Maryland
STATE DEPARTMENT OF EDUCATION

GRANT INFORMATION GUIDE

Therapeutic Child Care Grant Program

Maryland State Department of Education

200 West Baltimore Street
Baltimore, Maryland 21201

Deadline

August 6, 2025
No later than 5:00 p.m. EDT

MARYLAND STATE DEPARTMENT OF EDUCATION

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Program Description

The Therapeutic Child Care Grant Program was authorized in 2022 in Md. Code Ann. Education §8-420. This grant program will incorporate the services formally provided under the Medically Fragile grant. This grant provides funding for non-profit and for-profit, health/medical-based, child care in coordination with early education services to children under the age of 6 years who have developmental delays, physical disabilities, or delays in social, emotional, or behavioral functioning.

Medically based care may include chronic medical conditions, developmental delays, physical disabilities, and behavioral issues. Children are also eligible for therapeutic child care services if they have, or are at risk for having, mental, emotional, or behavioral disorders. Programs must provide reports on the cost per child of providing services and the sources of funding. Additionally, proof of partnerships and collaborations from hospitals and medical facilities for medical care as well as school systems and local agencies for referral and consultation services must be provided. The scope of services shall be within the existing medically based models of care aligned with the National Standards for Systems of Care for Children and Youth with Special Health Care Needs.

AUTHORIZATION

Activities to improve the quality of child care 45 CFR §98.53 and Therapeutic Child Care Grant Program Md. Code Ann. Education§8-420

Maryland General Assembly. (2025). SB0359: Therapeutic Child Care Grant Program – Funding – Alterations. Maryland General Assembly. https://mgaleg.maryland.gov/2025RS/bills/sb/sb0359f.pdf

GRANT OVERVIEW

Name of Grant Program

Therapeutic Child Care Grant Program

Funding Format

Competitive

Purpose

- To provide grants to providers that specialize in providing child care and early childhood education to children under the age of 6 who have developmental delays, physical disabilities, or delays in social, emotional, or behavioral functioning.

Dissemination

This Grant Information Guide (GIG) was released on **July 7, 2025**

Deadline

Grant Proposals are due no later than **5 PM on August 6, 2025.**

Grant Period

July 1, 2025 -June 30, 2026

Funding Amount Available

Total amount $1,500,000

Estimated Number of Grants

(1 - 10)

Eligibility

This competitive funding opportunity is designed for medically based child care facilities with sufficiently qualified staff and equipment to meet the needs of children with serious medical and developmental challenges. Eligible programs must be licensed to provide child care in Maryland and show alignment with the National Standards for Systems of Care for Children and Youth with Special Health Care Needs.

Programs that enroll children from low-income families receiving child care subsidies through the MSDE Child Care Scholarship Program will receive priority.

MSDE reserves the right to consider geographic distribution when making awards.

Alignment with Statewide Poverty Reduction Efforts

Maryland is leading a bold, comprehensive initiative to reduce child poverty and promote economic mobility by investing in the communities most affected by economic hardship. On May 9, 2024, Governor Wes Moore signed into law the Engaging Neighborhoods, Organizations, Unions, Governments, and Households (ENOUGH) Act of 2024. This landmark legislation establishes Maryland as the first state in the nation to implement a state-led, place-based strategy focused on ending child poverty through locally driven solutions that strengthen families and communities. As part of this initiative, Maryland has designated 27 ENOUGH communities—areas with high rates of concentrated child poverty—as priority investment zones. Applicants proposing programs that serve one or more of these ENOUGH communities will receive priority consideration. Priority points will be awarded to local education agencies (LEAs), public community schools, and nonprofit organizations [501(c)(3)] that propose to implement Infant and Early Childhood Mental Health Support Services within these targeted communities. The list of Maryland's 27 ENOUGH communities can be found here. Applicants are strongly encouraged to demonstrate how their proposed services align with this broader statewide effort to disrupt intergenerational poverty and foster thriving childhood outcomes in the communities with the greatest need.

Submission Instructions

Complete the Grant application form and save it as a PDF. The PDF, including all appendices, must be submitted by 5:00 p.m. on **August 6, 2025**, via email to decfss.msde@maryland.gov.

Applications received after the deadline will not be considered for this funding cycle.

PROGRAM CONTACT

Nicholas Miller
Early Childhood Project Manager
Division of Early Childhood
(410) 767-8959
nicholas.miller1@maryland.gov

State Responsibilities

MSDE is responsible for providing the required information, data, documentation, and technical assistance to facilitate the grantee's performance of the work. MSDE program staff will be available and will make every effort to provide on-demand additional assistance when requested throughout the grant period. In addition, MSDE will monitor program implementation throughout the grant performance period to ensure each council is on target to meet its goals and fully expend its awarded program resources.

Use of Funds

The following are examples of approved uses for the grant funds in accordance with the purpose of the grant. Other costs not listed here may be presented to the grant manager for determination of allowable expenditures.

Funds may be used for:

- Salaries, wages, and stipends;

- Services for enrolled children who have developmental delays, physical disabilities, or delays in social, emotional, or behavioral functioning;

- Cost of materials and supplies;

- Contract services;

- Evaluation services at no more than 5% of the fund request;

- Additional services for enrolled children with special needs, including evaluations, and therapeutic assessments and services; as well as the staff needed to deliver these services;

- Equipment and other approved capital expenditures; and

- Travel expenses.

Funds may not be used for:

- Supplanting existing services;

- Capital Improvement; or

- Cost(s) incurred prior to the approval of the grant.

Program Requirements

Proposals for funding must describe how the following will be maintained:

- Required qualified staff and equipment to meet the needs of children with serious medical and developmental challenges.

