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Writing a Winning Early Head Start—Child Care Partnership Grant Application: Overview and Strategies for Success

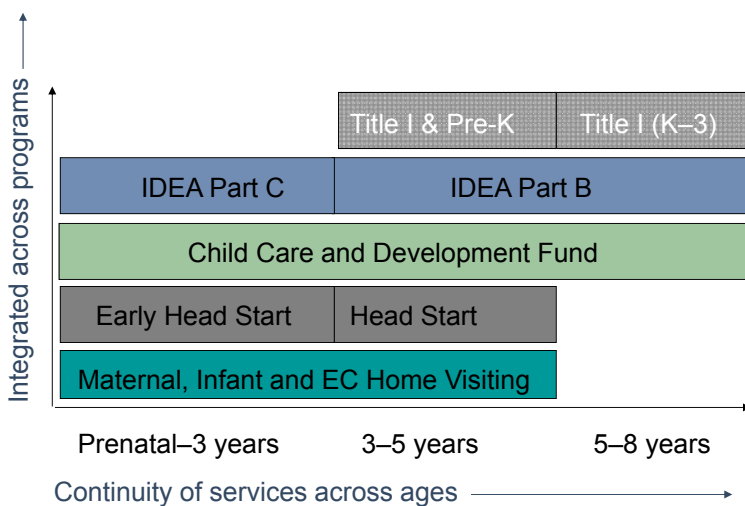
Jeffrey Capizzano
President

ECIC Technical Assistance Meeting
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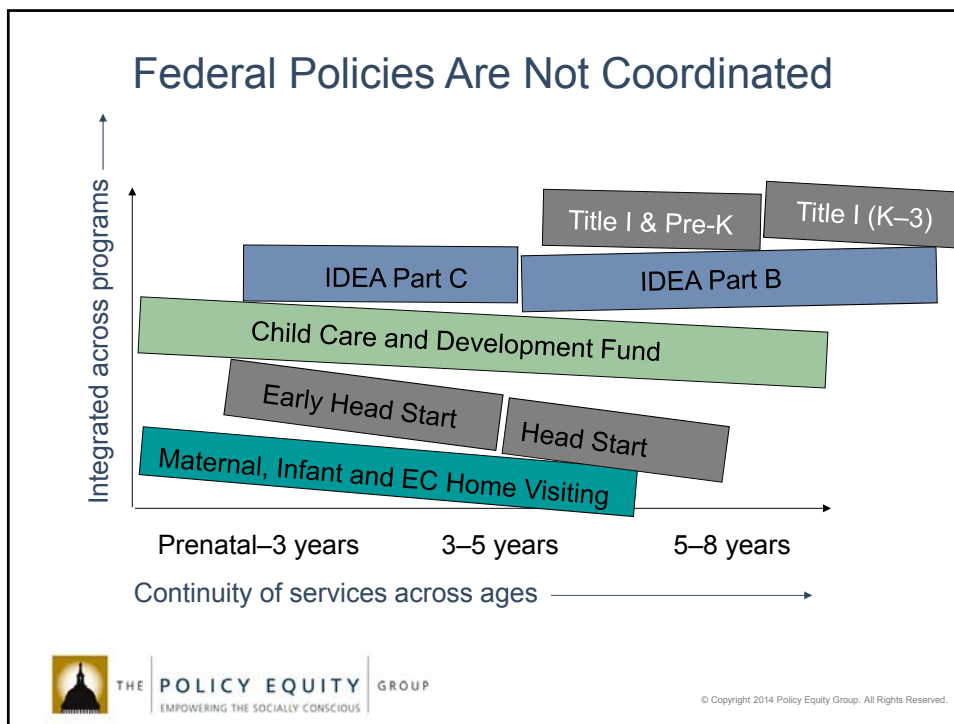
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The Grant Is About System Coordination



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How the Policies Are Not Coordinated

