

2023-24 DCYF Child Care Complex Needs Fund Application Preview and Question Guide

Instructions

The Question Guide is a companion document to help you prepare and apply for the [Child Care Complex Needs Fund](#). It includes the specific questions that appear on the application and tips on how to answer the questions.

Technical assistance is available to all applicants and DCYF strongly encourages providers to utilize technical assistance when applying for grants. For support with accessing and completing the application, questions on the spend categories and questions on the required reporting, please contact:

- [Imagine Institute](#)
Phone: 206-492-5249
Email: CCSG@imaginewa.org

Tip



This question guide is not the actual grant application. Please do not submit this application to DCYF. The grant application will be available in the WA Compass Provider Portal when the application submission period opens.

Eligibility Criteria

- Eligible applicants include:
 - Open licensed, certified, or certified for payment only child care providers*
 - License-exempt Family, Friend and Neighbor (FFN) providers who have served at least one child on subsidy in four of the last six months or two of the last three months and claim for subsidy through the Social Service Payment System (SSPS) at time of application.
- *Licensed providers who are serving ECEAP slots are not eligible for the Child Care Complex Needs Fund. Instead, they should access Complex Needs Funds through their ECEAP Contractor.
- To be eligible, all providers must currently have children enrolled with behavioral needs, developmental delays, disabilities, or other unique needs.

Tip



DCYF does not require children to have a verified diagnosis or Individualized Education Program (IEP).



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Original Date: October 12, 2023

Early Learning Division | Approved for distribution by Amy Russell, Early Learning Division Deputy

Provider and Program Questions

The following questions will appear on the Child Care Complex Needs Fund Application. The first five questions are not scored.

1. Do you currently have children enrolled with behavioral needs, developmental delays, disabilities, or other unique needs? Yes No

Tip



If you answer "no," you are **not eligible** for the Complex Needs Fund.

2. If yes, how many?
3. Briefly describe how your program currently provides inclusive support for children enrolled in special education services, children at risk of expulsion, or children with complex trauma and varying abilities.
4. What needs and behaviors do you and your teachers observe in the classroom that this funding could help with? Please check all applicable situations.
 - A child that leaves the classroom
 - A child harms themselves or others, such as throwing chairs, punching, biting with repetition
 - A child requires intensive communication supports with a Picture Exchange Communication System or technology-based communication
 - A child requires physical assistance to move between areas of the classroom due to mobility needs
 - Other (please describe in next question)
5. If you selected "other" above, please describe below.

Spend Category Questions

The next four questions ask how you will use the grant funds, if awarded, and will be scored. You do not need to request funds in each category. If you check no, you will not be required to answer the questions in that category.

For each category that you request funding from, provide as much explanation as you can. Include any research or planning you have done that guided your decision to request funds for this purpose. For more information on how these questions are scored, please see the [Application Scoring Guide](#).

6. Are you requesting funds for adding staff members or increasing staff hours? Yes No
If yes, please answer a, b, and c below.

Tip



Only answer 6a-c if you are requesting funds for increasing staffing.

- a. Please describe how the staffing funds you are requesting will provide targeted care or support for children with behavioral needs, developmental delays, disabilities, or other unique needs who are currently participating in your program.

Tip



6a: Use at least one example and include any information that supports your answer. For example: "I'm requesting funds to hire an assistant who will provide one-on-one supervision with a child who requires extra assistance. This assistant will sit with the child and minimize classroom disruption. I plan for this assistant to work 30 hours a week, which will cover the main hours that the child is in my care."

- b. How will adding this improve the quality of care for children with complex needs? (5 points)
- c. Please provide the cost of the additional staffing need that you are applying for: (5 points) Enter whole dollar amounts only. For example, "25000" and **not** \$25,000.32"

Adding Staff Members/Increasing Staff Hours Need	Estimated cost	Basis for estimate*
	\$	
	\$	
	\$	
	\$	
Total	\$	

*Basis for estimate – how did you arrive at the estimated cost? Example: information based on an hourly rate of pay for a proposed staff person to meet this need. Please take payroll taxes and benefits into consideration. Enter the total yearly cost for this person under "Estimated Cost". Do not enter only an hourly rate.

7. Are you requesting funds for therapeutic services? Yes No
 If yes, please answer a, b, and c below.

Tip



Only answer 7a-c if you are requesting funds for therapeutic services.

