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I. General Information

February 2, 2015, The Commonwealth of Pennsylvania, Office of Child Development and Early Learning received a federal Early Head Start-Child Care Partnership grant. Through Early Head Start – Child Care (EHS-CC) Partnership services, OCDEL will expand the continuum of early care and education services and enhance the network of supports by meeting the following objectives for children and families, practitioners, providers, and the community:

Objectives for Children and Families:
1. Increase comprehensive supports in high quality infant and toddler child care centers, group child care homes and family child care services in high-risk, high-need communities
2. Build protective factors for vulnerable children and families
3. Connect families to health and wellness services
4. Support families as they move toward self-sufficiency

Objectives for Practitioners, Providers, and Communities:
1. Increase the quality of child care providers through recruitment, participation, and ratings advancement in Keystone STARS, PA’s quality rating and improvement system
2. Build a cadre of qualified, effective infant-toddler teachers with deep infant-toddler expertise and experience
3. Gather, analyze, and offer programs access to data that will assist them in improving their practice, supports, and outcomes for infants, toddlers, and their families
4. Enhance the statewide network of resources and supports by improving cross-systems professional development and systems linkages
5. Coordinate local early childhood systems to successfully link infant-toddler, preschool, and K-12 learning
6. Positively impact regional/state economy

By leveraging a competitive procurement process, OCDEL will identify and select community-based providers to work in partnership on OCDEL initiatives. OCDEL will recruit child care providers seeking to enroll in or currently participating in Keystone STARS. In order to identify the targeted service areas for this opportunity, OCDEL has completed a three step process including: review of statewide data to understand unmet need; outreach to Head Start/Early Head Start (HS/EHS) grantees; and publication of a Request for Information from community-based providers.
OCDEL has identified the following counties as potential service areas:

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I. Overview of Early Head Start (EHS)

Early Head Start was established by the 1994 reauthorization of the Head Start Act as a program for low-income families with infants and toddlers and pregnant women. The program is administered by the federal Administration for Children and Families’ (ACF) Office of Head Start (OHS). In creating Early Head Start, Congress acted upon evidence from research and practice indicating that the time from conception to age 3 is critical for human development and, for infants and toddlers to develop optimally, they must have healthy beginnings and the continuity of responsive and caring relationships. Research demonstrates that Early Head Start programs that fully implement Head Start regulations improve school-readiness outcomes for children (OPRE-EHS Research).

Since 1965, Head Start has served more than 30 million children and their families. In FY 2012, Head Start served 956,497 children and families, including more than 113,000 in Early Head Start programs. There are approximately 1,600 Head Start grantees, including 950 grantees providing Early Head Start. At this time, Early Head Start programs only serve 3-4 percent of income-and age-eligible infants and toddlers.

The Early Head Start - Child Care (EHS-CC) Partnership program will provide family-centered, full-day, full-year services designed to promote the development of the youngest children; to engage parents in their roles as primary caregivers and teachers of their children; and to help parents move toward self-sufficiency. Early Head Start promotes the school readiness of low-income children:

- In relationship-based learning environments that support children’s growth in language, literacy, mathematics, science, social and emotional functioning, physical development and well-being, and approaches to learning; and
- Through the provision of health, educational, nutritional, social, and family support services.

In February 2015, OCDEL was awarded a federal grant to develop and enhance EHS-CC Partnerships. The model proposed by OCDEL seeks to identify strong community-based family support providers and child care to serve EHS eligible children participating in Child Care Works, Pennsylvania’s child care subsidy program. In addition to supporting vulnerable children and their families, Pennsylvania’s goal is to increase the quality of child care environments in which these children are enrolled.

Agencies applying to participate in the OCDEL EHS-CC Partnership program and their partners must meet federal Head Start regulations and applicable state and local child care regulations. The Head Start Program Performance Standards and the Head Start Act as reauthorized in December 2007 may be accessed at www.acf.hhs.gov/programs/ohs/policy.
III. Approach

OCDEL seeks to develop a regional partnership model to create an economy of scale to deliver EHS - CC Partnerships services. Within each regional partnership, an agency will act as a Hub; able to provide comprehensive services to child care partner programs that exhibit real need, desire to participate, and have a willingness to follow enhanced program regulations. Hub agencies may also offer their own center-based classes.

Within the regional Hub model, OCDEL seeks to partner with applicants in one of three ways: a Hub, comprehensive provider, or a regulated child care provider. The applicant types are defined as:

1. **Hub providing shared comprehensive services to multiple child care providers**

   An applicant seeking to be a Hub is a community-based agency with demonstrated capacity to address most or all of the comprehensive service needs through their existing program and infrastructure. Applicants in this category may include local HS/EHS programs, Children’s Advocacy Centers, Nurse-Family Partnership agencies or other similar agencies. These entities will serve as the local lead agency in the partnership and will staff parent engagement, health coordination, mental health consultant, and program management through direct employment or contract. In addition to serving as the lead agency for local child care programs, Hubs may also operate their own classrooms. Hubs will receive a standard cost per child amount to implement this portion of the program.

2. **Comprehensive partner providing both child care and comprehensive EHS services.**

   A child care organization of sufficient size to deliver both comprehensive services and the child care portion of the program is considered a comprehensive partner. In this applicant type, the comprehensive provider would receive a per child amount to enable them to finance all services required by the grant. Due to economies of scale, it is anticipated that the minimum number of slots a comprehensive provider could request is 40.

   *Hub organizations applying with child care partners identified or comprehensive providers will receive additional points in the application review. One of these two applicant types is preferred. With strong justification of community need, a third application will be considered -- regulated child care providers seeking to partner with a Hub identified by OCDEL.*
3. **Regulated child care provider**

Another potential applicant is a regulated child care provider which includes family child care homes, group child care homes, and child care centers. OCDEL will entertain applicants ranging from a no STAR level through a STAR 4 level. All child care providers will be expected to fulfill the child development, continuity of care, parent involvement, and professional development requirements related to quality EHS services. OCDEL will provide an EHS - CC quality add-on to address the lost revenue related to the more rigorous expectation of reduced staff to child ratio and fulfilling the quality enhancements needed to meet the standards. It is anticipated that the minimum number of children a child care provider could apply for would be four children per group. Any child care applicant applying as an individual provider will be matched with a Hub organization in order to provide comprehensive EHS services.

The following considerations must be addressed:

**A. Head Start Performance Standards**

EHS-CC Partnership funding is provided to make high quality infant-toddler services available to children who are currently receiving Child Care Works (child care subsidy) funding. Children served with EHS - CC Partnership funding may be dispersed throughout various rooms in facilities; however, the Head Start Performance Standards and program requirements will apply in all rooms where EHS - CC Partnership children are enrolled.

**B. Curricula and Teaching**

a. Applicants will be required to meet the standards of both the federal Head Start/Early Head Start program and Keystone STARS. Keystone STARS requires the use of an approved assessment tool and implementation of a curriculum aligned with the PA Early Learning Standards for Infants and Toddlers.

b. Applicants will receive professional development on screening and child assessment as part of the grant’s pre-service training. As a condition of participation, all EHS - CC partners will be required to assess and report child outcomes for the children they serve through this funding, beginning at the time of each child’s enrollment. To meet the ongoing child assessment criteria Teaching Strategies Gold is preferred, but other approved tool will be considered.

**C. No Charge for Early Head Start - Child Care Partnerships**

a. Families that enroll their children in the EHS-CC Partnerships program may not be charged for any portion of the EHS program service. This applies to
expenses related to the enrolled child’s meals or formula, diapers, or activity fees

b. Families will be required to continue to pay their Child Care Works co-payment.