	Head Start	CCDF
Program Administration	<ul style="list-style-type: none"> • Federal to local 	<ul style="list-style-type: none"> • Federal to state
Eligibility	<ul style="list-style-type: none"> • Set nationally • Below poverty with categorical eligibility • Year-long 	<ul style="list-style-type: none"> • Determined by state • Varies but must be below 85% of SMI • Different work requirements & eligibility duration
Program Performance	<ul style="list-style-type: none"> • Set nationally • Comprehensive 	<ul style="list-style-type: none"> • Defined by state licensing and QRIS systems
TA/Workforce/PD Systems	<ul style="list-style-type: none"> • TA system of national centers & state TA providers • TA \$ direct to grantees 	<ul style="list-style-type: none"> • State-based through licensing and QRIS
Accountability Frameworks	<ul style="list-style-type: none"> Annual self-assessment and triennial federal monitoring 	<ul style="list-style-type: none"> Licensing regulations and visits defined by the state

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Overview of EHS Expansion and Child Care Partnership

- **\$500 million** to increase the number of infants and toddlers in EHS by placing them with center-based and family child care providers
- Grantees work with providers to implement the EHS program performance standards in provider settings
 - Ratios and groups size; teacher credentials; screening and referral; curriculum and assessment; comprehensive services; serve 10% children with disabilities; etc.
- Eligible entities include any public entity, including states, or non-profit or for-profit private entity, community-based organizations and faith-based organizations
- “...grantees will partner with...centers and/or family child care programs and will be required to leverage current investments through CCDF or other sources...”
- “programs must operationalize services to ensure there is no segregation or stigmatization of EHS-CC Partnership children due to the additional services...”
- Applications due on **August 20th**; Nearly **\$18.9 million** available for Michigan
- A number of Michigan zip codes were prioritized

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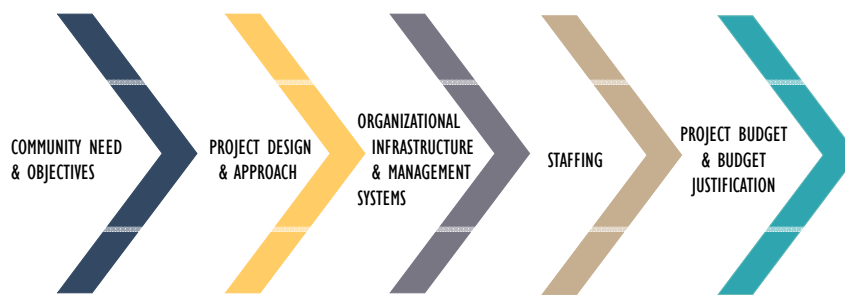
Big Picture: Three Types of Applications*

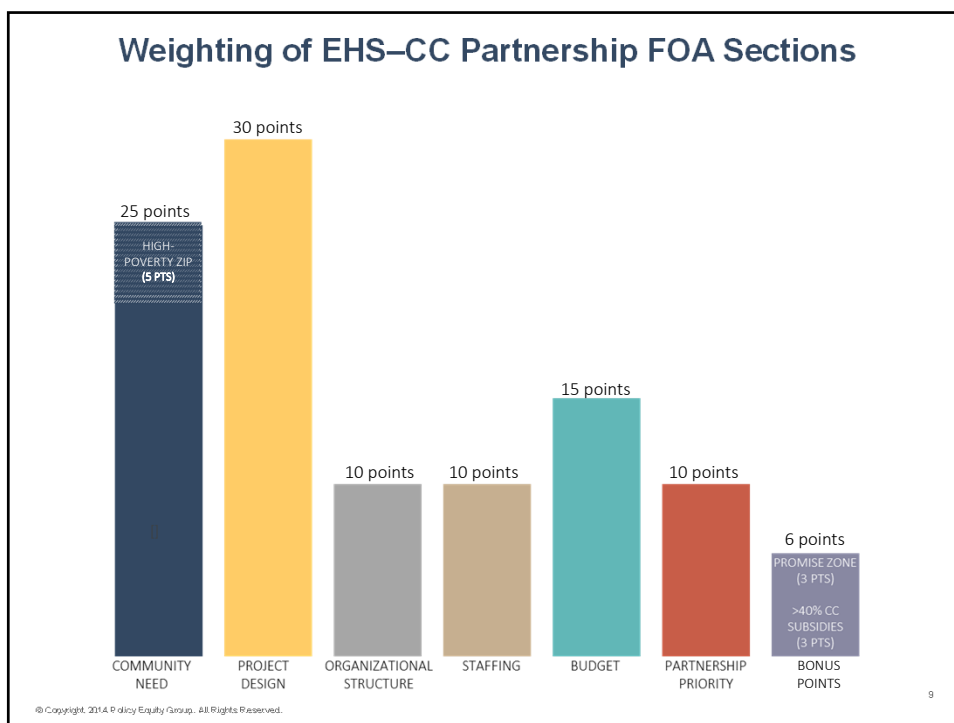
Type of Application	Definition	Implications
Early Head Start– Child Care Partnership	100% of services delivered through partnership; Minimum 25% children w/ subsidy	10 bonus “priority points” in the application
Early Head Start Expansion/ Partnership Mix	Services delivered directly and through partnership model	No additional points but given funding priority if >50% of slots are through partnership
Non-Partnership Early Head Start Expansion	Traditional EHS model	No additional points; no priority if <50% served through partnerships; Must justify no partnership

