



## APPLICATION FOR PARTICIPATION

# Therapeutic Child Care Grant Program

**Maryland State Department of Education**

200 West Baltimore Street  
Baltimore, Maryland 21201

**Deadline**

September 30, 2022  
No later than 5:00 p.m. EST

**MARYLAND STATE DEPARTMENT OF EDUCATION**

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Secretary-Treasurer, Maryland State Board of Education

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## Proposal Cover Page (1 page)

Program name:

Federal ID Number:

UEI number:

Contact Name:

Title:

Address:

Email:

Phone:

Total requested:

Project Description (not to exceed 100 words):

Type response here.
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\_\_\_\_\_

Head of Agency/Grantee Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Head of Agency/Grantee Signature

\_\_\_\_\_

Date

## Program Summary

Summarize the project for the reader. Briefly identify your target population, state your purpose and how your services align with the [National Standards for Systems of Care for Children and Youth with Special Health Care Needs](#). Refer to the Grant Information Guide for more detailed information and guidance.

Type response here.

State the percentage of the program's enrollment of medically fragile children from low-income families, which can be defined as recipients of the [MSDE Child Care Scholarship Program](#). What is the outreach plan to ensure that low-income families know about the services offered at your program?

Type response here.

## Statement of Need

Describe the population to be served and the economic and environmental stresses that will impact recruitment and retention of children in the program. Include supporting statistical and demographic data for your area. Refer to the Grant Information Guide for more detailed information and guidance.

Type response here.

## Evidence of Impact

Describe how the proposed plan and strategies are evidence-based and will lead to the desired impact. Please include a description of the organization's experience in terms of effective practices (research-based strategies) leading to desired outcomes.

Type response here.

## Goals, Outcomes and Milestones

Communicate the goals, measurable outcomes, and milestones of the program. Refer to the Grant Information Guide for guidance.

Goal One:

Measurable Outcome:

Milestone:

Goal Two:
Measurable Outcome:
Milestone:

*\*Add more rows if necessary*

## Program Quality and Service Delivery Plan

### EDUCATIONAL SERVICES

Provide a detailed description of the child care and educational services for families and children with disabilities, as well as educational services as they relate to special health care needs that may include medical interventions within inclusive settings. Education and child development services for the children in care must be implemented in accordance with the [Kindergarten Readiness Assessment](#).

Type response here.

Describe how your program staff will implement individualized goals and plans to enable children to enter school ready to learn and function at their highest potential.

Type response here.

For existing providers, detail how your program will provide. Additional Services, other than childcare, which may be provided in or out of house (e.g., therapeutic services, assessments, evaluations, and the staff necessary to provide these services, if applicable).

Type response here.

### IFSP AND IEP SUPPORT

Provide a detailed description of how the program supports Individualized Family Service Plans (IFSP) and Individualized Education Plans (IEP). How does the program liaise with school systems, Infants and Toddlers Programs, and other local agencies for referral and consultation regarding children with IFSPs and IEPs? Describe the family support and service coordination, in addition to the provision of services other than child care (e.g., nursing, speech therapy, physical therapy), in collaboration with school systems, Infants and Toddlers Programs, and other local agencies for children with IFSPs and IEPs.

Type response here.

Describe how the program provides assessment and intervention by registered nurses and specialized care personnel (mental health specialists, direct health service providers, etc.) as per the child’s individualized or group intervention or therapy plans.

Type response here.

**SUPPORTING MEDICAL NEEDS**

Describe how your program has the required qualified staff and equipment to meet the needs of children with serious medical and developmental challenges, including the administration and monitoring of medications prescribed by licensed health care providers.

Type response here.

Describe how the program collaborates with a hospital or other medical facility to meet emergency needs of children. Include the name of the hospital or medical facility.

Type response here.

Describe how the program communicates on a regular basis with and disseminates information to families, as well as mental health and medical professionals concerning the progress of children.

Type response here.