D. Child Care and Keystone STARS

a. While participation in Keystone STARS is not a requirement at time of application, child care programs must begin the process of entering the STARS system within six months of receiving notification of funding and meet or exceed STAR 3 within 18 months.

b. Children enrolled in OCDEL EHS-CC partnership may be included in FTE Child Care Count for STARS. Programs serving children from different funding sources in the same classrooms should be cost allocating all the expenses of the classroom, including the teacher’s salaries, to the appropriate funding sources.

c. Financial awards for Keystone STARS are restricted to child care programs and awards are based on the number of children enrolled in child care. These awards provide resources to maintain STAR level or facilitate the movement of child care programs from one STAR level to the next.

d. More information about Keystone STARS supports and awards may be found at the www.pakeys.org.

E. Relationship with Child Care Works Subsidy

a. A Child Care Information Services (CCIS) is the primary point of contact for families seeking child care and making application for Child Care Works (CCW). There are 42 CCIS agencies, each serving specific county/counties in Pennsylvania. CCISs serve as the point of contact to verify CCW eligibility and work to enroll children in local programs. OCDEL will develop materials that will identify its partners as well as other successful EHS - CC Partnership grant recipients, to provide parents with information on available programs. When a family is eligible for CCW as a TANF recipient (100 percent FP), the CCIS staff will provide marketing materials and make referrals to local EHS - CC partners.

b. Consideration for initial enrollment eligibility in the EHS-CC Partnerships program will be prioritized for children receiving CCW and eligible for EHS as per the Head Start Performance Standards. In the event that an applicant proposes and is successfully funded for an EHS-Stand-alone classroom, the program will develop selection criteria to prioritize the children most at risk.

F. Family and Community Partnerships

a. Locally, each Hub or comprehensive partner program will identify an administrator or staff person who will be responsible for Family and Community Partnerships (FCP). This content area staff person will identify
local resources and referral processes to support pregnant women, teen mothers, immigrant, refugee, and migrant worker families; families in crisis; children referred by child welfare services; and children exposed to chronic violence or substance abuse. In order to support families in moving to greater self-sufficiency, Hub and comprehensive partners must identify a Family Service Worker who will work with families at times convenient to them, primarily in their homes.

G. Grant Awards
   a. EHS-CC Partnerships center-based programs must be full-day, full-year programs. Full-day programs must provide a minimum of 6 hours per day for at least 240 days per year of instructional activities or services. Full-day programs may receive up to but no more than an average over 3 years of $7,000 per child. For purposes of initial funding requests, the average of $7,000 per child should be used for planning. As grants are awarded and children are enrolled, funding will be adjusted such that $6,000 will be allocated for infants, $7,000 will be allocated for young toddlers and $8,000 will be allocated for older toddlers. Per child amounts are based upon the projected amount needed to operate a high quality program and comply with the requirements of the Head Start Performance Standards. Funding requests must be fully explained in the grant application and will not be awarded unless fully justified. Children, once enrolled, must remain in Early Head Start; child care partners cannot shift enrollments to maximize EHS funding.
   b. Children enrolled in EHS-CC Partnerships will maintain their enrollment until the child ages out as a preschooler or the family withdraws from the program. Children who, over the course of the program year, lose their eligibility for Child Care Works, will be supported through the remainder of the program year. If families cannot re-establish CCW eligibility, children will be supported in transitioning to other programs at natural points during the program year.

IV. Application Process, Deadlines and Assistance

Only those programs that responded to OCDEL’s Request for Information in July 2014 by submitting a Letter of Intent (LOI) are eligible to submit an application. Eligible applicants may include partners in their applications that did not submit an LOI. The applicant will be considered the lead agency and the point of contact for the application process and if successful, contracting. Additionally entities that responded to the LOI request can apply to deliver services in any county identified in this request for application.
a. Overview

Regulated child care provider applicants will be required to offer a full-day (minimum 6 hours), full-year center based or family child care program that will accommodate children receiving Child Care Works and offer assistance to low income families who are entering job training or the workforce.

All Hub and comprehensive partner applicants must document their strategies for meeting these requirements:

1. Develop a parent committee and activities to support program governance;

2. Propose a staffing structure that will:
   a. Ensure qualified staff for the content area specialists and classroom staff;
   b. Ensure that children receive required screenings and follow-up for medical, mental health or dental treatment;
   c. Provide for the completion of the family assessment process and follow up support;

3. Develop community collaborations; and

4. Participate in Self-Assessment and Continuous Quality Improvement Plans.

Key components of an acceptable application are the demonstration of: a) understanding of Early Head Start program requirements as listed in the Head Start Performance Standards and Head Start Act; b) high quality staffing; c) community collaboration or formal partnerships; d) sound fiscal principals and e) demonstration of need in the community as viewed in the context of the Reach and Risk Survey.

Only those entities that submitted a Letter of Intent may apply for EHS - CC Partnerships funding as a lead agency. Those interested in applying for an EHS-CC Partnerships grant are required to submit an application, using the format available on the PA Key website, www.pakeys.org. Download, complete, and submit this an original and two copies to:

   Early Head Start-Child Care Partnerships
   Early Head Start Partnership
   Office of Child Development and Early Learning
   333 Market St., 6th Floor
   Harrisburg, PA 17126
Applications must be postmarked by Wednesday April 8, 2015. Hand delivered applications will be accepted at the OCDEL office until noon, Friday April 10, 2015.

Please note, while the original submission is in paper format, all documents should be maintained by the applicant in electronic form. In the event that revisions need to be completed prior to contract execution, updated version will need to be submitted.

All eligible providers of early childhood education services are invited to participate in EHS-CC Partnerships by applying for a competitive grant award. OCDEL will provide assistance to applicants through:

1. Bidders Webinar
2. Frequently Asked Questions (FAQs) posted online.

B. Program Application Deadlines

- **Tuesday March 17, 2015** Applications will be available on the PA Key’s website, [www.pakeys.org](http://www.pakeys.org)
- **Tuesday March 17, 2015** Bidders’ Meeting 12:30 pm- 2:00 pm
- **Wednesday April 8th, 2015** Mail submissions must be postmarked
- **Friday April 10, 2015** Hand delivered applications are due by noon.
- **Tuesday April 21, 2015** Projected announcement of approved grants.
C. How to Apply for Early Head Start - Child Care Partnerships

The following applicant specific information is requested in the EHS-CC Partnership application. The terms and references are defined below to assist applicants in correctly filling out their application.

**Tax ID Number or Federal ID Number**

This is the number that an agency uses on its federal W-9 form. Applicants for EHS-CC Partnerships funds should consult with the person who handles tax, legal or accounting matters for the agency to determine the federal ID number and your legal name and address. The correct number must be provided where requested in order to process an application. Failure to do so will result in significant delays in disbursement of funds. This number may be referred to as the “FEIN number”.

**MPI#: Master Provider Index Number**

All Child care applicants or child care partners will need a Master Provider Index (MPI) number as part of the application process. MPI numbers are used across the Pennsylvania Department of Human Services (DHS) to identify legal entities and service locations that participate in any of their programs. As such, they are used in DHS’s data system as a common identifier for all of the Office of Child Development and Early Learning’s (which is a joint office between PDE and DHS) programs, including Child Care Licensing, Early Intervention, Pennsylvania Pre-K Counts, Head Start Supplemental and Keystone STARS.

Legal entities are assigned a unique 9-digit MPI number. In addition, service locations are assigned a unique 13-digit MPI number, which is created by adding a 4-digit extension to the 9-digit MPI of the legal entity. Legal entities and service providers currently participating in any of these programs should have an MPI number.

