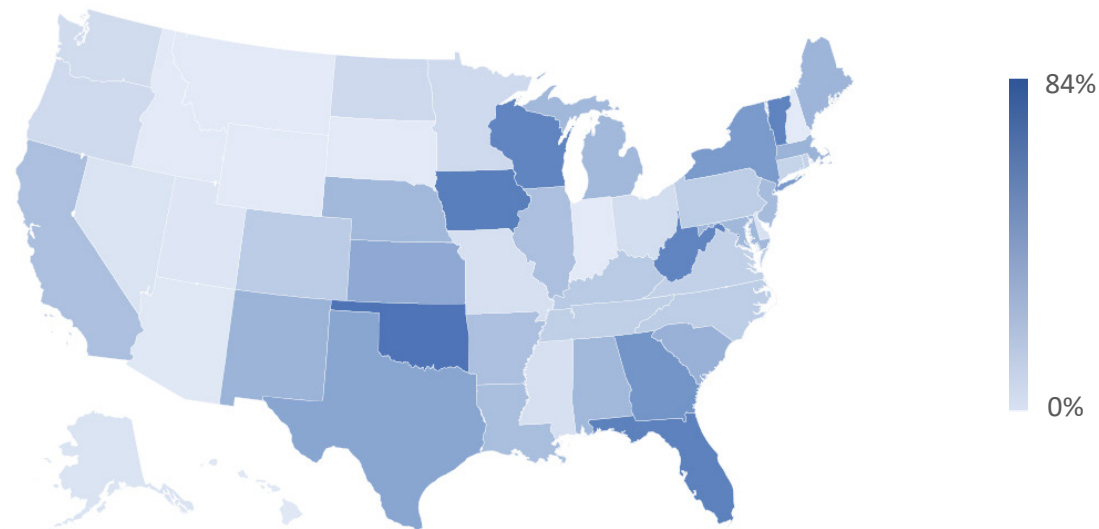
[Source](#)

### PERCENTAGE OF 3- TO 5-YEAR-OLD CHILDREN ENROLLED IN A PRE-K PROGRAM, BY RACE AND ETHNICITY | 2019



[Source](#)

### PERCENTAGE OF FOUR-YEAR-OLD CHILDREN ENROLLED IN STATE PRE-K | 2021



[Source](#)

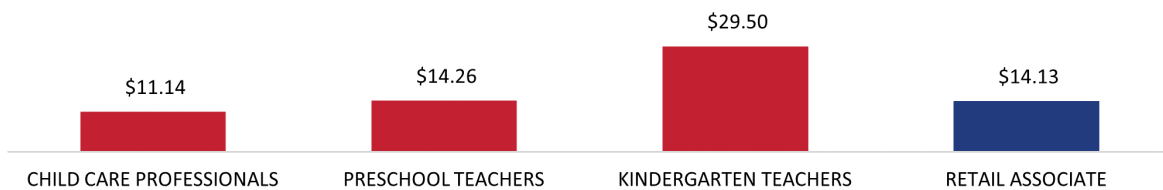
## WORKFORCE

### Early Childhood Workforce

The early childhood workforce encompasses a wide variety of roles including child care professionals, Head Start teachers, home visitors, and pre-K teachers. For many of these occupations, wages earned do not meet the state’s living wage, and many earn at or below the federal poverty level.

Low wages for the early childhood workforce are particularly evident when comparing the salaries of kindergarten teachers and retail associates.

#### WORKFORCE WAGES COMPARISON | 2021

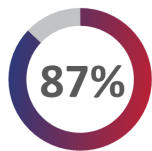


Source

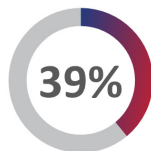
### COVID-19 Impact

The pandemic has placed heightened attention on the concerning realities of the nation’s early childhood workforce, including poverty-level wages, lack of access to health insurance, and no paid sick leave. Child care providers often report difficulty with food security, housing, or paying for utilities, and they will often hold an additional job to meet their basic needs. As a consequence, the turnover in the child care workforce has become a salient issue during the pandemic, leading to providers not being able to find and retain quality early childhood educators.

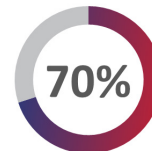
The pandemic also highlighted how closely tied the child care industry is to the economic success of the country. Child care and school closures during the pandemic had an estimated cost of about \$700 billion in lost revenue and productivity, about 3.5 percent of the national gross domestic product (GDP). From September 2019 to November 2020, around 700,000 parents with children under the age of five left the workforce. Women were particularly impacted, as more than one in three women caregivers were forced to leave the workforce or reduce their work hours during the pandemic. While the child care sector is starting to recover from significant workforce shortages experienced during the height of the pandemic, there were still about 10 percent fewer child care professionals in the field in September 2022 compared to February 2020.



Centers experiencing staffing shortages\*



Providers who had to reduce operating hours due to staffing shortages



Providers who find it more difficult to recruit and retain qualified educators compared to before the pandemic

\*Data not inclusive of every child care program in the state. Data last reported July 2021.

Source

#### QUESTIONS TO CONSIDER

01. How can compensation, including wages and benefits, affect the hiring and retention of highly qualified early childhood educators?
02. What disparities within the education workforce exist that affect retention rates for early childhood educators?
03. How might local communities develop pathways and strategies for recruiting and retaining the early childhood workforce?