***Applicant can submit only one application per service area regardless of type of application (p. 2)**

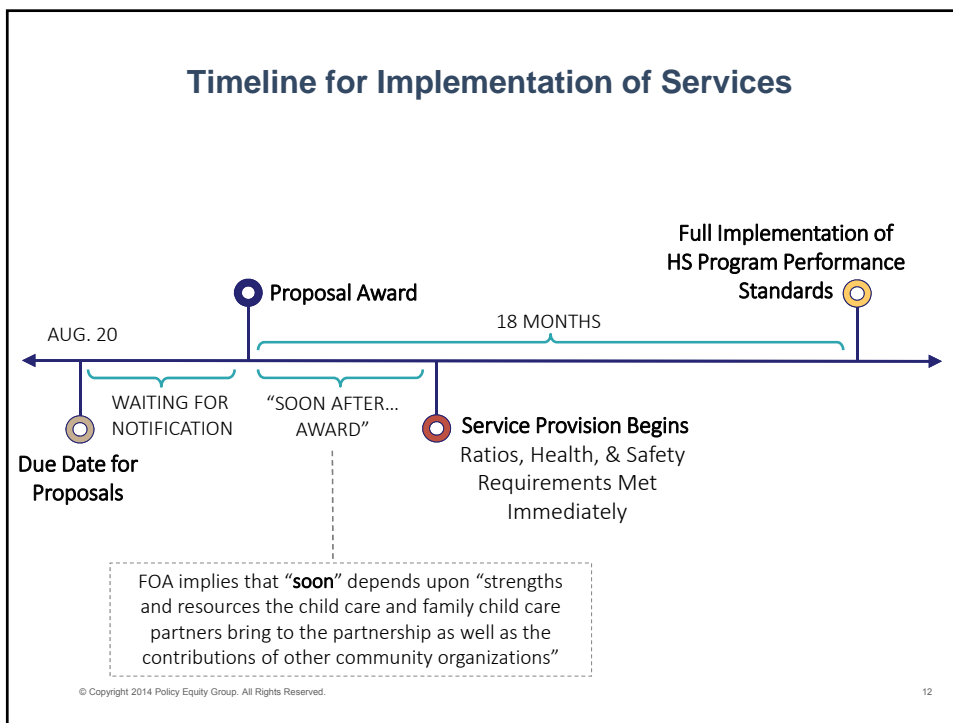
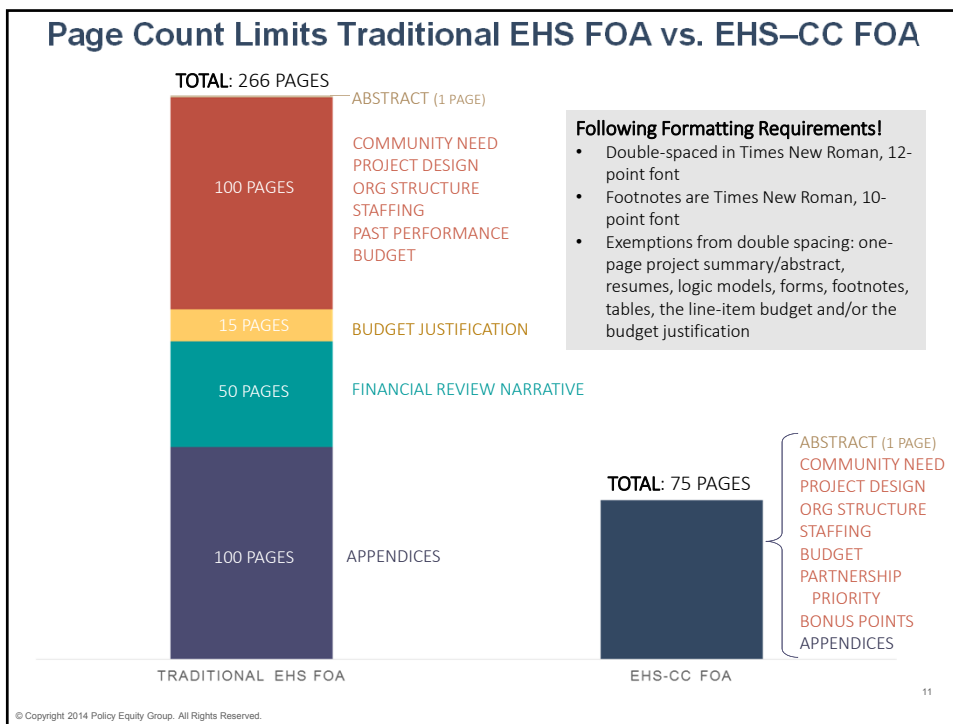
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What Applicants Have to Do