D. Maximizing Existing Resources

EHS-CC Partnerships are intended to enhance services to children and their families as well as increase the quality of child care providers. Federal funds may not be used to supplant funding currently supporting programming. As part of the process, program budgets will be reviewed and approved for appropriateness, allowability, and allocation between EHS services and existing operational expenses.
V. Program Requirements

Applicants for EHS-CC Partnerships funding must fully meet the requirements of the Head Start Performance Standards and the Head Start Act of 2007. Hubs, comprehensive partners, and regulator child care providers will be required to identify how these requirements will be addressed.

A. Parent, Family, and Community Engagement (PFCE)

The Head Start Performance Standards address Family and Community Partnerships (FCP) in sections 1304.40-1304.50. Programs may also reference the Office of Head Start (OHS) Parent, Family, and Community Engagement (PFCE) Framework, which is a research-based approach to program change designed to help Head Start programs achieve outcomes that lead to positive and enduring change for children and families. FCP covers the requirements to offer parents opportunities and support for growth, so they can identify their own strengths, needs and interests, and find their own solutions. Services addressed by applicants are: Family Goal Setting; Accessing Community Services and Resources; Services to Pregnant Women who are Enrolled in Programs Serving Pregnant Women, Infants and Toddlers; Parent Involvement – General; Parent Involvement in Child Development and Education; Parent Involvement in Heath, Nutrition, and Mental Health Education; Parent Involvement in Community Advocacy; Parent Involvement in Transition Activities, and Parent Involvement in Home Visits.

In order to support enrolled families and complete the FCP, it is expected that applicants will hire a Family Service Worker (FSW). The responsibilities of this staff person will include supporting the families in development and achievement of Family Partnership Agreements, connecting families with local resources, supporting compliance with program health requirements by supporting access to medical and dental homes, and serving as a liaison between the family and the child care providers. A recommended full time equivalent for this position is one FSW to every 25-30 families.

Key requirements for Early Head Start related to Family and Community Partnership Services are:

a. Support parent’s development as advocates to make decisions for their children and families
b. Communicate directly or via an interpreter for the family
c. Conduct an assessment of the family needs and interests
d. Coordinate with other agencies to reduce duplication of services.
e. Provide opportunities for families to be involved in Family Literacy Services
f. Welcome parents as visitors into center-based classrooms at any time
g. Invite parents to be involved in program planning
h. Establish collaborative relationships with community agencies
i. Participate on a Health Advisory Council
j. Support transition of enrolled children by coordinating, sharing information and meeting with them
k. Connect families with the Head Start grantee if families continue to be eligible for Head Start as the child turns 3 years old

In order to demonstrate compliance with the Head Start Regulations, programs will be required to maintain individual child and family records. Programs will document individual child and family goals and progress reaching those goals; health records; screening and ongoing assessment records; transition plans; and parent volunteer hours.

B. Continuous Quality Improvement Plans

Early Head Start - Child Care Partnership grantees must develop a Continuous Quality Improvement Plan during the first implementation year. The plan must be reviewed at least annually and updated to accurately reflect progress made towards meeting identified goals or to establish new goals or areas of focus for the current year. The plan must be submitted each year to the infant/toddler specialist (state level staff responsible for overseeing the implementation and management of EHS-CC Partnership grants) by November 1.

Continuous Quality Improvement is the complete process of: identifying, describing and analyzing strengths and weaknesses; developing a plan that includes benchmarks and measurable goals for improvement; implementing the plan; learning from outcomes; and revising solutions. It is an ongoing process by which an organization makes decisions and evaluates its progress. It is grounded in the overall mission, vision and values of the organization and should become a natural part of the way every day work is done.

**Continuous Quality Improvement Planning for Early Head Start - Child Care Partnership Must:**

1. Include staff, families, children, and stakeholders at all levels.
2. Consider the information from the monitoring visits as well as agency-specific strategies for documenting and reviewing program, classroom and teacher performance.
3. Incorporate four components:
   - Sources of Evidence: the evidence used to identify the areas of needed improvement.
   - Goals, Objectives and Strategies: description of identified and measurable goals to be accomplished and how they will be achieved.
Timeline and Person(s) Responsible: Ongoing dates of review and targeted end-dates should be included, along with the person who has the primary responsibility for implementing and monitoring the goal.

Follow-up: the procedure for ongoing review that will occur annually at a minimum.

4. Include a process for annual submission to the infant/toddler specialist and be available for review at each site visit.

5. EHS-CC Partnership Continuous Quality Improvement Plans may be a subset of a provider’s existing strategic or ongoing plan. Head Start self-assessments or Keystone STARS Continuous Quality Improvement Plans that incorporate Head Start specific goals and the four components described above are acceptable.

6. Professional development for Continuous Quality Improvement is provided through the Keystone STARS Core Series and may be accessed through the PA Keys online professional development calendar.

7. Hub agencies are responsible for assuring child care partners’ development and ongoing review of a Continuous Quality Improvement Plan.

C. Length of Day and Program Year

Per program requirements, the minimum length of day for the center-based portion of services is 6 hours. The Office of Head Start defines full-day, full-year to mean 8-10 hours a day or more and for Early Head Start programs to operate at least 48 weeks per year.

Programs should consider the needs of their families regarding the length of day. At minimum EHS-CC Partnerships must operate 6 hours. The hours of service provided by an Early Head Start program should reflect the needs of the children and families within the community and be based on the Community Assessment. Moreover, programs should be flexible and strive to meet families’ individual needs.

For children participating in the program who only meet the EHS eligibility criteria, but were prioritized for enrollment in the program, the child care provider should make clear the expectations for families related to the start and end time of the EHS portion of the day.

D. Child Eligibility, Recruitment, Selection, Enrollment and Attendance (Part 1305)

a) Eligibility - Early Head Start is designed to enroll infants and toddlers prior to their 3rd birthday. Children may remain in the program through the end of the program year in which they turn three years of age or the time when their same aged peers would be enrolling in preschool programs. Family income must be verified by the Early Head Start program before determining that a child is eligible to participate in the program. A signed statement by an employee of the Early Head Start program, identifying what kind of document was examined and
that the child is eligible to participate, must be maintained to indicate that income has been verified. For purposes of EHS-CC Partnerships, children receiving Child Care Works Subsidy and who meet the low income definition which is define as 100% of the Federal Poverty Guidelines at the time of application will be prioritized for enrollment. In addition to the mandatory program review, programs shall have the parent or guardian sign and print their name indicating that 1) the information is accurate to the extent of their knowledge and 2) they are giving the child care facility permission to provide this information to the Pennsylvania Department of Human Services (DHS) as required for EHS-CC Partnerships program reporting. Applicants must describe how they will recruit, enroll and maintain full caseloads for income eligible children. (1305.4 Age of children and family income eligibility)

b) **Recruitment** - In order to reach those most in need of Head Start services, each agency must develop and implement a recruitment process that is designed to actively inform all families with eligible children within the recruitment area of the availability of services and encourage them to apply for admission to the program. This may include canvassing the local community, using news releases and advertising, family referrals, and referrals from other public and private agencies. A program must solicit applications from as many eligible families within the recruitment area as possible. If necessary, the program must assist families in filling out the application form in order to assure that all information needed for selection is completed. Each program must obtain a number of applications that is greater than the number of enrollment opportunities that are anticipated to be available in order to select those with the greatest need for services. (1305.5 Recruitment of children)