- Assessment and intervention by registered nurses, mental health, developmental disability, or direct health service providers as per the child's individualized, group intervention, or therapy plans.

- Administration and monitoring of medications prescribed by licensed health care providers.

- Collaboration with a hospital or other medical facility to meet emergency needs of children.

- Communication on a continuous basis with families and medical, mental health, and developmental disability professionals concerning the progress of children.

- Consultations, trainings, and professional development for caregivers, providers, and directors, including coaching and technical assistance on this age group's unique needs from statewide networks of qualified infant-toddler specialists.

- Reporting of the cost of providing services to a child with developmental delays, physical disabilities, or delays in social, emotional, or behavioral functioning and the sources of funding received by the provider.

- Implementation of individualized goals and plans to enable children to enter school ready to learn and function at their highest potential; and

- Secure a minimum of 25% in matching funds.

Requirements for Additional Children

Proposals for funding additional child care slots must provide the following information:

- Document needs of additional children with special needs;

- Detailed recruitment and retention plan for additional children;

- Documentation of progress in reaching developmental milestones while enrolled in your facility; and

- Provide a detailed budget for additional children.

Requirements for Additional Services (Existing Providers Only)

Proposals for funding of additional services must describe how the following requirements are met:

- Assessment to determine need for additional services for enrolled children with special needs;

- Required qualified staff to provide additional services for enrolled children;

- Documentation of progress while participating in additional services; and

- Providing a detailed budget for additional services.

Application Requirements

PROPOSAL COVER PAGE

Proposals must include a completed Proposal Cover Page provided in the application for participation. The cover page should not contain any graphics or additional information and must be signed by the Superintendent of Schools/ Head of Grantee Agency.

PROJECT ABSTRACT

The project statement should briefly describe the project's outcome(s) and strategies (i.e., what the project will do and how it will do it). Do not exceed the 100-word limit. This statement may be used in press releases, board exhibits, etc.

EXTENT OF NEED

Clearly state your understanding of the population to be served and the economic and environmental stresses that will impact recruitment and retention of children in the program. Include supporting statistical and demographic data for your area. Keep in mind any historical data and past effective means of determining need; as well as if any needs have changed and how your services can be adapted to meet those needs.

Here are some suggestions for writing the extent of need:

- Clearly state the main problem your proposed project will focus on.

- State who is affected by the problem.

- State when and where the problem exists.

- Document the factors contributing to the problem.

- Discuss the consequences of not dealing with the problem.

- Cite current research and data that support the need for the project from both a broad (i.e., National, State, regional) perspective and the local perspective most relevant to the target population.

- State what data were collected and cite the source of the data.

- Utilize both easily measured quantitative data (e.g., test scores, absentee rates) and qualitative data in support of quantitative data (e.g., interview, focus groups).

- Use multiple methods to document the problem when collecting local data (e.g., surveys, analysis of school records, previous studies, focus groups) and include various stakeholders such as teachers, students, parents, etc. in your data.

- Include relevant demographics and other statistics about each population you intend to serve.

- Include all relevant data from the Maryland School Performance Program (MSPP).

EVIDENCE OF IMPACT

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

GOALS, MEASURABLE OUTCOMES, AND MILESTONES

Applicants are required to clearly state two to three goals for the program, as well as measurable outcomes. Clear goals and outcomes communicate what your program hopes to achieve by the end of the grant period. Determining the program goals and outcomes is an important part of the next step of evaluating your program.

Goals

State the two to three goals of the project. The goal should address the main problem identified through the needs assessment. Goals should be aligned to the [National Standards of Systems of Care](#). Include all relevant groups and individuals in your target population, and how the outcome will be measured. Goals should be rigorous and demonstrate a commitment to improvement and/or growth.

Measurable Outcomes

Measurable outcomes are the anticipated outcomes to be accomplished for each year of the project and must be directly related to a goal. It is imperative that outcomes be established for every target population the project is designed to serve, including specific outcomes for students with a disability (based on the services delivered). Outcomes should be reasonably ambitious and reference baseline data used to assess measurable changes.

Milestones

Ongoing evaluation is essential to the management of a project. Since goals and outcomes are not evaluated until the end of the year, milestones must be established to measure progress during the year. Milestones should be evaluated during the year, either quarterly or semiannually.

Goals, Outcomes, and Milestones Worksheet

Goal 1:	The Program will provide quality childcare and reach enrollment of 15 infant toddlers and two-year-olds who are determined to be at risk of developmental and/or behavioral/social-emotional delays.
Outcome:	75% of the 15 enrolled infants and toddlers will achieve school readiness in at least 3 domain areas of the program's curriculum.
Milestone:	• July 1 – recruit and enroll children who are at risk for developmental and behavioral/social-emotional delays. • First 45 days of school, children will receive developmental and social-emotional screenings and/or assessments to determine baseline. • Monitor individual children's developmental progress towards school readiness quarterly. Data reviews, parent/teacher conferences, and family engagement.

PROGRAM QUALITY AND SERVICE DELIVERY PLAN

The Program Quality and Service Delivery Plan must include descriptions of the following requirements:

Individualized Family Service Plans (IFSPs) or Individualized Education Programs (IEPs) Support

- Liaison with school systems, Infants and Toddlers Programs, and other local agencies for referral and consultation regarding children with Individualized Family Service Plans (IFSPs) or Individualized Education Programs (IEPs).

- Provision of services other than child care (e.g., nursing, speech therapy, physical therapy), in collaboration with school systems, Infants and Toddlers Programs, and other local agencies for children with IFSPs and IEPs.

- Family support and service coordination for children with IFSPs or IEPs.

- Provision of additional services, other than child care, which may be provided in or out of house (e.g., therapeutic services, assessments, evaluations), and the staff necessary to provide these services.