Michigan Locality	Zip Code
BENTON HARBOR	49022, 49023
CAMDEN	49232
DEARBORN	48123, 48126
DETROIT	48201, 48204, 48205, 48206, 48207, 48208, 48209, 48210, 48211, 48213, 48214, 48215, 48216, 48217, 48222, 48228, 48234, 48238, 48244, 48266, 48272, 48288
FLINT	48504, 48505, 48531, 48550, 48555
HAMTRAMCK	48212
HIGHLAND PARK	48203
INKSTER	48141
KINCHELOE	49785, 49788
PONTIAC	48342, 48343
PRESCOTT	48756
PULLMAN	49450
RIVER ROUGE	48218
SAGINAW	48601, 48663
WALDRON	49288



Priority Conditions

Across the application, there are statements about the proposals that will receive priority funding—some come with points and some do not

Priority Condition	Bonus Points	Funding Priority
EHS-CC Partnerships	100% of services provided through EHS-CC Partnership (10 POINTS)	≥ 50% slots funded through EHS-CC Partnership
High-Poverty Areas	Services in a high-poverty zip code (5 POINTS)	
Promise Zone	Serve substantial # of children residing in federally designated Promise Zone (3 POINTS)	
Child Care Subsidy	≥40% EHS-eligible children have child care subsidies (3 POINTS)	≥25% EHS-eligible children have child care subsidies
Continuum of Care & Education		Create a seamless continuum of care and education for children from birth to age 5
Evidence of Broad-Scale Impact		Show impact of broad-scale impact (SEE NEXT SLIDE)

"Results of the competitive objective review are taken into consideration by ACF in the selection of projects for funding; however, objective review scores and rankings are not binding. Scores and rankings are only one element used in the award decision-making process." (p. 41)

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Other Priority Conditions (continued)

- **ACF will prioritize applicants that can show evidence of broad-scale impact through:**
 - changes in state policies, including licensing that supports higher quality infant and toddler care or reduces the likelihood of families losing subsidies when family conditions change; or
 - by partnering with businesses, foundations, or non-profits to leverage funds; or
 - by partnering with higher education to produce a highly qualified infant and toddler workforce community-wide or statewide.