c) **Selection** - Each EHS-CC applicant must have a formal process for establishing selection criteria and for selecting children and families that considers all eligible applicants for services. In selecting the children and families to be served, the program must consider the income of eligible families, the age of the child, and the extent to which a child or family meets the criteria that each program is required to establish based on the Community Needs Assessment. Children whose families earn less than 100% of the Federal Poverty Income Guidelines (FPIGs) or meet other EHS eligibility categories AND receive Child Care Works will be prioritized for enrollment. At least 10 percent of the total number of enrollment opportunities must be made available to children who meet the definition for children with disabilities. Up to 10% of each program’s awarded slots may be filled with children whose family income is greater than 100% of the FPIGs. Each program must develop and maintain a waiting list that ranks children
according to the program’s selection criteria to assure that eligible children enter the program as vacancies occur. (1305.6 Selection Process)

d) **Enrollment** – Each child enrolled in the EHS-CC Partnerships program must be allowed to remain in Early Head Start through the end of the program year in which they turn three years of age or the time when their same aged peers would be enrolling in preschool programs. Full enrollment must be maintained at all times. No more than 30 calendar days may elapse before a vacancy is filled. Programs must report to their infant/toddler specialist if they are unable to enroll another child within the 30 day timeframe. If a child has been found income eligible and is participating in an Early Head Start program, he or she remains income eligible while they are participating in the program. In the event that a family loses Child Care Works funding, the program must continue to serve that child until the family is once again eligible for CCW or the child is transitioned to other services.

e) **Attendance** – Programs will report each child’s daily attendance as part of their monthly reporting requirements. It is expected that classrooms will maintain an average of 85% daily attendance at a minimum. When the monthly average daily attendance rate in a center-based program falls below 85%, the program must analyze the causes of absenteeism, including a study of the pattern of absences for each child, the reasons for absences, and the number of absences that occur on consecutive days. Program staff may need to work with those families whose children are not attending regularly and do not have excused absences. Family support procedures should be initiated for all children with four or more consecutive unexcused absences. These procedures must include home visits or other direct contact with the child’s parents. All contacts with the child’s family, as well as special family support service activities provided by program staff, must be documented. In circumstances where chronic absenteeism persists, and it does not seem feasible to include the child in the same or a different program option, the child’s slot must be considered an enrollment vacancy. (1305.8 Attendance)

In addition to meeting the attendance requirements for Early Head Start, Child Care Works policy is that a child cannot miss more than 5 consecutive days, unless it is for a valid health reason. A child who is absent for more than 5 days will be suspended and will after 13 days will be given advance notice to return or services will be terminated by a specified date. A child is allowed a maximum of 25 absences per year. After the 25th day, CCW payments are suspended and the parent must pay child care costs incurred for any subsequent absences. OCDEL
will retain a small reserve of funds for support of the child care while staff members work to reengage the family in attending the program. This is intended to provide a safety net for child care while and to maintain continuity of care for the child.

E. Assessing Learning Environments

EHS-CC Partnership classrooms must meet the Pennsylvania certification requirements if they are part of a child care family, group or center facility. Other eligible providers must provide at least 40 square feet of indoor space and 75 square feet of outdoor space for each child. The physical space’s light, ventilation, heat and other arrangements must be consistent with the health, safety and developmental needs of the children utilizing the space.

All spaces must ensure the safety of the children and afford children with disabilities access to use the space. Infants and toddlers must be separated from areas in use by older children.

Toys and materials must be made of non-toxic materials and the room must be sanitized regularly. EHS-CC Partnerships will be required to develop policies and procedures to address toileting and diapering in accordance with the Head Start regulations and sound hygiene practices. Programs choosing to use potty chairs for toddlers will need access to a separate utilities sink for sanitization.

In keeping with the goal of continuous quality improvement, providers not currently enrolled in Keystone STARS will be expected to enter the quality rating system within six months. Within 18 months participating child care facilities must meet STAR Level 3. Technical assistance will be provided to support movement through the STARS process.

F. Group Size, Infant/Toddler-Teacher Ratios and Continuity of Care

Center-based groups have a ratio of 8 children to 2 staff, with a maximum group size of 8 children, regardless of the age of children grouped together. Both staff members must meet the minimum staff qualifications for an Early Head Start Teacher. EHS-CC Partnerships center-based groups may be groups with mixed ages, which is often referred to as Family Grouping. An example of this practice would be a class of three infants, three 18-24 month olds, and two 24-36 month olds. The ratio of 8:2 remains the same from infants through the time a child turns 3 years of age.

In a center-based classroom, it is expected that the same core group of staff consistently work with the enrolled Early Head Start children, which is referred to as Continuity of Care. Continuity of Care means that the infants and toddlers have a chance to get to know and develop close relationships with a very small number of adults. Teachers must
be given a primary care assignment for a group of children. The staffing assignment should apply to the same group from birth through age 3 or as long as they are involved with the EHS-CC Partnership.

Over the course of the program year, the teachers may be out of the classroom completing home visits, conferences, and professional development or for illness. On these occasions, a qualified substitute must support the class to remain in ratio.

Resources:
- EHS Tip Sheet 2
- EHS Tip Sheet 4
- EHS Tip Sheet 21
- EHS Tip Sheet 23
- EHS Tip Sheet 25

G. Staffing Qualifications

Providing children with consistent teachers is crucial in developing relationships with young children. When staffing Early Head Start center-based classrooms, programs should assign a consistent core group of adults to each center-based group. In a center-based program there are 2 primary staff positions, both teachers. In order to allow coverage during breaks, additional program staff must be used. There should be a limited number of consistent staff over an extended period of time, in order to ensure secure relationships develop between the teachers and children. Additionally programs may utilize additional staff in support of the families’ needs, developing community resources and outreach. The Family Service Worker may work to meet the parent involvement and health requirements with the enrolled families. Family Service Worker and other content area specialist roles may be fulfilled by existing staff or by contracting with consultants.

Teacher qualifications\(^1\) - All Early Head Start teachers must have the knowledge and skills necessary to develop consistent, stable, and supportive relationships with young children and their families. They must have knowledge of infant and toddler development, safety issues in infant and toddler care, and methods for communicating effectively with infants and toddlers. In addition, teachers must be able to plan and implement learning experiences that address social-emotional development, early language and literacy, early math and science, problem solving, and approaches to learning.

Center-based Early Head Start teachers must have a minimum of an Infant-Toddler Child Development Associate (CDA) or a comparable credential or a preschool CDA (or comparable credential) with training in infant toddler development. Family child care home Early Head Start teachers must have previous early child care experience and, at a minimum, enroll in a Child Development Associate (CDA) program, an Associate’s degree program, or Bachelor's degree program in child development within six months of beginning service. The family child care provider must acquire the credential or degree within two years of beginning service. Centers participating in Keystone STARS can access Rising STARS Tuition Assistance to assist staff meeting the qualifications.

Hub or comprehensive partners must hire staff or contract with consultants who meet the qualifications listed below to provide content area expertise and oversight on an ongoing or regularly scheduled basis. Programs must determine the appropriate staffing pattern necessary to provide these functions; in some cases a single staff person may meet the qualifications and fill the role of more than one content area.

**Education and child development services** - must be supported by staff or consultants with training and experience in areas that include: the theories and principles of child growth and development, early childhood education, and family support. In addition, staff or consultants must meet the qualifications for classroom teachers, as specified in section 648A of the Head Start Act and any subsequent amendments regarding the qualifications of teachers.

**Health services** - must be supported by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration. In addition, when a health procedure must be performed only by a licensed/certified health professional, the agency must assure that the requirement is followed.

**Nutrition services** - must be supported by staff or consultants who are registered dietitians or nutritionists.

**Mental health services** - must be supported by staff or consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and their families.

**Family and community partnership services** - must be supported by staff or consultants with training and experience in field(s) related to social, human, or family services.