- Education and child development services for the children in care in accordance with the Kindergarten Readiness Assessment (KRA).

Supporting Medical Needs

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

- Collaborate with a hospital or other medical facility to meet emergency needs of children. Include the name of the hospital or medical facility; and

  Communicate on a regular basis with and disseminate information to families, as well as mental health and medical professionals concerning the progress of children.

Recruitment, Retention, and Referral

- Provide a detailed recruitment and retention plan for enrolled children, include partnerships with programs and referral agencies that your facility has developed, include a section for additional children if applicable.

- Transition planning for children to other early childhood programs.

- Referral and intervention services available through community resources for medically fragile children and their families.

Consultation, Training, and Professional Development

- Child care and education services for families and children with disabilities and special health care needs that may include medical interventions within inclusive settings.

- Consultation, training and professional development for caregivers, providers, and directors, including coaching and technical assistance on this age group's unique needs from statewide networks of qualified infant-toddler specialists.

MANAGEMENT PLAN AND KEY PERSONNEL

Submit a detailed and time-specific management plan with pre-assigned responsibilities. In this section, present a clear discussion of partners, respective roles in the project, the benefits each expects to receive, and the specific contributions each will make to the project (financial, equipment, personnel, or other resources). It is essential that partner commitments be documented. A signed partnership agreement must be included that outlines the roles, responsibilities, and contributions of each partner.

The project should have a steering committee to govern the project. The duties of the steering committee include establishing major program policies, reviewing quarterly evaluation reports, and making recommendations for programmatic change. Steering committee members should represent the major stakeholders in the project. (e.g., representatives from project partners, parents, principals, Board of Education). Steering committees that are too large are often non-productive. Project directors function as advisors to the committee. The duties, members, and meeting dates of the committee should be identified in this section of the project proposal.

List on the Key Personnel Worksheet, in chronological order, all major management actions necessary to implement the project during the first year of funding. Assign an approximate date for each action. If the action is ongoing, indicate the range of dates over which it will be implemented. A well-considered management plan assigns responsibility for action to a management team member. Indicate on the worksheet the individual(s) responsible for accomplishing each action. Include details on collaboration with a hospital or other medical facility to meet emergency needs of children and acquisition of required equipment, supplies, and materials.

Existing and New Providers will complete the Key Personnel, Steering Committee Members, and Funder's Evaluation Schedule worksheets as part of the proposal.

Key Personnel Worksheet SAMPLE

Person Responsible	Title, Organization	Responsibilities	Time devoted
Dr. XXX	Director, Child care Center X	Monitor and ensure compliance with Maryland Model for School Readiness	Monthly 7/1/24-6/30/25
Ms. XXX	Executive assistant, Child care Center X	Conduct review and prepare report of compliance with Maryland Model for School Readiness	Quarterly 7/1/24-6/30/25

Steering Committee Members SAMPLE

Name	Title, Partner Organization
Mr. XXX	Parent, current enrolled child

Funder's Evaluation Schedule SAMPLE

Person Responsible	Title, Organization	Report	Due date
Ms. XXX	Program Director	Quarterly Report #1 due	10/31/24
Mr. XXX	Fiscal Manager	Financial Report-Cost per Child & Funding Sources	11/1/24
Ms. XXX	Program Director	Quarterly Report #2 due	1/31/25
Ms. XXX	Program Director	Quarterly Report #3 due	4/30/25
Ms. XXX	Program Director	Quarterly Report #4 due	6/30/25
Ms. XXX	Program Director Fiscal Manager	Final Progress Report	7/31/25
Mr. XXX	Fiscal Manager	Final Financial Report	7/31/25
Ms. XXX	Program Director	Annual Evaluation Due	7/31/25

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

Additional Services - Key Personnel Worksheet SAMPLE

Person Responsible	Title, Organization	Responsibilities	Time devoted
Dr. XXX	Pediatric Neuropsychologist Child care Center X	Neuropsychological evaluations	Monthly 7/1/24-6/30/25
Ms. XXX	SLP, Child care Center X	Speech assessments and treatment	Weekly 7/1/25-6/30/25

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

Additional Children - Key Personnel Worksheet SAMPLE

Person Responsible	Title, Organization	Responsibilities	Time devoted
Mr. XXX	Teacher, Child care Center X	Plan and facilitate learning experiences for children	Daily 7/1/24-6/30/25
Ms. XXX	Recruiter, Child care Center X	Create partnerships and referral processes in catchment area,	Weekly 7/1/24-6/30/25

PROJECT TIMELINE

Applicants must submit a project timeline using the table below. The timeline should contain three sections: management, implementation, and evaluation for key activities:

Management Activities	Timeline
Manage and oversee budget.	07/01/2025 – 06/30/2026
Recruit, hire, train, and supervise staff.	07/01/2025 – 06/30/2026
Conduct management and team meetings.	08/01/2025 – 06/30/2026

Implementation Activities	Timeline
Recruit and enroll children who are at risk of developmental and/or behavioral delays	07/01/2025 – 06/30/2026
Conduct assessments to determine eligibility, monitor progress and determine transitional planning.	10/01/2025 – 06/30/2026

Evaluation Activities	Timeline
Collect assessment and outcome data, aggregate and disseminate results.	10/01/2025 – 06/30/2026
Collect and report data related to children's type of developmental, physical, and behavioral delay related to referrals and transitions.	10/01/2025 – 06/30/2026

*Add more rows if necessary

EVALUATION AND DISSEMINATION

Describe the plan to evaluate the program's goals and objectives, and how success will be measured. Describe how the results will be disseminated to stakeholders. Include budgeting, evaluation questions and strategies, types of data, and identification of evaluators.