- a. Please describe how the requested funds will provide targeted care or support for children with behavioral needs, developmental delays, disabilities, or other unique needs who are currently participating in your program. (5 points)
- b. How will adding these resources improve the quality of care for children with complex needs? (5 points)
- c. Please provide the cost of the therapeutic service that you are applying for: (5 points) Enter whole dollar amounts only. For example, "25000" and **not** \$25,000.32"

Therapeutic Service Need	Estimated cost	Basis for estimate*
	\$	
	\$	
	\$	
Total	\$	

*Basis for estimate – how did you arrive at the estimated cost? Example – cost information based on a professional quote or cost per hour or session. Enter the total yearly cost for this service under "Estimated Cost". Do not enter only the hourly rate.

8. Are you requesting funds for facility improvements to comply with ADA accessibility requirements or behavioral needs? Examples include, but are not limited to, building ramps, widening doors, creating a quiet space, etc.)*? Yes No

If yes, please answer a, b, and c below.

Tip



Only answer 8a-c if you are requesting funds for facility improvements.

*Major renovations are not eligible for funding and are defined as: (1) structural changes to the foundation, roof, floor, exterior or load-bearing walls of a facility, or the extension of a facility to increase its floor area or (2) extensive alteration of a facility such as to significantly change its function and purpose, even if such renovation does not include any structural change.

- Please describe in detail the work you intend to complete to create a more accessible child care environment. (5 points)
- How will this work comply with ADA accessibility requirements or behavioral needs? (5 points)
- Provide a list of the main areas of work needed to complete this project. Include a cost estimate (price including shipping/tax, estimate from contractor, etc.) (5 points) Enter whole dollar amounts only. For example, "25000" and **not** \$25,000.32"

Work needed for project	Estimated cost	Basis for estimate*
	\$	
	\$	
	\$	
Total	\$	

*Basis for estimate – how did you arrive at the estimated cost? Include cost information based on a professional quote or cost per hour/materials.

9. Are you requesting funds to purchase supportive and adaptive materials or equipment? Yes No

If yes, please answer a, b, and c below.

Tip



Only answer 9a-c if you are requesting funds for supportive and adaptive materials and equipment.

- Is the proposed purchase specific to the needs of a child who is currently participating in your program? Yes No (5 points)
- Please describe how you intend to use the items purchased with these funds to create a more supportive setting for children with complex needs. (5 points)
- What do you intend to purchase and what are the estimated costs (including shipping/handling and tax)? (5 points) Enter whole dollar amounts only. For example, "25000" and **not** \$25,000.32"

Supportive materials and equipment	Estimated cost including shipping/handling and tax	Basis for estimate*
	\$	
	\$	
	\$	
Total	\$	

**Basis for estimate – how did you arrive at the estimated cost? Include cost information such as a product listing on website or catalogue.*

10. *Total Grant Amount Requested* (this must be the total amount from all estimated costs above. Enter a numerical value only. Do not add any commas, decimals, or text.):

Tip



Add the totals from 6c, 7c, 8c, and 9c to get your total amount requested. Enter a whole number only. Example: if you are requesting \$35,500.21, enter "35500"

General Terms and Conditions

The DCYF Child Care Complex Needs Fund must be spent within one year of award and within the project scope described above.

Tip



This means that you need to spend the money within one year and you need to spend the money on the expenses you listed in the tables.

I certify that the information I have provided on this application is true and correct.

Agree

I will spend the Complex Needs Fund award on the purchases outlined in this grant application.

Agree

I will spend the Complex Needs Funds within one year of receiving the funds.

Agree

I understand that my application will be denied if I have requested funding for any disallowed costs.

Agree

I will report to DCYF on how I spend the Child Care Complex Needs Funds. This will include keeping receipts and documentation from all purchases made with this grant money.

Agree

I will complete and submit the quarterly survey that DCYF sends to me. I understand this is a requirement of receiving a grant award. If I receive funding and do not complete the survey, I am in violation of the terms of the Child Care Complex Need Fund and I will return the grant funds to DCYF.

Agree

If I close my license before the one-year cycle ends, I will return any unspent grant funds to DCYF. I will still be responsible to provide reporting and receipts to DCYF detailing funds I did spend, regardless of open or closed status.

Agree

If I do not comply with DCYF reporting requirements or cannot show that the funds were spent in accordance with my application, I am in violation of the terms of the Child Care Complex Need Fund and I will return the grant funds to DCYF.

Agree