**Parent involvement services** - must be supported by staff or consultants with training, experience, and skills in assisting the parents of young children in advocating and decision-making for their families.
**Disabilities services** - must be supported by staff or consultants with training and experience in securing and individualizing needed services for children with disabilities.

(Head Start Act Section 648A)
Sec. 1304.52 Human Resource Management

**Resources:**
- ACF-IM-HS-11-03
- EHS Tip Sheet No. 2 (EHS Teacher Qualification)
- ACF-IM-HS-10-06

**H. Food and Nutrition**

EHS-CC Partnerships must assure that children are well nourished and that mealtimes support relationships. Meals and snacks should provide a variety of foods and meet each child’s developmental and feeding requirements, including those for children with **disabilities, special medical, dietary or formula needs**. Parent developed feeding schedules, children’s individual food preferences and the family and cultural preferences for feeding must be discussed and utilized. Staff must hold infants to bottle feed until the infants are able to sit independently at a child-sized table for meals.

EHS-CC Partnerships programs are expected to create spaces in the center that encourage and welcome breastfeeding mothers, provide a private space for nursing and ensure that there is proper storage for breast milk if a parent chooses to send breast milk to the center.

Families may not be charged for formula, meals or snacks, cereal and baby food provided during the portion of the program designated as EHS-CC Partnerships. All formula and food must be provided by the program for EHS-CC Partnerships enrolled children. Proper refrigeration **must be available** for breast milk when provided by the family. Programs are required to provide meals/snacks in accordance with the developmental level of the child and with USDA meal pattern or nutrient standard menu planning. Nutrition services must be overseen by a staff member or consultant that is a registered dietician or nutritionist.

Meals must be provided in a family-style setting which includes staff and volunteers who are all served the same foods unless there are dietary restrictions. It should encourage communication, bonding and opportunity **for** developmentally-appropriate skill development. Infants must be held during feeding.
EHS-CC Partnerships must participate in an USDA food reimbursement program with the sponsorship of their choice. The Child Adult Care Food Program (CACFP) has issued policy that Head Start and Early Head Start Children are categorically eligible to participate. Information on CACFP can be found on the Pennsylvania Department of Education website at http://www.portal.state.pa.us/portal/server.pt/community/pa_food_and_nutrition_programs/18762/child_and_adult_care_food_program/646163.

Other Key Requirements for nutrition include:

- The completion of a child Nutrition Assessment as soon as possible upon entering the program.
- Provide nutrition information to families in their primary language whenever possible.
- Infants and young toddlers who need it must be fed “on demand” to the extent possible or at appropriate intervals.
- Full-day settings must provide meals and snacks that provide at least 2/3 of the children’s daily nutritional needs.

I. Health and Safety

Early Head Start - Child Care Partnerships programs are expected to follow health and safety guidance contained in all of the following:

- Pennsylvania Child Care Regulations http://www.dhs.state.pa.us/provider/earlylearning/childcareregulations/

Health

Health services ensure that, through collaboration among families, staff and health professionals, all child health and developmental concerns are identified and children and families are linked to an ongoing source of accessible care to meet their basic health and oral health needs. The Head Start Performance Standards Sections 1304.2 through 1304.24 address Determining Health Status, Screening for Developmental, Sensory and Behavioral Concerns, Extended Follow-up and Treatment, Ongoing Care, and Involving Parents. These standards must be met.

Programs must also:
1. Connect families of infants and toddlers to an ongoing source of continuous, accessible primary health care (medical home) for completion of routine health screenings, including vision, hearing, and lead toxicity screenings.

2. Connect families of infants and toddlers to an ongoing source of dental care (dental home) for completion of exams (at 1 year old or upon eruption of first tooth) and treatment and referral if necessary.

3. Complete appropriate screenings within 45 days of enrollment as outlined in the Head Start Performance Standards while being sensitive to the family’s cultural background and in collaboration with the family.

4. Ensure follow up and documentation of medical and dental exams along with immunizations, treatments, referrals, etc.

5. Promote optimal physical and oral health and tracking of those services.

6. Assure that infants and toddlers meet immunization requirements of Pennsylvania child care regulations and Early Head Start Performance Standards based upon the immunization schedule provided by the Pennsylvania Department of Health. These requirements include, but are not limited, to the provider obtaining a record establishing that the child has received the immunizations on the schedule or are on a catch up schedule of immunizations or a written objection to the child being immunized on religious grounds or a physician-verified medical reason for the child not be immunized at the present time from the parent or guardian of the child.

7. Ensure that staff members, volunteers and children wash their hands in accordance with Head Start Performance Standards; American Academy of Pediatrics and child care guidelines. The procedure for hand washing must be posted at each sink and hand washing site.

8. Follow diapering procedures in accordance with the diaper changing instructions (as per the Caring for Our Children, 3rd Edition) posted at the changing table.

9. Follow the guidance of NAEYC (Cleaning, Sanitizing and Disinfecting Frequency Table; Revised October, 2013) in maintaining the cleanliness of the facility to provide a safe and healthy environment for all children, family and staff.

10. Develop health services related policies and procedures to address the Head Start Performance Standards and child care regulations.

Programs can obtain information on the management of the Health, Nutrition and Safety content areas at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/health-services-management. The Early Childhood Learning and Knowledge Center (ECLKC) is an essential link for understanding the requirements and responsibilities of the Head Start Performance Standards. Caring for Our Children, Third Edition is another essential resource for managing this content area in an EHC–CC Partnership.
Safety

Health and Safety are basic to high quality care in any early childhood setting. EHS–CC Partnerships must develop policies and procedures to respond to medical and dental emergencies to ensure the health and safety of the infants and toddlers in their care. EHS-CC Partnerships will ensure that a daily site safety scan and ongoing site safety checklists include topics and items specific to the infant and toddler age group. Partnerships will ensure that Emergency Plans are developed and posted in the facility. Emergency phone numbers should also be posted and family contact information must be kept up to date. Emergency evacuation routes must be posted and practiced regularly. A system must be in place for contacting families in case of an emergency. EHS-CC Partnerships must also develop methods/systems of handling potential child abuse and neglect in accordance with federal, state and local laws.

To find more in depth information, requirements and guidance on health, safety and nutrition, refer to the following links:

- ECELS (AAP) [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org)
- NAEYC [www.naeyc.org](http://www.naeyc.org)
- Pennsylvania Child Care Regulations [http://www.dhs.state.pa.us/provider/earlylearning/childcareregulations/](http://www.dhs.state.pa.us/provider/earlylearning/childcareregulations/)

These resources provide quality information, guidelines, standards, regulations and guidance to programs along with many other resources available to early childhood practitioners. The highest quality nutrition, health and safety services should be provided to Pennsylvania children and families therefore multiple resources should be used.

J. Early Childhood Mental Health Supports (1304.24 Child Mental Health)

EHS-CC Partnerships must work collaboratively with parents by gathering information about their child’s mental health, sharing and discussing staff observations of their child, identifying and discussing with parents appropriate responses to their child’s behaviors, creating nurturing environments and relationships at the program, helping parents better understand mental health issues, and supporting participation in any needed mental health interventions.

EHS-CC Partnerships must secure the services of certified or licensed mental health professionals on a schedule that ensures the timely and effective identification of, and intervention in, family and staff concerns about a child’s mental health.
Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, staff, and parents. Consultation topics should include:

- How to design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children,
- How to promote children’s mental wellness by providing group and individual staff and parent education on mental health issues,
- How to assist in providing special help for children with atypical behavior or development, and
- How to utilize community mental health resources.