Evaluation

Providers are required to submit monthly progress and annual evaluation reports that are consistent with the project's goal(s) and outcome(s). All applicants must evaluate the required measures shown in the sample worksheet:

Evaluation Worksheet SAMPLE

Evaluation Measure	Goal	Outcome
Expenditure data	Quarterly budget meetings	Accurate spending: budget modifications as needed.
Number of families served	15	15
Breakdown of children served by age	Infants – 5 years	MSDE Legislative Report
Number of children served having developmental, physical, and emotional delays with breakdown for each condition	45 days assessments	Assess to determine the number of children with developmental, physical, and emotional delays.
Number of families receiving a child care subsidy	0-15	0 -15
Document assessment, recommendation, and progress of children referred for additional services.	Collect data quarterly	Monitor children's progress towards school readiness.

Evaluation Measure	Goal	Outcome
Number of children able to "step-down" to a less intensive care setting	On – going	Transition children as needed.
Increased outreach and consultations and training with parents	Two trainings Quarterly	Host parent trainings related to social emotional learning.
Child attendance data: days present and days absent	Monthly	Children will on average maintain an attendance rate of 80%.
Number of children moving/transitioning to elementary school	On - going	Eligible children will be transferred to an early childhood education program.
Staff turnover	90% staff retention	Less than 10% staff turnover.

For existing providers who receive funding for "Additional Children," provide a separate chart to document the evaluation measures for the additional children served.

Evaluation Worksheet: Additional Children SAMPLE

Evaluation Measure Additional Children	Goal	Outcome
Expenditure data	Quarterly budget meetings	Accurate spending: budget modifications as needed.
Number of families served	15	15
Breakdown of children served by age	Infants – 5 years	MSDE Legislative Report
Number of children served having developmental, physical, and emotional delays with breakdown for each condition	45-day assessments	Assess to determine the number of children with developmental, physical, and emotional delays.
Number of families receiving a child care subsidy	0-15	0-15
Number of children able to "step-down" to a less intensive care setting	Collect quarterly data	Monitor children's progress towards school readiness.
Increased outreach and consultations and training with parents	Two trainings Quarterly	Host parent trainings related to social emotional learning.
Child attendance data: days present and days absent	Monthly	Children will on average maintain an attendance rate of 80%.

Evaluation Measure Additional Children	Goal	Outcome
Number of children moving/transitioning to elementary school	On - going	Eligible children will be transferred to an early childhood education program.
Staff turnover	90% retention	Less than 10% staff turnover.

Providers are required to submit quarterly progress reports on learning and special needs that show how your facility helps children to progress towards entering school ready to succeed. These measures should be consistent with the project's goal and outcome(s). All applicants must evaluate the following required measures:

Quarterly Report - Evaluation Measure	Goal	Outcome
Baseline assessment of children	Assess children 45 days after enrollment.	100% of children receive baseline assessments.
Percentage of children who have met developmental outcomes	75% of the 15 enrolled infants and toddlers will achieve school readiness in at least 3 domain areas of the program's curriculum.	75% will meet development outcomes.
Percentage of children who have not met developmental outcomes	Additional intervention strategies and/or individualization.	Students who are not progressing will receive additional support to assist with meeting their goals.
Description of how children have met developmental outcomes	Quarterly data review	Data collection tool will be used to track student developmental outcomes.
Strategies on supporting children who have not met outcomes	Additional intervention strategies and/or individualization. Track student progress.	Students who are not progressing will receive additional support to assist with meeting their goals.

Quarterly Report - Evaluation Measure	Goal	Outcome
Additional facility activities that promote child progress and family support: staff & quality assurance, family & community engagement.	Provide trainings and services that increase family and community engagement quarterly.	Document activities, provide surveys. Use the data from the surveys for program improvement.

For existing providers who receive funding for "Additional Children," provide a separate chart to document the Quarterly Report evaluation measures for the additional children served.

Quarterly Report - Evaluation Measure Additional Children	Goal	Outcome
Baseline assessment of children	Assess children 45 days after enrollment.	100% of children receive baseline assessments.
Percentage of children who have met developmental outcomes	75% of the 15 enrolled infants and toddlers will achieve school readiness in at least 3 domain areas of the program's curriculum.	75% will meet development outcomes.
Percentage of children who have not met developmental outcomes	Additional intervention strategies and/or individualization.	Students who are not progressing will receive additional support to assist with meeting their goals.
Description of how children have met developmental outcomes	Additional intervention strategies and/or individualization. Track student progress.	Students who are not progressing will receive additional support to assist with meeting their goals.
Strategies on supporting children who have not met outcomes	Additional intervention strategies and/or individualization. Track student progress.	Students who are not progressing will receive additional support to assist with meeting their goals.
Additional facility activities that promote child progress and family support: staff & quality assurance, family & community engagement.	Provide trainings and services that increase family and community engagement quarterly.	Document activities, provide surveys. Use the data from the surveys for program improvement.

Both new and existing providers are required to submit a financial report on or before November 1, 2025. This report will include information on the costs of providing services to children with special needs and on funding sources. Special needs include developmental delays, physical disabilities, or delays in social, emotional, or behavioral functioning. This information will be forwarded to the Senate Budget and Taxation Committee and the House Ways and Means Committee. All applicants must evaluate the following:

Evaluation Measure	Goal	Outcome
Data documenting child's special needs	Documented health, developmental and/or behavioral delays.	All enrolled children will have documented health, developmental and/or behavioral delay.
Cost of providing services to a child	Complete MSDE require template.	The fiscal officer will maintain accurate cost per child records.
Sources of funding received by the facility	Document programs streams of funds for enrolled children.	Grant Manager and/or fiscal officer will track all funding for children within the program.