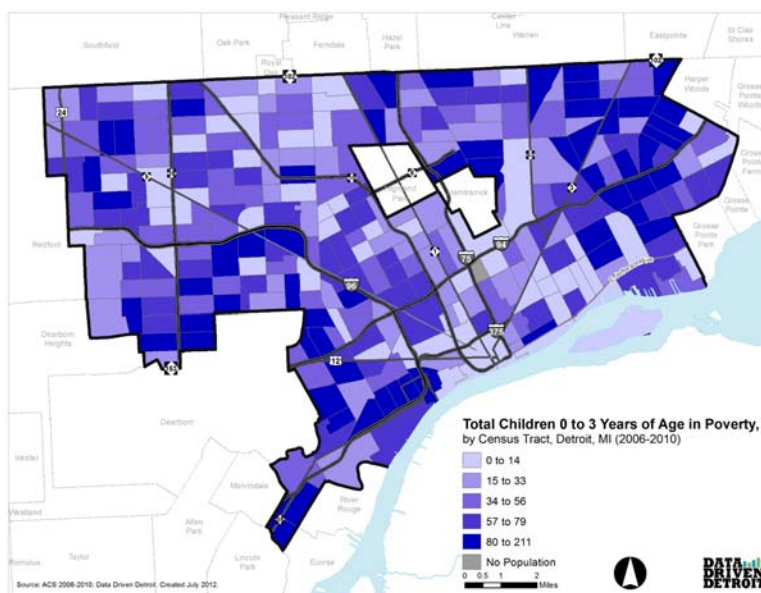
1. Community Need and Objectives (pp. 38–39)

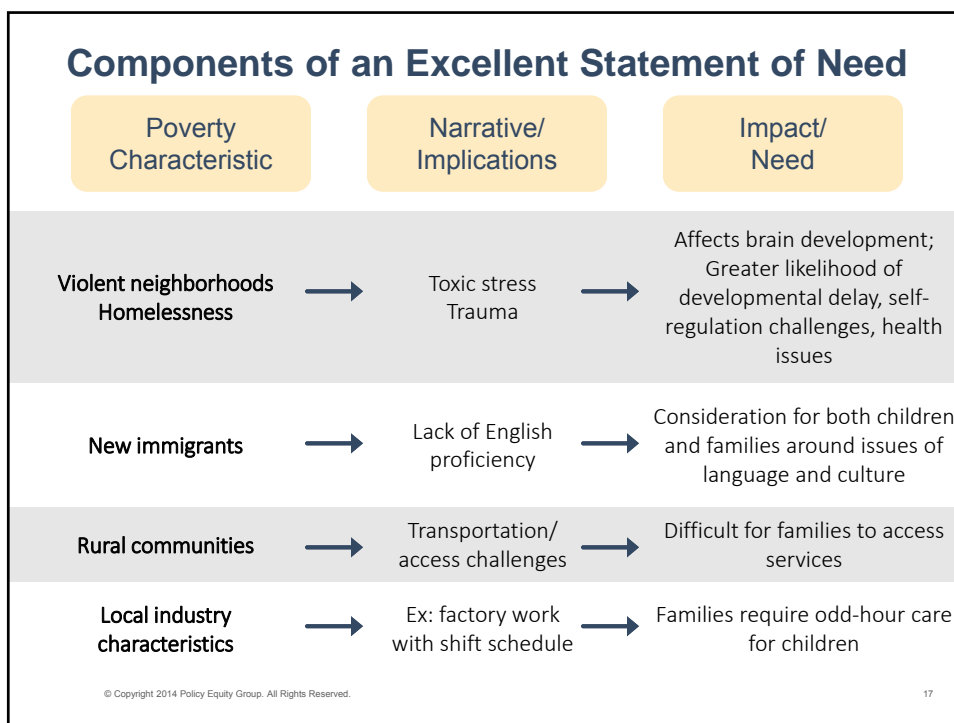
The high-need geographic area chosen has all of the elements necessary for successful partnerships or expansion.

Key pieces to address:

- Clearly describe precise location where need is greatest; where partnership will have greatest impact; describe type of need using state/community needs assessments
- Estimated # of EHS-eligible children/children receiving subsidies by location
- If straight expansion, why not a partnership? Justify.
- Serving high-poverty zip codes listed in appendix?
- Quality of child care providers and anticipated level of effort for them to meet the EHS Program Performance Standards
- No supplantation; improves services for currently enrolled children, new slots, or both?
- For partnerships, ensure at least 25% subsidized children (40%+ receives bonus)
- Justify program option (center/family child care); weeks, days, hours of operation
- Enrollment plan with dates to begin delivering services (“soon”) and for full enrollment
- Recruitment and selection plan to ensure neediest children receive services; 10% children with disabilities

Data Example: Data Driven Detroit





Defining Soon: Understanding Provider Capacity to Meet EHS Standards

PROGRAM CHARACTERISTIC	CURRENT STATUS	MEETS EHS STANDARD?
Ratios and group size		
Staff credentials		
Program Length		
Curriculum		
Professional development		
Screening		
Supervision/ coaching		
Health Services		
Mental Health Services		
Nutrition		
Community partnerships		
Family partnerships		
Classroom assessment		
Child assessment		

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2. Project Design and Approach (p. 39)

The project employs the right partners and the field's best practices to meet the needs of infants and toddlers within a birth-to-school-entry continuum.