**K. Transition Planning**

As children move in and out of the Early Head Start – Child Care Partnerships program, transition planning assures there is smooth delivery of services.

EHS - CC Partnerships programs must establish and maintain procedures to support successful transitions for enrolled children and families from previous child care programs into Early Head Start and from Early Head Start into a preschool program, or other child care settings. These procedures must include:

- Coordinating with agencies to ensure that individual Early Head Start children's relevant records are transferred to the next placement in which a child will enroll or from earlier placements to Early Head Start
- Outreach to encourage communication between Early Head Start staff and their counterparts in the other child care settings including directors, teachers, social workers and health staff to facilitate continuity of programming
- Initiating meetings involving Early Head Start teachers and parents to discuss the developmental progress and abilities of individual children
- Initiating joint transition-related training for Early Head Start staff and school or other child development staff

To ensure the most appropriate placement and services following participation in Early Head Start, transition planning must be undertaken for each child and family at least six months prior to the child's third birthday. The process must take into account: The child's health status and developmental level, progress made by the child and family while in Early Head Start, current and changing family circumstances, and the availability of Head Start and other child development or child care services in the community. As appropriate, a child may remain in Early Head Start, following his or her third birthday, for additional months until he or she is able to transition into Head Start or another program.
L. Professional Development

Professional Development is a critical element of continuous quality improvement. All staff members will be required to develop individual professional development plans and participate in formal OCDEL EHS - CC Partnerships professional development annually. In addition, programs may determine the need for more individualized professional development at their local level. OCDEL EHS staff will create a Training and Technical Assistance Plan with each Hub or Comprehensive Child Care Partner. In addition to program operation funding, each Hub or Comprehensive Partner will receive dedicated grant funds for ongoing professional development.

M. Developmental Screening and Assessing Child Development

The objective of Child Development and Health Services is to ensure that, through collaboration among families, staff and health professionals, all child health and developmental concerns are identified, and children and families are linked to an ongoing source of continuous, accessible care to meet their basic health needs. The Head Start Performance Standards Sections 1304.2 through 1304.24 address Determining Health Status; Screening for Developmental, Sensory and Behavioral Concerns; Extended Follow-up and Treatment; Ongoing Care; Involving Parents and Individualization of the Program.

Key requirements for PA Early Head Start – Child Care Partnerships related to Child Development and Health Services are:

Child Development

- Select and implement a curriculum that includes goals and objectives for children; experiences for children to achieve those goals; supports to children from parents and staff; materials and resources to achieve goals; is research based and based on sound child development principals.
- Implement a relationship based approach to child development that addresses the domains of cognitive, social-emotional, language, motor, and self-help skills.
- Support social-emotional development by establishing trusting relationships inclusive of children’s cultural and ethnic backgrounds.
- Include parents in program planning and provide them with opportunities to expand their knowledge and understanding of child development, observation, and assessment.

Screening

Children are required to have screenings completed within 45 days of enrollment into the EHS - CC Partnerships Program. Screening for health, developmental, sensory, and
behavioral concerns must occur in collaboration with each child's parent, and within 45 calendar days of the child's entry into the program. EHS-CC Partners must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills. To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

OCDEL has selected and prefers the Ages and Stages Questionnaire (ASQ) as the screening tool for all state funded early childhood initiatives. ASQ is quick and easy to score and is ideal for use with parents as primary reporters. Results may be reviewed to determine the need for referral to Early Intervention.

Programs must obtain direct guidance from a mental health or child development professional on how to use the screening results to address identified needs. Multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior should be used in this process.

**Assessment**

The purpose of ongoing assessments is to guide instructional practice; to guide professional development and technical assistance to programs; and to be able to report overall progress of children participating. Frequent and ongoing assessment is required to provide feedback to teachers and parents so they may adjust their practices and activities with children to meet their needs and fill developmental gaps. Parents should be included as part of the ongoing assessment team. Reporting progress through a formal method of child outcomes reporting must be conducted in accordance with the assessment protocol.

OCDEL recommends that programs receiving EHS - CC Partnerships funding use Teaching Strategies Gold Online (TSG) and guidelines for their child assessments and to meet program reporting requirements. If programs do not chose to use TSG they will be required to provide regular assessment reports to OCDEL that correlate with the required OCDEL Assessment Checkpoint timeframes.

If partners select TSG, each agency will receive the necessary teaching materials and individual checklists needed to use the TSG, and professional development will be provided through professional development arranged by OCDEL.

Parents are key partners in the process of ongoing assessment. Programs must discuss the assessment process with parents and include their observations in the ongoing data collection that supports assessment. Programs must share formal assessment results with parents at least twice annually via a parent conference.
N. Program Design Management

**Governance**
Partner agencies must establish and maintain a formal structure of shared governance through which parents can participate in policy making or in other decisions about the EHS - CC Partnerships program. (See HSPS 1304.50, including Appendix A) In order to fulfill this requirement, OCDEL includes parents and community members at many levels of governance.

**Parent Committee**
At each local program a Parent Committee will be established. All parents at the local program level may participate on this committee. The Parent Committee will meet regularly and operate to assist in making local program decisions and in forwarding to Policy Council recommendations and comments related to the EHS - CC Partnership. The role of this group is to advise staff in developing and implementing local program policies, activities, and services. In addition, they should plan, conduct and participate in informal as well as formal programs and activities for parents and staff.

**Policy Council**
Each Hub or Comprehensive Provider will be represented on the OCDEL EHS Policy Council, one of two governing groups for the overall program. Parent representatives to Policy Council will be elected by the EHS - CC parents at their participating partner agency.

OCDEL and the EHS Governing Board will determine structure and size of Policy Council, election procedures and procedures for selecting community representatives.

Partners (Hub or CC partner w/OCDEL) will coordinate local Parent Meetings (location, time, agenda, etc.) with parents and provide support for parents to be involved.

See 1304.50 Appendix for further details on the structure and responsibilities of governing bodies.

**Self-Assessment**
At least once each program year, the OCDEL and all EHS – CC partners must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations. OCDEL will establish and implement procedures for the ongoing monitoring of their own operations as well as those of each of their partner agencies to ensure that these operations effectively implement Federal regulations. OCDEL will inform partners of any deficiencies in
agency operations identified in the monitoring review and will help them to develop plans for addressing identified problems.

**Human Resources management (1304.52)**

OCDEL and partner agencies will establish and maintain an organizational structure that supports the accomplishment of program objectives. This structure will address the major functions and responsibilities assigned to each staff position and must provide evidence of adequate staff supervision and support. OCDEL and partners will ensure that the following program management functions are assigned: program management, management of early childhood development and health services, management of family, and community partnerships.

**Facilities, materials, and equipment (1304.53)**

Partners must provide a physical environment and facilities that are conducive to learning and reflective of the different stages of development of each child. Appropriate space must be provided for the conduct of all program activities for specific access requirements for children with disabilities. The center space must be organized into functional areas that allow for individual activities and social interactions.

Space used by mobile infants and toddlers must be separated from general walkways and from areas in use by preschoolers. There must be at least 40 square feet of usable indoor and 75 square feet of outdoor space per child. Child care facilities owned by partner agencies must meet the licensing requirements of 45 CFR 1306.30.

Partners must provide for the maintenance repair, safety and security of all Early Head Start facilities, materials and equipment. Additional standards related to facilities and equipment can be found in the Head Start Performance Standards 1304.53.