Dissemination:

Provide details on how the evaluation results will be disseminated to major stakeholders and individuals interested in the project. Information, requirements, and dissemination methods differ from stakeholder to stakeholder. Will information be posted on the Internet? How and when will demonstrations of the project be provided? Descriptions of the types of reports and other by-products developed during the project can also be made available.

Marketing and Dissemination Activities	Goal
Partnership established for recruitment of eligible children	Maintain current partnerships and establish at least 1 new partnership
Social Media platforms use to advertise facilities and services.	Facebook, Instagram, program website, partnering agencies.

Marketing and Dissemination Activities	Goal
Communication with state networks, agencies, and programs (specify agency)	Infant and Toddlers program, Crisis Centers, Hospitals, Behavioral Health agencies.
Attendance at resource fairs and conferences (specify event)	National conferences, Annual conferences
Information distributed (specify event/location, platform/agency, and delivery system)	Stakeholders, committees, team meetings, board meetings, conferences

BUDGET AND BUDGET NARRATIVE

Providers must complete a budget detail and narrative for all expenses for the project, including requested funds and matching funds. Existing providers must also complete an additional budget detail and budget narrative for all expenses for Additional Services. Providers must also complete an additional budget detail and budget narrative for all expenses for the project for Additional Children. The project's budget should be detailed every year of the project as a separate itemized budget. All costs described in the project narrative should appear in the budget narrative and must have a corresponding entry in the itemized budget for that year. Explain how line-item costs were estimated and show how the budget is cost effective.

Following the justification, include a line-item description using the format in the example below. Group line items according to the following categories: Salaries & Wages, Contracted Services, Supplies and Materials, Fringe Benefits, Other Charges, Equipment, and Transfers (Indirect Costs). Total each category.

Each line must be detailed and specific. General expenses should be broken down into specific line items. For example, "meeting expenses" can be broken down into room rental, photocopying and refreshments. There is no page limit for the budget, so be as detailed as possible. Leave a section blank if it does not apply to your program or to the funding.

All applicants must secure at least 25% in matching funding.

Salaries & wages (list separately for each position)

Line item	Calculation	Requested	In-Kind	Total
Teacher	$50/hour x 40 hours per week x 52 weeks	$60,000	$2,000	$62,000
Total for salaries & wages:		$60,000	$2,000	$62,000

Contracted Services

Line item	Calculation	Requested	In-Kind	Total
Child Psychiatrist	$150/hr4 hours per week x 52	$22,000	0	$22,000
Imagination Storytelling	$10 x 50 books	0	$500	$500
Total for contracted services:		$22,000	$500	$22,500

Supplies and Materials

Line item	Calculation	Requested	In-Kind	Total
Food for classroom and field trips	$15 x30 Participants	$500	0	$500
Special Needs Training Modules	$5 x 400 Participants	0	$20,000	$20,000
Total for supplies and materials:		$500	$20,000	$25,000

Fringe Benefits

Line item	Calculation	Requested	In-Kind	Total
FICA	$700 x 5 Employees	$3,500	$500	$4,000
Health Insurance	$1,300 x 5 employees	$6,500	$1,500	$8,000
Total for fringe benefits:		$10,000	$2,000	$12,000

Other Charges

Line item	Calculation	Requested	In-Kind	Total
Communication and IT	$11,000 for phone, internet, and virtual training platforms	$5,000	$6,000	$11,000
Occupancy	$13,000 for utilities and insurance	$6,000	$7,000	$13,000
Total for other charges:		$11,000	$13, 000	$24,000

Equipment

Line item	Calculation	Requested	In-Kind	Total
Laptops, cameras, microphones	$1,000 x 5 laptops	0	$5,000	$5,000
Copier	$1,250 x 2 copiers	$2,500		$2,500
Scanner	$500 x 1 scanner	$500		$500
Total for equipment:		$3,000.00	$5,000.00	$8,000.00

Transfers (Indirect Costs)

Line item	Calculation	Requested	In-Kind	Total
Indirect Costs	$16,000	$6,000	$10,000	$16,000
Total for transfers (indirect costs):		$6,000	$10,000	$16,000

Existing providers will provide a separate budget, using this same template and categories, for Additional Services. All providers will provide a separate budget, using the same template and categories, for Additional Children.

APPENDICES

The following appendices must be included. Other appendices not listed should be included as deemed necessary.

Appendix A: A job description and one-page resume for all Key Personnel

Appendix B: Letter of Commitment or MOU (if applicable) from community partnerships (i.e., hospitals, Infant and Toddler programs, etc.)

Appendix C: Evidence of status of a non-profit 501(c)(3) organization

Appendix D: Evidence that the facility is licensed to provide care for children in Maryland.

Appendix E: Evidence of participation in Maryland EXCELS

Appendix F: Any appropriate documentation demonstrating how budget item costs were determined.

Appendix G: Project Impact: One-page statement describing the community and/or statewide impact of previously provided Therapeutic Child Care (previously funded service providers). One-page statement describing the community/jurisdiction needs assessment and proposed impact (new applicants)

Appendix H: A signed (C-125 MSDE budget form)

Appendix I: A signed recipient assurances page

Review Process

The review of proposals will be a three-part process:

1. Applications will be prescreened for submission requirements and the inclusion of all required sections. Applicants not meeting all submission requirements will not be reviewed.
2. A review committee established by MSDE will evaluate applications and assign numerical scores using the scoring rubric. Please review the scoring rubric in advance.
3. The review committee will determine the final approval for awards.

MSDE reserves the right to take into consideration geographic distribution when making awards.

