

2025 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: TA@imaginewa.org

Tip

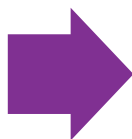


This question guide is not the actual grant application. Please do not submit this application to DCYF. The grant application will be available in the WA Compass Provider Portal when the application submission period opens.

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.
- 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).

Provider and Program Questions

The following questions will appear on the Child Care Complex Needs Fund Application. Questions 1-5 are Provider and Program Questions. These questions are for data and not



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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

scored. Questions 6 -9 are Spend Category Questions. These questions are scored. Please see the [Application Scoring Guide](#) for more information on how these questions are scored. Questions 10-13 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 to use toward 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 complete the table below for each staffing need you are applying for. *Reminder: The maximum amount you can request for Staffing is \$30,000. (5 points)

List the staff role you would like to add or increase the hours for	Estimated cost. Enter whole dollar amounts only. For example, "24000" and not \$24,000.32"	Basis for estimate – how did you arrive at the estimated cost? Example – information based on an hourly rate of pay for a staff person to meet this need. Please take payroll taxes and benefits into consideration. Enter the total yearly cost.
	\$	
	\$	
	\$	
	\$	
Total	\$	

- b. 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



6b: Use at least one example and include any information that supports your answer. For example: "I'm requesting funds to use toward hiring an assistant who will provide one-on-one supervision with a child who requires extra assistance. I will use Complex Needs Funds to cover the hiring bonus and 45% of the salary for the first year. I have budgeted my child care program's funding to cover their remaining salary. I understand I must plan for this position's funding after the one year spend period."

- c. How will adding this improve the quality of care for children with complex needs? (5 points)

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 complete the table below for each therapeutic service that you are applying for.
*Reminder: The maximum amount you can request for Therapeutic Services is \$25,000.
(5 points)

Name of Therapeutic Service/Type	Estimated cost. Enter whole dollar amounts only. For example, "24000" and not "\$24,000.32"	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.
	\$	
	\$	
	\$	
Total	\$	

- b. 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)
- c. How will adding these resources improve the quality of care for children with complex needs? (5 points)
8. Are you requesting funds for facility improvements to comply with ADA accessibility requirements? Examples include, but are not limited to, building ramps, widening doors, 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.

- a. Please complete the table below to list the main areas of work needed for the facility improvement. Provide a cost estimate including shipping costs and tax, estimate from a contractor, etc. *Reminder: The maximum amount you can request for Facility Improvements is \$50,000. (5 points)

List the Facility Improvement that will comply with ADA Accessibility Requirements	Estimated cost. Enter whole dollar amounts only. For example, "24000" and not \$24,000.32"	Basis for estimate – how did you arrive at the estimated cost? Include cost information based on a professional quote or cost per hour/materials.
	\$	
	\$	
	\$	
Total	\$	

b. Please describe in detail the work you intend to complete to create a more accessible child care environment. (5 points)

c. How will this work comply with ADA accessibility requirements (5 points)

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.

a. Please complete the table below listing the items you intend to purchase and the estimated costs that include shipping/handling and tax. *Reminder: The maximum amount you can request for Supportive and Adaptive Materials and Equipment is \$25,000. (5 points)

List the Supportive and Adaptive materials and equipment	Estimated cost, including shipping/handling and tax. Enter whole dollar amounts only. For example, "24000" and not \$24,000.32"	Basis for estimate – how did you arrive at the estimated cost? Include cost information such as a product listing on a website or catalog.
	\$	
	\$	
	\$	
Total	\$	

b. Is the proposed purchase specific to the needs of a child who is currently participating in your program? ☐ Yes ☐ No (5 points)

c. 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)

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



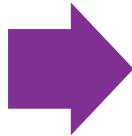
Add the totals from 6c, 7c, 8c, and 9c to get your total amount requested. Enter a whole number only. Example: if you are requesting \$35,500.21, enter "35500"

11. Did you receive any assistance in filling out the grant application? This information is collected for reporting purposes and will not be used to evaluate your application.
12. If you received assistance, who provided you with that assistance? Please select all that apply.
- a. The Imagine Institute
 - b. Family Member
 - c. Friend
 - d. Another provider
 - e. Assistance that I paid for
 - f. Other
13. Do you have any feedback on the assistance you received? Is there anything you want to tell DCYF about why you did or did not access assistance? _____

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 Child Care Complex Needs Fund award on the purchases outlined in this grant application.

☐ Agree

I will spend the Child Care 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 update 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 update, 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

I understand that if my application is selected to receive funding, I will need to attend a special technical assistance session and pass a check for understanding about the grant process before I receive any money. DCYF will provide this session at no cost to me. If I do not attend the technical assistance session and pass the check for understanding, I will not receive the funds.

☐ Agree

I have reviewed my application and am ready to submit. I understand that once my application is submitted, I cannot make any changes to my answers.

☐ Agree