Successful applicants will complete a post award environment assessment to determine immediate needs for the facility related to materials, equipment and supplies. As the overarching goal of OCDEL EHS-Child Care Partnership grant is to enhance the quality of infant toddler spaces, only the highest, most durable supplies will be purchased.
VI. Contracts, Reporting, Monitoring and Meetings

Contracts

The grant is a one year grant with four annual renewals, contingent on the availability of funding and program compliance. The funding for this grant comes from the Administration for Children and Families, Office of Head Start. In order for OCDEL and its partners to continue to receive funding, all Head Start Regulations must be fully implemented and maintained within 18 months of the beginning of the grant cycle. A panel of peer and federal reviewers will conduct an onsite review at the end of 18 months and every three years after that time. As a grantee, OCDEL must be in full compliance with the programs requirements. Any deficiencies are this process may potentially result in the program losing its funding.

Reporting

Partners will be required to submit information to OCDEL monthly. All reports are summarized and provided, as a performance standard requirement, to both the governing board and Policy Council. Information collected and summarized includes, but is not limited to: enrollment; waiting list numbers; average attendance; number of home visits by teachers or FSW; staff turnover; parent engagement activities; financial statements related to the grant including any credit card usage for EHS services; and number of enrolled children eligible for early intervention. In order to provide the governing bodies program updates and fulfill the federal reporting requirements, partners will receive a list of reporting deadlines.

Monitoring

OCDEL will establish requirements to ensure the quality and effectiveness of the program and to monitor approved partners. All partners must provide assurances of their willingness to comply with monitoring requirements. It should be noted that for purposes of OCDEL Early Head Start, ongoing program monitoring is more frequent and involved than many other state funded initiatives. As the grantee, the responsibility for full compliance of the expectation of the grant falls to OCDEL. In order to assure compliance, program staff is more fully engaged in ongoing file review, meeting attendance and implementation of improvement plans than in any other state funded initiative.

To gather information and to assure an appropriate partnership, the following are the anticipated requirements related to monitoring:

1. Site visits by program specialists to the OCDEL EHS partners, for meetings with administrators and others, classroom observations and file reviews.
2. Participation by partners in both the self-assessment and outside-assessment components of the ITERS assessment.
3. Provision of required information to OCDEL through narrative and budget reports submitted on a monthly or quarterly basis and other informational requests.
4. Attendance at required partner meetings.
5. Development of Continuous Quality Improvement Plans by each partner.

Staff will be making periodic site visits to learn about program operation and to identify model programs and practices. Classroom observations and reviews of reporting measures will be conducted to assure adherence to the OCDEL Early Head Start requirements.

All partners will participate in the Federal review process, which will occur at the discretion of the federal Office of Head Start.

Meetings

As partners in the implementation of the grant, Hub staff, child care and comprehensive child care providers will be expected to attend periodic program meetings. Partners have input in to the scheduling of such meetings. Program funds may be used to offset travel and substitute coverage for these events.

VII. Program Budget

It is anticipated that the Early Head Start – Child Care Partnerships fiscal year for grant purposes will operate February 1 through January 31. In this initial application, selected providers should submit funding requests for a full year of funding.

A. Budget Detail and Justification

A detailed budget estimate must be prepared as part of the funding application. The Budget should include:

a. Budget and justification for EHS funds that will supplement child care services.

b. For each line item budgeted, please show the subsidy and/or private pay option in order to demonstrate how EHS – Child Care Partnerships funding will supplement and not supplant subsidy funding.

c. Training and Technical Assistance is a separate amount of funding, and those dollars must be spent for Training & Technical Assistance only.

d. A Non-Federal Share plan showing how you plan to obtain Non- Federal Share funding that equals 25% of the total grant should be included on the budget template. (Example: If you receive $100,000 – then you will need to obtain an additional $25,000 in Non-Federal funds (time/space/volunteer, etc.)
to meet that threshold. Technical assistance can be given to come up with ideas.)

B. Salaries
Report Child Development salaries in line 1 of the detailed budget. Staff members in this category include teachers, assistant teachers, teachers’ aides, substitutes, content coaches, education coordinators, and professional development staff who work directly with children. Salaries and benefits that are supplemented by EHS - CC funds would be included in the Direct Service column of the budget.

Program Design and Management salaries also include any Administrative Support. These would be listed in the Administrative columns. (Please Note: If you have an approved Indirect Cost Form, you are permitted to use up to 2%. Staff or Administrative supplies in excess of the 2% indirect limit must be broken out in the appropriate line items.)

C. Program Design and Management
Report these in lines 2-4a of the detailed budget. These categories include staff budgeted to The Early Head Start – Child Care Partnerships that are not considered teachers, teacher aides, program coordinators, content coaches, education coordinators and professional development staff who work directly with children.

D. Categories of Spending

<table>
<thead>
<tr>
<th>Category</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries (lines 1, 2, and 3)</td>
<td>42%-68%</td>
</tr>
<tr>
<td>Benefits (lines 1a, 2a, 3a, and 4a)</td>
<td>10%-24%</td>
</tr>
<tr>
<td>Contracted Services (lines 7b and 8)</td>
<td>0%-6%</td>
</tr>
<tr>
<td>Supplies (line 5)</td>
<td>2%-6%</td>
</tr>
<tr>
<td>Nutritional Services (line 7)</td>
<td>0%-8%</td>
</tr>
<tr>
<td>Staff Development (line 9)</td>
<td>2%-5%</td>
</tr>
<tr>
<td>Space Related Costs (lines 7c, 7e, 7f, 92)</td>
<td>5%-15%</td>
</tr>
<tr>
<td>Repair and Maintenance (line 7d)</td>
<td>0%-3%</td>
</tr>
<tr>
<td>Management Related Supplies (line 5a)</td>
<td>0%-4%</td>
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<tr>
<td>Equipment (line 6)</td>
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<tr>
<td>Transportation (line 91)</td>
<td>0%-4%</td>
</tr>
<tr>
<td>Parent Services (line 7a)</td>
<td>0%-2%</td>
</tr>
<tr>
<td>Other Program Costs (lines 7g-7j)</td>
<td>0%-7%</td>
</tr>
</tbody>
</table>

E. Cost Allocation
Because Early Head Start – Child Care Partnership funds are to be used solely for the benefit of the children and families enrolled the EHS - CC program to supplement subsidy funding, agencies must properly allocate program costs. This is necessary
when there are different funding sources paying for similar services so that each
program is charged its fair share of program costs. Agencies are encouraged to work
with their accountants to establish cost allocation plans for allowable costs that fairly
and reasonably apportion costs.

The following are some examples of how cost allocation methodologies may be
applied by cost categories:

<table>
<thead>
<tr>
<th>COSTS</th>
<th>BASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Costs (mixed classroom)</td>
<td>Number of Children</td>
</tr>
<tr>
<td>Personnel Costs (multiple classes)</td>
<td>Time</td>
</tr>
<tr>
<td>Space and Utilities</td>
<td>Square Footage/Classrooms &amp; Time</td>
</tr>
<tr>
<td>Instructional Supplies</td>
<td>Number of Children</td>
</tr>
<tr>
<td>Classroom Equipment</td>
<td>Number of Children</td>
</tr>
</tbody>
</table>

F. Expenditures
Grantees are expected to maintain books, records, documents, and other evidence in
sufficient detail to support all claims against the Early Head Start – Child Care
Partnerships funding. Grantees must also maintain an inventory list of equipment
with a purchase price exceeding $2,000. All documentation for the Early Head Start
– Child Care Partnerships program must be maintained for 7 years. The Department
reserves the rights to cost settle with a grantee for non-allowable costs and/or
undocumented costs.