REVIEW COMMITTEE

The committee will be composed of representatives from the MSDE. Reviewers will assign numerical scores to each proposal based on the criteria on the scoring rubric.

Therapeutic Child Care Scoring Rubric

Areas	Level 3 Exceeds Criteria	Level 2 Meets Criteria	Level 1 Does Not Meet Criteria
Program Summary	Meets criteria, and aligns with several National Standards for Systems of Care for Children and Youth with Special Health Care Needs. Identifies the percentage of enrollment and has an explicit plan to continue to collect and monitor this information in the future. There is a robust outreach plan that identifies multiple ways to ensure low-income families are aware of the services.	Identifies the target population, purpose and how services align with the National Standards for Systems of Care for Children and Youth with Special Health Care Needs. States the percentage of the program's enrollment of medically fragile children from low-income families. There is an outreach plan to ensure low-income families are aware of the services.	Does not clearly identify the target population, purpose or how services are aligned with the National Standards for Systems of Care for Children and Youth with Special Health Care Needs. Does not state the percentage of the program's enrollment of medically fragile children from low-income families. The outreach plan is limited and may not reach low-income families.

Areas	Level 3 Exceeds Criteria	Level 2 Meets Criteria	Level 1 Partially Meets Criteria
Extent of Need	Meets criteria, and describes multiple factors related to the main problem/need associated with providing therapeutic child care. Uses a combination of national, state, and local data to accurately support the need for therapeutic child care services for young children with special needs. Fully documents current or past efforts to address the need for therapeutic child care and where those efforts either failed or were inadequate.	Describes the population to be served and states the main problem and cites research to support the need for therapeutic child care services for young children with special needs. Cites national, state, or local data sources, which support the main problem and identifies contributing factors aligned to the main problem/need. Mentions current or past efforts to address the problem but does not adequately discuss their outcomes.	Does sufficiently articulate a clearly defined problem to support the need for therapeutic child care. Credible data sources are not provided or do not support the problem/need. Stated contributing factors to the need for therapeutic child care for young children with special needs are misaligned to the problem. Limited discussion of current or past efforts to address the need for therapeutic child care for young children with special needs.
Evidence of Impact	Provides a clear description of how all parts of the proposal are linked to evidence-based strategies. Describes the organization's experience utilizing effective, research-based practices and clearly connects prior work to the current proposal.	Provides a description of how some, but not all, parts of the proposal are linked to evidence-based strategies. Describes the organization's experience utilizing effective, research-based practices, but does not always clearly connect prior work to the current proposal.	Does not sufficiently connect any part of the proposal to evidence-based strategies. Does not sufficiently describe experience utilizing effective, research-based practices in prior programs and projects.

Areas	Level 3 Exceeds Criteria	Level 2 Meets Criteria	Level 1 Does Not Meet Criteria
Goals, Outcomes, and Milestones	Describes a comprehensive plan that clearly articulates three specific and measurable goals, outcomes, and milestones aligned with baseline data, identified needs and relevant laws and regulations. Demonstrates a thorough understanding of the challenges faced by children with special needs and how the proposed plan will improve therapeutic services.	Establishes at least two clear goals, outcomes, and milestones that are measurable, connect to identified needs, and are cognizant of applicable laws with noticeable emphasis on improving therapeutic services for special needs children and their families.	Does not sufficiently establish clear and measurable goals, outcomes, and milestones, with connections to identified needs and applicable laws.

Areas	Level 3 Exceeds Criteria	Level 2 Meets Criteria	Level 1 Does Not Meet Criteria
Program Quality and Service Delivery Plan: *IFSP and IEP Support*	Maintains frequent communication with school systems, Infants and Toddlers Programs, and other relevant local agencies to ensure seamless coordination of services for children with IFSPs or IEPs. Describes collaboration with local agencies to develop and implement a comprehensive plan for providing additional services such as nursing, speech therapy, and physical therapy, both in-house and out-of-house, based on the needs of each child. Provides comprehensive and individualized family support and service coordination, which includes establishing and monitoring goals and connecting families with appropriate resources. Clearly documents the use of assessment and prescription of additional services, as well as the qualifications and training required for staff members responsible for providing those services. Regularly evaluates the effectiveness of services provided and adjusts the plan as needed to ensure positive outcomes for each child.	Consults with school systems, Infants and Toddlers Programs and other local agencies for children with IFSPs or IEPs. Collaborates with local agencies to offer additional services such as nursing, speech therapy, and physical therapy, both in-house and out-of-house. Provides family support and service coordination. Describes the use of assessment and prescription of additional services and necessary staff.	Does not appear to sufficiently consult with school systems, Infants and Toddlers Programs and other local agencies for children with IFSPs or IEPs. Does not sufficiently provide family support and service coordination. Does not sufficiently collaborate with local agencies to offer additional services such as nursing, speech therapy, and physical therapy, both in-house and out-of-house, or Does not sufficiently describe use of Kindergarten Readiness Assessment or other forms of assessment or the prescription of additional services and necessary staff.

Areas	Level 3 Exceeds Criteria	Level 2 Meets Criteria	Level 1 Does Not Meet Criteria
Program Quality and Service Delivery Plan: *Supporting Medical Needs*	Maintains a highly skilled and trained staff and is equipped with appropriate medical and developmental resources to effectively support children with medical and developmental challenges including medication administration and monitoring. Establishes formal partnerships with local hospitals or other medical facilities to ensure prompt and effective response to emergency medical needs of children. Maintains open communication and collaboration with families, mental health professionals, and medical providers to effectively monitor and track children's progress and ensure the provision of appropriate and responsive care.	Properly equipped with credentials, staffing and materials to support children with medical and developmental challenges, including medication administration and monitoring. Collaborates with medical facilities for emergency needs. Communicates with families and professionals about children's progress.	Does not appear to be sufficiently equipped with credentials, staffing and materials to support children with medical and developmental challenges, including medication administration and monitoring. Does not sufficiently collaborate with medical facilities for emergency needs. Does not sufficiently communicate with families and professionals about children's progress.