**RECRUITMENT, RETENTION, AND REFERRAL**

Provide a detailed plan for recruitment and retention for enrolled children. Include current partnerships with programs and referral agencies that your facility has developed. Existing and new providers need to include a section for Additional Children if applicable.

Type response here.

Describe the transition planning for medically fragile children to other early childhood programs.

Type response here.

Describe referral and intervention services available through community resources for medically fragile children and their families.

Type response here.



**CONSULTATION, TRAINING, AND PROFESSIONAL DEVELOPMENT**

Provide a detailed description of how the program provides consultation, training opportunities and professional development for caregivers, providers, and directors, including coaching and technical assistance on this age group's unique needs from statewide networks of qualified infant-toddler specialists.

Type response here.

**Evaluation Plan**

**Evaluation**

Describe the plan to evaluate the program’s goals and objectives, and how success will be measured. Describe how the results will be disseminated to stakeholders. Include budgeting, evaluation questions and strategies, types of data and identify evaluators. Refer to the Grant Information Guide for more detailed information and guidance.

Both existing and new providers are required to submit monthly progress and annual evaluation reports that are consistent with the project’s goal and outcome(s) on the following measures:

Evaluation Measure	Goal	Outcome
Expenditure data		
Number of families served		
Breakdown of children served by age		
Number of children served having developmental, physical, and emotional delays with breakdown for each condition		
Number of families receiving a child care subsidy		
Document assessment, recommendation and progress of children referred for additional services.		
Number of children able to “step-down” to a less intensive care setting		
Increased outreach and consultations and training with parents		
Child attendance data: days present and days absent		
Number of children moving transitioning to elementary school		

Staff turnover		
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Existing providers who receive funding for “Additional Children” need to provide a separate chart to document the evaluation measures for the additional children served.

Evaluation Measure - Additional Children	Goal	Outcome
Expenditure data		
Number of families served		
Breakdown of children served by age		
Number of children served having developmental, physical, and emotional delays with breakdown for each condition		
Number of families receiving a child care subsidy		
Number of children able to “step-down” to a less intensive care setting		
Increased outreach and consultations and training with parents		
Child attendance data: days present and days absent		
Number of children moving transitioning to elementary school		
Staff turnover		

All providers are required to submit quarterly progress reports on enrolled children’s progress towards entering school ready to succeed. All applicants must evaluate the following required measures:

Quarterly Report - Evaluation Measure	Goal	Outcome
Baseline assessment of children		
Percentage of children who have met developmental outcomes		
Percentage of children who have not met developmental outcomes		

Description of how children have met developmental outcomes		
Strategies on supporting children who have not met outcomes		
Additional services and facility activities that promote child progress and family support: staff & quality assurance, family & community engagement.		

For existing providers who receive funding for “Additional Children,” a separate chart must be completed to document the Quarterly Report evaluation measures for the additional children served.

Quarterly Report - Evaluation Measure - Additional Children	Goal	Outcome
Baseline assessment of children		
Percentage of children who have met developmental outcomes		
Percentage of children who have not met developmental outcomes		
Description of how children have met developmental outcomes		
Strategies on supporting children who have not met outcomes		
Additional facility activities that promote child progress and family support: staff & quality assurance, family & community engagement.		

Providers are required to submit one financial report on or before December 1, 2022. This report will include information on costs of providing services to children with special needs and on funding sources. This information will be forwarded to the Senate Budget and taxation Committee and the House Ways and Means Committee. Refer to the Grant Information Guide for more detailed information and guidance. All applicants must evaluate the following required measures:

Evaluation Measure	Goal	Outcome
Data documenting child’s special needs		
Cost of providing services to a child		
Sources of funding received by the facility		

### Dissemination

Provide details on how the evaluation results will be disseminated to major stakeholders and individuals interested in the project. Information, requirements, and dissemination methods differ from stakeholder to stakeholder. Refer to the Grant Information Guide for more detailed information and guidance.