G. Quarterly Payments
The quarterly payment will equal 25% of the total grant amount divided by 4,
pending approval of the grant amendment, for the first 3 quarters. The 4th quarter
payment will equal 20% of the total grant award. The final remaining 5% of the total
grant award is paid out to grantee upon receipt and approval of the final expenditure
report. The Department of Human Services reserves the right to withhold monthly
payments for non-submission of required reports. Please note that quarterly payment
amounts may be accelerated or held based on the figures submitted to OCDEL based
on utilization and enrollment.

H. Final Payment
Any unpaid funds owed to the Grantee as of December 31st will be reserved until
receipt of the final fiscal report.
I. Segregation of Funding

All funds provided by the Department for the Early Head Start – Child Care Partnerships program must, at a minimum, be segregated from other funds through the use of a general ledger or other acceptable accounting practices.

The budget template will be available with the Initial Application as an Excel document for ease of completion. Applicants must use the approved budget template. A sample budget using a STAR 3 program in Northampton County is shown below.

The chart shows the Total Budget which is subsidy and EHS - CC layered funding. It also breaks out what are CCW and private pay support, what EHS - CC Direct Service Supplement are and what EHS - CC Administrative Supplement is. The EHS - CC Total Budget shows the total of what the program in this example will receive from OCDEL for the EHS - CC Supplement.

<table>
<thead>
<tr>
<th>SAMPLE Applying for 5/8 children</th>
<th>Total Budget: (All Funding Sources)</th>
<th>CCW &amp; Private Pay Support:</th>
<th>EHS - CC Direct Service Supplement</th>
<th>EHS - CC Administrative Supplement:</th>
<th>EHS - CC Total Budget:</th>
<th>Explanation of OCDEL EHS - CC Partnership Additional Costs</th>
<th>Additional Explanation of Total Budget Cost Allocation etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center Based Model</td>
<td>$110,568</td>
<td>$75,568</td>
<td>$35,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budget Categories</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Child Development Salaries</td>
<td>$65,000</td>
<td>$45,050</td>
<td>$19,950</td>
<td></td>
<td>$19,950</td>
<td>Additional staff increased wages and extra staff LT1- $11,150 ($30,000) LT2 -$5,300 ($22,000) Aide $4,320</td>
<td>Program will required 2 teachers as well as a regular 3rd person for break coverage</td>
</tr>
<tr>
<td>1a Child Development Benefits</td>
<td>$16,900</td>
<td>$11,713</td>
<td>$5,187</td>
<td></td>
<td>$5,187</td>
<td>Benefits @26%</td>
<td></td>
</tr>
<tr>
<td>2 Program design and Management Salaries</td>
<td>$3,300</td>
<td>$2,100</td>
<td>$1,200</td>
<td>$1,200</td>
<td>Extra Management time for EHS – Meetings in HBG, Facilitate Hub communications, implement deep reflective supervision of teacher, additional CQI etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a Program design and Management Benefits</td>
<td>$858</td>
<td>$546</td>
<td>$312</td>
<td>$312</td>
<td>Benefits @26%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Family and Community Partnership salaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Family and Community Partnership benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Other Related salaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Other Related benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Supplies for Program</td>
<td>$2,700</td>
<td>$300</td>
<td>$2,400</td>
<td>$2,400</td>
<td>Meet Requirements (diapers, send home materials, curriculum, assessment materials etc.) + $200 per month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Supplies for Management purposes</td>
<td>$48</td>
<td>$48</td>
<td></td>
<td></td>
<td>Consumable paper goods, gloves, supplies, toys per month $25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Equipment</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>-------------</td>
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<td>-----------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food and Nutritional Services</td>
<td>$1,520</td>
<td>$1,520</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Parent Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Child Services Consultants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Space Related Costs</td>
<td>$1,500</td>
<td>$1,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Building Maintenance/Repair and Other Occupancy costs</td>
<td>$1,590</td>
<td>$390</td>
<td>$1,200</td>
<td>$1,200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Maintenance, contracted monthly deep cleaning and 'green' cleaning supplies to meet Health Consultation and Quality Requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7e Utilities and Telephone</td>
<td>$1,220</td>
<td>$1,220</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7f Building/Child Liability Insurance</td>
<td>$2,600</td>
<td>$2,600</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7g Accounting and Legal Services</td>
<td>$200</td>
<td>$200</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7h Publication/Advertising/Printing</td>
<td>$480</td>
<td>$60</td>
<td>$420</td>
<td>$420</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing/publication/advertising/copying added $35 per month for EHS</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7i Substitutes (if not paid benefits)</td>
<td>$6,691</td>
<td>$2,600</td>
<td>4,091</td>
<td>$4,091</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Base for program $5 per month cost allocation to this room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table: Project Costs

<table>
<thead>
<tr>
<th>Non-student Travel costs</th>
<th>7j</th>
<th>8</th>
<th>9</th>
<th>16</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel costs</td>
<td>$290</td>
<td>$50</td>
<td>$120</td>
<td>$120</td>
<td>$240</td>
</tr>
<tr>
<td>Additional Travel for Home Visits, Meetings, PD -16 trips * 30 miles * .50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracted Services</td>
<td>$270</td>
<td>$270</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL COSTS**

- $105,167
- $70,167
- $33,368
- $1,632
- $35,000

J. Budget Template

The budget template can be downloaded from the PA Key’s website here: [http://www.pakeys.org/pages/get.aspx?page=Early_Head_Start](http://www.pakeys.org/pages/get.aspx?page=Early_Head_Start)

The Budget Template will have three tabs:

Applicants will complete the budget for May 1, 2015 – July 31, 2015 and also for August 1, 2015 – July 31, 2016. The third tab labeled TOTAL BUDGET – May 1. – July 31. 2016 will automatically calculate the totals of the two previous tabs.

At the top of each sheet on the template, please type in the name of your agency and select from the drop-down menu the model that you wish to apply for: Regional Hub, Partner of Regional Hub, Child Care Provider, or Comprehensive Service Provider.

Applicants who are proposing partnership models, such as the Hub model or the Comprehensive Service Model with partners will need to ask their partners to also fill out...
this template. The funding that Hubs or Comprehensive Providers with partners are passing through to their partners will be listed in line of 93 of the Hub/Applicant’s budget:

<table>
<thead>
<tr>
<th>Line Item</th>
<th>CCW/Subsidy</th>
<th>EHS-CC Children</th>
<th>EHS-CC Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>1a</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2a</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Partners will not use Line Item 93, only the Applicant that is applying for the grant will use it.

To complete the budget document, use columns D, E and F to complete the main line items. Column C and column G will automatically calculate for you.

In column D, please include the CCW/Subsidy and other private sources to support the EHS-CC children enrolled in the program. For Columns E and F, you will include the funds used by EHS-CC programs to supplement that particular service the line item represents. (Please Note: You may not need to use all line items. Only use the line item categories that apply to your agency.)

The Indirect Charges category is only used by those agencies that have an approved Indirect Cost Rate, a copy of which should be included in the application... Applicants who are awarded the EHS-CC grant through OCDEL will need to provide a copy of their most recent Indirect Cost Form to justify using this rate.
Each sheet of the budget template must include an original signature and date. Hard copies of the original must be included with the application submission. Electronic copies must be mailed to Matthew Daughenbaugh at matdau@berksiu.org.

All applicant budget tabs include a text box in which each Hub, Child Care Provider, Partner or Comprehensive Service Provider must include their plan to meet the Non-Federal Share Requirement of the EHS - CC grant.

**RESOURCES**

Health and Safety

- **Head Start Performance Standards**
- **Caring for our Children-National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd Edition**
- **PA Child Care Center Regulations:**
  [http://www.dhs.state.pa.us/provider/earlylearning/childcareregulations/](http://www.dhs.state.pa.us/provider/earlylearning/childcareregulations/)