Areas	Level 3 Exceeds Criteria	Level 2 Meets Criteria	Level 1 Does Not Meet Criteria
Program Quality and Service Delivery Plan: *Recruitment, Retention, and Referral*	Develops and implements a comprehensive recruitment and retention plan that includes strategic partnerships with relevant programs and referral agencies. Incorporates transition planning into individualized goals and learning plans to ensure seamless and successful transitions to other early childhood programs. Establishes formal partnerships with community resources and referral agencies to ensure prompt and effective access to services for medically fragile children and their families, including support for navigating complex medical and developmental systems and accessing specialized care and resources.	A general recruitment and retention plan for enrolled children, including partnerships with programs and referral agencies has been provided. Transition planning for children to other early childhood programs is present, but not incorporated into individualized goals and learning plans. Referral and intervention services are available through community resources for medically fragile children and their families.	Recruitment and retention plans are.limited, Transition planning for children to other early childhood programs is limited nor incorporated into individualized goals and learning plans. Referral and intervention services are not sufficiently available through community resources for medically fragile children and their families.

Areas	Level 3 Exceeds Criteria	Level 2 Meets Criteria	Level 1 Does Not Meet Criteria
Program Quality and Service Delivery Plan: ***Consultation, Training, and Professional Development***	Specifies content and frequency for consultation, training, and professional development for caregivers, providers, and directors, including coaching and technical assistance from statewide infant-toddler specialists. Includes outline of how consultation, training, and professional development opportunities will be made accessible, and how coaching and technical assistance will be tailored to unique needs.	Provides consultation, training, and professional development for caregivers, providers, and directors, including coaching and technical assistance from statewide infant-toddler specialists.	Does not provide sufficiently consultation, training, or professional development for caregivers, providers, and directors, nor include clear coaching and technical assistance from statewide infant-toddler specialists.

Areas	Level 3 Exceeds Criteria	Level 2 Meets Criteria	Level 1 Does Not Meet Criteria
Management Plan and Key Personnel	Identifies all partners and establishes roles, responsibilities, and contributions of each. All partners' responsibilities and contributions are reiterated in signed assurances. Establishes a steering committee with representation from all major stakeholder groups, lists members' expertise, and sets meeting dates. Includes a clear organizational structure that identifies the steering committees' responsibilities for active oversight and clear procedures for steering committee action. Provides job qualifications, resumes and allocates time dedicated to the project for all key personnel, including a project director with an appropriate amount of time dedicated to the project. Separate Key Personnel worksheets for additional services and additional children completed as part of the proposal when applicable. Presents a detailed management plan worksheet with all major management actions, responsibilities, and dates with provisions for review and adjustment, as needed.	Identifies some partners and establishes roles, responsibilities, and their contributions. Some partners' responsibilities and contributions are documented in signed assurances. Establishes a steering committee, discusses duties, and sets meeting dates. Includes a clear organizational structure with a steering committee providing active oversight. Provides job qualifications, resumes and allocates time dedicated to the project for key personnel. Presents a detailed management plan worksheet with all major management actions, responsibilities, and dates.	Does not sufficiently identify partners or establish their roles, responsibilities, or contributions. Partners' responsibilities and contributions are not sufficiently documented in signed assurances. Does not establish a steering committee, discuss duties, or set meeting dates. Does not list steering committee members or state the expertise of each.

Areas	Level 3 Exceeds Criteria	Level 2 Meets Criteria	Level 1 Does Not Meet Criteria
Project Timeline	The timeline clearly integrates key elements from the implementation, management, and evaluation plans. Includes a well-defined calendar of steering committee meetings, deadlines for activity completion (including monthly and annual reporting), and a set of reasonable and ambitious milestones, based on local baseline data and informed by best practices and research. Monitors progress regularly and adjusts the plan as needed to ensure successful implementation	The timeline contains key elements from the implementation, management, and evaluation plans. Includes a coherent calendar of steering committee meetings, deadlines and reasonable milestones with baseline data	Timeline contains few key elements from the implementation, management, and evaluation plans. Does not include a sufficiently coherent calendar of deadlines and reasonable milestones with baseline data.

Areas	Level 3 Exceeds Criteria	Level 2 Meets Criteria	Level 1 Does Not Meet Criteria
Evaluation and Dissemination	Develops a comprehensive and focused set of evaluation questions that align with project goals and objectives. Conducts both ongoing and final evaluations that effectively measure progress towards achieving objectives and relevant outcomes. Clearly assigns responsibility to a qualified party for evaluation activities and systematically documents assessment, recommendation, and progress of children receiving additional services. Regularly evaluates success towards achieving outcomes and provides a detailed and objective evaluation of project success or failure. Establishes a robust baseline of data and employs appropriate quantitative and qualitative data collection methods from multiple sources. Identifies qualified evaluators and engages key stakeholders in the dissemination of evaluation results. Requires regular reporting and budgeting for evaluation and dissemination activities to ensure successful implementation and continuous improvement of the project.	Clearly states evaluation questions. Includes final evaluation with appropriate methods for measuring progress and outcomes. Assigns responsibility for evaluation activities and documents assessment, recommendation, and progress of children receiving additional services. Evaluates success towards outcomes and provides a detailed evaluation of project success or failure. Establishes a baseline of data and collects quantitative and qualitative data and methods. Identifies evaluators and stakeholders and disseminates results appropriately. Requires regular reports and budgeting for evaluation and dissemination.	Missing or unclear provisions for any of the following: Evaluation questions. Appropriate methods for measuring progress and outcomes. Assignment of responsibilities. Detailed evaluation to determine project's success or failure. Baseline data. Method to disseminate results to evaluators and stakeholders.