Marketing and Dissemination Activities	Goal
Partnership established for recruitment of eligible children.	
Social Media platforms used to advertise facility and services.	
Communication with state networks, agencies, and programs (specify agency)	
Attendance at resource fairs and conferences (specify event)	
Information distributed (specify event/location, platform/agency, and delivery system)	

### Management Plan and Key Personnel

Complete the Key Personnel and Funder’s Requirement worksheets as part of the proposal. Providers will complete the Key Personnel, Steering Committee Members and Funder’s Requirement worksheets. Refer to the Grant Information Guide for additional information and guidance.

#### Key Personnel Worksheet

Name	Title, Partner Organization	Responsibilities	Time devoted (start & end dates)

*\*Add more rows if necessary*

**Steering Committee Members**

Name	Title, Partner Organization

*\*Add more rows if necessary*

**Funder’s Evaluation Schedule**

Person Responsible	Title	Report Due	Due Date
		Quarterly Report #1	10/31/2022
		Quarterly Report #2	1/31/2023
		Quarterly Report #3	4/30/2023
		Quarterly Report #4	7/31/2023
		Final Progress Report	6/10/2023
		Final Financial Report	6/10/2023
		Annual Evaluation	6/10/2023

*\*Add more rows if necessary*

Existing Providers will complete an additional Key Personnel worksheet to document staffing and responsibilities for Additional Services provided.

**Additional Services - Key Personnel Worksheet**

Person Responsible	Title, Organization	Responsibilities	Time devoted

All Providers will complete an additional Key Personnel worksheet to document staffing and responsibilities provided for Additional Children, if applicable.

**Additional Children - Key Personnel Worksheet**

Person Responsible	Title, Organization	Responsibilities	Time devoted

## Project Timeline

Complete the chart below with the key activities in the project’s timeline. Refer to the Grant Information Guide for additional information and guidance.

**Year 1 (July 1, 2022 – June 30, 2021)**

Management Activities	Timeline

Implementation Activity	Timeline
Evaluation Activity	Timeline

*\*Add more rows if necessary*

## Budget and Budget Narrative

Please provide a detailed description of the requested funds that will be spent by using the categories listed below. Add more rows if needed. An MSDE [Grant Budget C-125](#) form must also be completed, signed and submitted as an appendix. Refer to the Grant Information Guide for additional information and guidance on this section.

Note: Programs must secure a minimum of 25% in matching funds.

### 1. Salaries & Wages (list each position separately)

Line item	Calculation	Requested	In-Kind	Total
Total for salaries & wages:				

Using the space below, explain how the costs for salaries & wages above are necessary, reasonable, and cost-effective.

Type response here.

**2. Contracted Services**

Line item	Calculation	Requested	In-Kind	Total
Total for salaries & wages:				

Using the space below, explain how the costs for contracted services above are necessary, reasonable, and cost-effective.

Type response here.

**3. Supplies & materials**

Line item	Calculation	Requested	In-Kind	Total
Total for salaries & wages:				

Using the space below, explain how the costs for supplies & materials above are necessary, reasonable, and cost-effective.

Type response here.

**4. Fringe Benefits**

Line item	Calculation	Requested	In-Kind	Total



Total for salaries & wages:				

Using the space below, explain how the costs for supplies & materials above are necessary, reasonable, and cost-effective.

Type response here.

**5. Other charges**

Line item	Calculation	Requested	In-Kind	Total
Total for salaries & wages:				

Using the space below, explain how the costs for other charges above are necessary, reasonable, and cost-effective.

Type response here.

**6. Equipment**

Line item	Calculation	Requested	In-Kind	Total
Total for salaries & wages:				

Using the space below, explain how the costs for equipment above are necessary, reasonable, and cost-effective.

Type response here.

**7. Transfers (indirect costs)**

Line item	Calculation	Requested	In-Kind	Total
Total for salaries & wages:				

Using the space below, explain how the costs for transfers (indirect costs) above are necessary, reasonable, and cost-effective.

Type response here.

Existing providers need to provide a separate budget, using this same template and categories, for Additional Services.