Key pieces to address:







- Plan for comprehensive services, including early intervention
- Describe involvement of service providers to prevent duplication
- Correct ratios and group sizes (EHS or state if more strict)
- Plan to use curriculum and quality teaching practices that promote progress toward infant and toddler school readiness goals
- Describe system of screening and referral
- Formal linkages with HV, HS, and Pre-K to develop a birth-to-school-entry continuum
- Formal linkages with part C so children with disabilities receive appropriate services
- Plan for family engagement/parent involvement
- Have partner sites been selected? If no, what is the plan for recruiting partners to begin services "soon" after award?

Comparison of Michigan Licensing Standards to HS Program Performance Standards

	Michigan Staff:Child Ratio	EHS Staff:Child Ratio	Difference in Ratios
Birth to 30 months	 1:4	 1:4	same

	Michigan Maximum Group Size	EHS Maximum Group Size	Difference in Group Size
Birth to 30 months	12	8	- 4
30 months to 3 years	16	8	- 8

States That Aren't So Lucky: Comparison of New Mexico Licensing Standards to HS Program Performance Standards

	New Mexico Staff:Child Ratio	EHS Staff:Child Ratio	Difference in Ratios
6 weeks to 24 months	 1:6	 1:4	- 
2 years	 1:10	 1:4	- 

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Effectively Describing Program Model Components

Poverty Characteristic	Intervention	Research Base	Fidelity
High proportion of dual language learners	<i>Abriendo Puertas/Opening Doors Program</i>	UC Berkeley & Child Trends evaluations • Significant increase in parents' self-confidence and knowledge of child development and child care quality • Increase in educational activities at home and parenting practices	<ul style="list-style-type: none"> • Train-the-trainer for facilitators • Ensure adequate time for all material to be covered • Offered in parents' native language

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3. Organizational Infrastructure and Management Systems (pp. 26/39–40)

The applicant has the capacity to implement and oversee the partnerships and comply with Federal/State/local laws and regs

Key pieces to address:

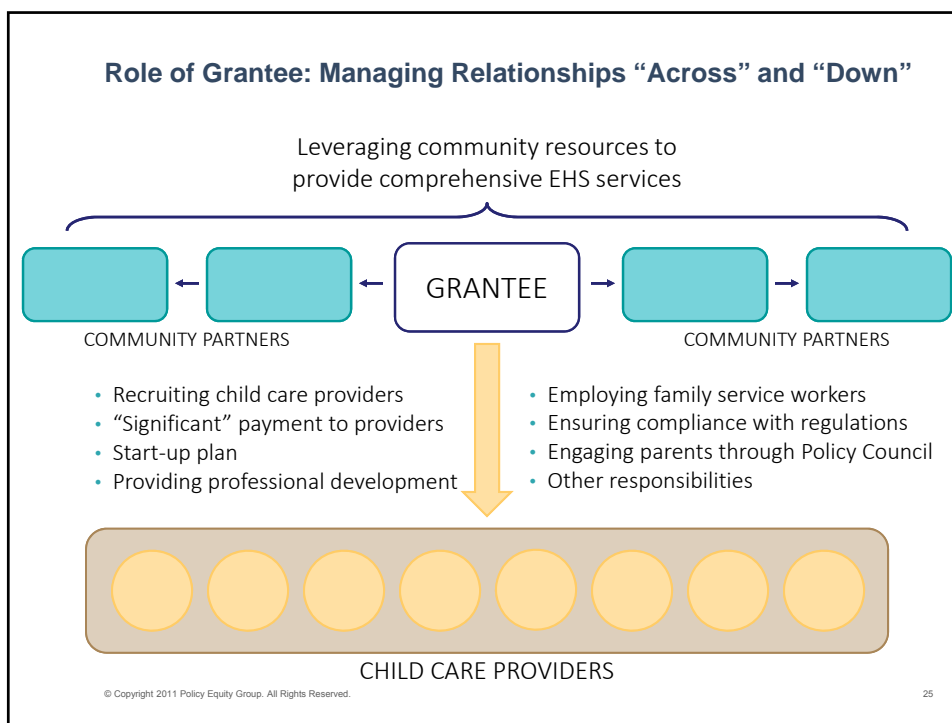
- Organization/staffing structure supports provision of all comprehensive services
 - Clearly defined roles/responsibilities of grantee and child care partners?
- Governing board/senior management can provide effective oversight of operations and accountability, include Policy Council; represent diversity of community; and conduct community assessment, ongoing monitoring, and self-assessment
- Describe composition and expertise of governing board that is in compliance with Head Start Act
 - Family involvement in governance through Policy Council
- Evidence applicant can administer program in high-quality way, including across sites if applicable (i.e., past performance providing high-quality services for infants/toddlers)
- Demonstrate strong fiscal controls and cost-effective fiscal management across sites, including partners


