

**FY 2022-23 Early Head Start - Child Care Partnership Program**

**Request for Applications (RFA)**

**General Information**

Legal name of applicant agency:

---

“Doing business as” name (if different from legal name):

---

MPI # (9 digits): \_\_\_\_\_

Federal ID# or Tax ID #: \_\_\_\_\_

**Address of applicant agency**

Street address: \_\_\_\_\_

---

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_

## **Applicant provider type verification**

\_\_\_\_\_ Assurance 1: The program holds a regular certificate of compliance issued by the Department of Human Services.

\_\_\_\_\_ Assurance 2: The program location is in good standing with STARS and hold at minimum a STAR 3 designation.

\_\_\_\_\_ Assurance 4: The program currently serves infants and toddlers or could serve infants and toddlers.

## **Summary of grant request**

Funding requested (whole \$ amount only) \$ \_\_\_\_\_

# slots requested \_\_\_\_\_

*Programs will apply for "slots." Slots are defined Full Day, Full Week Equivalent.*

What is the current annual cost per child private pay infant rate? (whole numbers only)  
\$ \_\_\_\_\_

Of the I/T children you have enrolled, what percentage of them have CCW subsidy funding? \_\_\_\_\_

*# of classrooms requested* \_\_\_\_\_

## Contact Information

Applicant contact information

Overall contact person for this application

Name \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized budget contact person for issues and questions about the budget

Name \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized individual to sign contract. Indicate the address where the contract should be sent.

Name \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Grant Structure

Location Information (*complete information for each location, if applying for multiple locations*)

MPI#: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

Program Name: \_\_\_\_\_

Provider Type: \_\_\_\_\_ Center \_\_\_\_\_ Group Child Care Home

STAR Level: \_\_\_\_\_

Number of Classrooms requested: *Classrooms must be staffed at a ratio of 1:4 regardless of children's ages. Maximum group size shall be 3 teachers to 9 children:*

This ratio includes the requirement of keeping two, qualified staff in the classroom at all times. \_\_\_\_\_

## Location Address Information

MPI#: \_\_\_\_\_

Location Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Location Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Program Description/Work Statement:**

The following work statement sections must be addressed within the Work Statement of this application. Each question must be answered completely with enough detail to understand exactly what is being proposed.

## **Program History**

Discuss the program's history of serving infant-toddler children and any other past or current participation in infant/toddler quality initiatives.

## Program Implementation

Will the program open new infant, toddler and/or mixed-aged classrooms/space to implement this initiative?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Will start up funds be needed to support this space?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Describe the program's approach to assure continuity of care. How will classrooms be structured to assure children build positive and long-term relationships with their caregivers and with other children?

Describe the programs' curriculum model. Describe the ways in which the Pennsylvania Early Learning Standards will be used. Describe the program's approach to engaging infants and toddlers in learning experiences that will focus on the unique developmental needs of this age group.

Describe the program's family engagement approach. In your response, explicit connections to each area of Head Start Program Performance Standards/Family Community Engagement Framework should be made.

Discuss your understanding of EHS/HS comprehensive services and how they assist in meeting the needs of children, families, and staff in your program. How will the program assess/follow up on identified needs? What types of comprehensive services does the program offer? What types of comprehensive services are available through coordination with other agencies?

Explain your program's transition efforts. How will transitions be coordinated for children as they transition between classrooms? How will transitions be coordinated for the children/families who enter and exit your program to and from other early learning programs?



## Staffing

Classrooms should be staffed with teachers who are trained to provide high-quality learning experiences for infants and toddlers. Staff in the EHS-CCP classrooms must hold a minimum of an Infant/Toddler CDA, or related degree with 9 infant/toddler credits. To be considered classroom ready, I/T teachers will need to have completed the following:

Mandated Reporter Training, Active Supervision Training, Quality Supervision (Safe Environments) Training, Safe Sleep Training, and Shaken Baby Training.

These trainings are in addition to all required clearances and additional HR paperwork including documentation of aforementioned education requirements.

Applicants with staff holding an infant-toddler CDA, or qualifications higher than a CDA will receive priority points for this application.

Classrooms must be staffed with 2 qualified staff **at all times** at a ratio of 1:4 regardless of children's ages. Maximum group size shall be 3 teachers to 9 children.

Do you currently have staff to fill these positions and/or a plan to recruit staff?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If you responded, YES, list the staff title along with their current level of qualifications of both teachers. (Please identify staff as 'Person 1' or with initials, not specific names of current staff)

If no, please explain your plan to recruit, hire, and retain qualified staff.

## Program Assurances

**Applicants must provide assurance they understand and have the capacity to meet the requirements for the program by checking each statement below.**

\_\_\_\_\_ The program will maintain provider eligibility throughout the entire grant period.

\_\_\_\_\_ The program will coordinate with relevant Early Learning Resource Centers for the purposes of recruitment, eligibility, transition, and other program related activities.

\_\_\_\_\_ The program will have active DHS licensing

\_\_\_\_\_ The program will prioritize those children whose families have documented eligibility for the Child Care Works program.

\_\_\_\_\_ I assure that the applicant does not have a substantiated health and safety violation that contributed to the death of or serious injury to a child in care as verified by the Pennsylvania Department of Human Services.

\_\_\_\_\_ The program will enter data related to staff, children, and families into GoEngage for purposes of tracking child enrollments, monitoring family progress, and will assure full enrollment after 30 days of contract execution, and, thereafter, throughout the entire grant period.

\_\_\_\_\_ The program will fill enrollment vacancies as soon as possible but not later than 30 days of the vacancy. The program will not replace enrolled children with newly enrolled children to fill enrollment obligation. Slots will be filled as they are vacated by currently enrolled, ineligible infants and toddlers.

\_\_\_\_\_ The program will comply with the requirements pertaining to the age of children to be enrolled in the program, the student/teacher ratio, the hiring of staff who meet the qualifications specified, and all monitoring and assessment requirements.

\_\_\_\_\_ The program will abide by the Head Start Program Performance Standards for staff background checks.

\_\_\_\_\_ The program will adhere to the Pennsylvania Departments of Education (PDE) and Human Services (DHS) Office of Child Development and Early Learning (OCDEL) joint policy statement on inclusion.

\_\_\_\_\_ The program will adhere to the Pennsylvania Departments of Education (PDE) and Human Services (DHS) Office of Child Development and Early Learning (OCDEL) joint policy statement on suspension and expulsion.

\_\_\_\_\_ The program will assure segregation of program funds in their fiscal record keeping.

\_\_\_\_\_ Partnership funds will enhance existing budgets that include already existing child care funding and subsidy/CCDF funds and/or other existing child care funding.

\_\_\_\_\_ The program will use funds for the exclusive use of the designated program and classrooms.

\_\_\_\_\_ The program consents to the use of any data and/or statements provides herein, for the purpose of publication and reporting, and understand that the data or statements may be presented in full, in part, or paraphrased.

\_\_\_\_\_ The program consents to collaborating with a comprehensive service provider to facilitate the delivery of comprehensive services.

\_\_\_\_\_ The program will maintain Keystone Stars 3 or 4 designation.

***Funding is subject to annual award from the Office of Head Start to the Commonwealth of Pennsylvania/OCDEL, as well as continued compliance by all EHS partners with OCDEL EHS Policies and the Office of Head Start's Program Performance Standards.***