**1. Additional Services - Salaries & Wages (list each position separately)**

Line item	Calculation	Requested	In-Kind	Total
Total for salaries & wages:				

Using the space below, explain how the costs for salaries & wages above are necessary, reasonable, and cost-effective.

Type response here.

**2. Additional Services - Contracted Services**

Line item	Calculation	Requested	In-Kind	Total
Total for contracted services:				

Using the space below, explain how the costs for contracted services above are necessary, reasonable, and cost-effective.

Type response here.

**3. Additional Services - Supplies & materials**

Line item	Calculation	Requested	In-Kind	Total
Total supplies & materials:				

Using the space below, explain how the costs for supplies & materials above are necessary, reasonable, and cost-effective.

Type response here.

**4. Additional Services - Fringe Benefits**

Line item	Calculation	Requested	In-Kind	Total
Total supplies & materials:				

Using the space below, explain how the costs for supplies & materials above are necessary, reasonable, and cost-effective.

Type response here.

**5. Additional Services - Other charges**

Line item	Calculation	Requested	In-Kind	Total
Total for other charges:				

Using the space below, explain how the costs for other charges above are necessary, reasonable, and cost-effective.

Type response here.

**6. Additional Services - Equipment**

Line item	Calculation	Requested	In-Kind	Total
Total for equipment:				

Using the space below, explain how the costs for equipment above are necessary, reasonable, and cost-effective.

Type response here.

**7. Additional Services - Transfers (indirect costs)**

Line item	Calculation	Requested	In-Kind	Total
Total for transfers:				

Using the space below, explain how the costs for transfers (indirect costs) above are necessary, reasonable, and cost-effective.

Type response here.

Existing and new providers need to provide a separate budget, using this same template and categories, for Additional Children.

**1. Additional Children - Salaries & Wages (list each position separately)**

Line item	Calculation	Requested	In-Kind	Total
Total for salaries & wages:				

Using the space below, explain how the costs for salaries & wages above are necessary, reasonable, and cost-effective.

Type response here.

**2. Additional Children - Contracted Services**

Line item	Calculation	Requested	In-Kind	Total
Total for contracted services:				

Using the space below, explain how the costs for contracted services above are necessary, reasonable, and cost-effective.

Type response here.

**3. Additional Children - Supplies & materials**

Line item	Calculation	Requested	In-Kind	Total
Total supplies & materials:				

Using the space below, explain how the costs for supplies & materials above are necessary, reasonable, and cost-effective.

Type response here.

**4. Additional Children - Fringe Benefits**

Line item	Calculation	Requested	In-Kind	Total
Total supplies & materials:				

Using the space below, explain how the costs for supplies & materials above are necessary, reasonable, and cost-effective.

Type response here.

**5. Additional Children - Other charges**

Line item	Calculation	Requested	In-Kind	Total
Total for other charges:				

Using the space below, explain how the costs for other charges above are necessary, reasonable, and cost-effective.

Type response here.

**6. Additional Children - Equipment**

Line item	Calculation	Requested	In-Kind	Total
	Total for equipment:			

Using the space below, explain how the costs for equipment above are necessary, reasonable, and cost-effective.

Type response here.

**7. Additional Children - Transfers (indirect costs)**

Line item	Calculation	Requested	In-Kind	Total
	Total for transfers:			

Using the space below, explain how the costs for transfers (indirect costs) above are necessary, reasonable, and cost-effective.

Type response here.

Total amount requested:

Total matching funds:

## Appendix

The following appendices must be included. Include other appendices as deemed necessary.

- A one-page resume for all Key Personnel
- Letter of Commitment or MOU (if applicable) from community partnerships (i.e., hospitals, Infant and Toddler programs, etc.)
- Evidence of status of a [non-profit 501\(c\)\(3\) organization](#)
- Evidence that the facility is licensed to provide care for children in Maryland
- A [signed C-1-25 MSDE budget form](#)
- A [signed recipient assurances page](#)