EHS–CC Partner Roles and Responsibilities (p. 8)*

Partner Level	Grantee Level
<ul style="list-style-type: none"> – Ensuring adult–child ratios and group sizes meet Early Head Start standards <i>or</i> state, territory, or tribal requirements (whichever requirements are most stringent) – Implementing an evidence-based curriculum that is developmentally appropriate for infants and toddlers – Conducting ongoing assessment of children to individualize the instruction and learning for each child – Providing health and nutrition services, including all developmental, sensory, and behavioral screening and assistance with provision of follow up services – Engaging parents in the full range of child development and family support services 	<ul style="list-style-type: none"> – Ensuring the provision of all comprehensive services, including health, mental health, oral health, nutrition, education, and parent engagement services for all enrolled EHS–CC Partnership children – Ensuring that all administrative and financial management requirements are met – Ensuring all EHS–CC Partnership teachers meet minimum staff qualifications – Providing professional development, coaching, and supervision for all teachers with emphasis on continuity of care and relational learning that supports children and their families and fosters school readiness – Employing at least one full-time family worker per every 40 enrolled children and families – Ensuring a minimum of two annual home visits for each enrolled child – Supporting the inclusion and delivery of services to children with disabilities (at least 10 percent of funded enrollment) – Ensuring the physical environment and facilities meet all Head Start Program Performance Standards, including requirements for square footage, health and safety, appropriate crib and sleep spacing and arrangements, and facilities – Ensuring compliance with all applicable regulations, including state and/or local child care licensing – Ensuring children retain services regardless of their subsidy status – Engaging parents in program decision making through involvement on the Policy Council

**Must be articulated through a contract of formal agreement.*

The exact role for each partner will vary at the local level, depending on existing and proposed services...



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4. Staffing (pp. 26–27/40)

The proposed staff will be able to form strong relationships with children and families and will be able to implement each evidence-based program component.

Key pieces to address:

- Teaching staff will comply with EHS regulations within 18 months
- Applicant can recruit and train a sufficient number of staff to support program design
- Applicant will use a variety of professional development approaches to address specific staff needs
- Plan addresses all providers, including family child care if applicable
- Family service worker caseloads are reasonable based on planned enrollment

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7. Budget and Budget Justification (pp. 40–41)

The costs of the project are appropriate and reasonable in relation to the project narrative, and my organization can ensure the efficient and most effective use of Federal funds.

Key pieces to address:

- Budget aligns with model, and is reasonable and cost-effective
- All staff positions are included in budget to cover comprehensive services and to meet ratios and group size
- Cost of diapers and formula included in budget?
- Children will continue to be served if subsidy is lost
- Significant portion of funding will be directed to child care partner
- Applicant will use a combination of federal, state, local, and private sector funding (not applicable for pure expansion)
- How will applicant meet 20% non-federal share requirement?
- Justify start up costs—are they necessary?



More About the Budget

- Understand that there are three funding categories:
 - Start-up
 - Base
 - Technical Assistance
- Make sure you correctly calculate the non-federal match requirement
 - It is 20% of the entire program budget and not just the federal portion of the grant
 - If you are requesting \$80,000 in federal funding, the total project budget would be \$100,000 with a \$20,000 non-federal match (\$20,000 is 20% of the \$100,000 budget)



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