Areas	Level 3 Exceeds Criteria	Level 2 Meets Criteria	Level 1 Does Not Meet Criteria
Budget and Budget Narrative	Provides a detailed budget narrative justifying all expenses and explaining cost-effectiveness, with line items organized by appropriate categories and calculations provided. Includes separate narratives for additional services and children with similar detail, if applicable. Covers all and only expenses stated in the project and budget narratives, with no vague line items or mathematical errors. Includes requested funds and in-kind contributions, following the prescribed format, and calculates indirect costs at a reasonable rate.	Provides a budget narrative with line items organized by appropriate categories and calculations provided. Includes separate narratives for additional services and children if applicable. Covers all expenses stated in the project and budget narratives, with no vague line items or mathematical errors.	Does not include budget of requested funds and in-kind contributions, following the prescribed format. Calculations and explanation of reasonable costs are missing or inaccurate. Costs, including indirect costs, calculations are not reasonable and/or comparable to current market values.

Categories that are not addressed or are missing will not be scored.

Reporting Requirements

Date	Reporting Requirements
Monthly Program Survey Last day of each month (Replaces Annual Program Data Report)	Monthly Programmatic reports that include: ● Expenditure data ● Number of children and families served. ● Number of families receiving a child care scholarship ● Number of children served having developmental, physical, and emotional delays with breakdown for each condition. ● Number of children enrolled and continuing services with diagnosis. ● Number of children denied admission and the reasons. ● Number of children disenrolled with diagnosis and reason for disenrollment, and their diagnosis and reason for disenrollment. ● Number of days each child was present, with an explanation of absences and plans for in-home care during absences. ● Number of children able to "step down" to a less intensive care setting. ● Class /grade level completion and graduation to upper levels/transition to higher-level classes. ● Staff turnover; and ● Consultations and training with parents.
Monthly Invoices	An invoice pertaining to grant activity submitted to the MSDE Finance Team and Program Manager. Monthly invoices with program reports, to include consultant timesheets. No invoice will be paid without an accompanying program report.
Quarterly C-1-25 Reports "IntProg Rpt C-1-25-C"	1st quarter: July 1 - September 30th | Due October 15th 2nd quarter: October 1st - December 31st | Due January 15th 3rd quarter: January 1st - March 31st | Due April 15th 4th quarter: April 1st – June 30th | due July 15th
December 1, 2025	Report on the cost of providing services to a child with developmental delays, physical disabilities, or delays in social, emotional, or behavioral functioning behavior and the sources of funding received by the provider.
January 31, 2026	Semi-Annual Programmatic Report
Final Reporting August 2026 (C-1-25-D)	Final Programmatic Report Annual cumulative program report within 45 days after the end of the 12-month grant period Final Evaluation Report (Fiscal) -Encompassing all funding cycles, within 60 days of the end of the grant period using the Results Based Accountability (RBA) framework to determine results for families.
As scheduled	In addition, each grantee must participate in: ● At least one monitoring visit per year, either virtual or in person. ● Monthly Programmatic Meetings with Program Manager ● Statewide Coordination Meetings

Notes:

Grantees must comply with the following reporting requirements:

Any requests for programmatic amendments must be submitted at least 45 days before the grant period ends, and must be submitted using the C-1-25-B form found in the Grant Budget Forms Workbook on the MSDE grants webpage.

Final invoices must be submitted no later than 60 days after the grant period ends.

Statewide program coordination groups are specialized committees developed to coordinate efforts, conduct needs assessments, and develop programming and reporting among early care and education programs. Examples of these groups include the State Early Childhood Advisory Councils and the Office of Child Care Advisory Group.

Non-Discrimination Statement

The Maryland State Department of Education does not discriminate on the basis of age, ancestry/national origin, color, disability, gender identity/expression, marital status, race, religion, sex, or sexual orientation in matters affecting employment or in providing access to programs and activities and provides equal access to the Boy Scouts and other designated youth groups. For inquiries related to Department policy, please contact:

Equity Assurance and Compliance Office
Office of the Deputy State Superintendent for Operations

Maryland State Department of Education
200 W. Baltimore Street - 2nd Floor
Baltimore, Maryland 21201-2595
410-767-0123 - Voice.
410-767-0431 - Fax
410-333-6442 - TTY/TDD

The General Education Provisions Act (GEPA), Section 427

Each application must develop and describe the steps the applicant proposes to take to ensure equitable access to, and equitable participation in, the project or activity to be conducted with such assistance, by addressing the special needs of students, teachers, and other program beneficiaries in order to overcome barriers to equitable participation.

Customer Service Support Sessions

MSDE will hold 0ne (1) customer service support session for interested applicants. During these sessions, MSDE personnel will provide technical assistance and review of fiscal processes, forms, and timelines. To register for a session, please complete the RSVP using this link: https://forms.gle/6G35qXCixvTqXdfU6.

You will receive an email invitation with a link to join a virtual Google Meet session. See the dates and times below:

Customer Service Support Session
July 15th, 2025
11 AM – 12 PM

QUESTIONS

If you have questions about the application or the process, please contact the Program Monitor:

Nicholas Miller
Early Childhood Project Manager
Division of Early Childhood
(410) 767-8959
nicholas.miller1@maryland.gov

Grant Application Timeline

This funding opportunity, including all attachments and updates, are found on the [MSDE Division of Early Childhood website](#).

Date	Reporting Requirements for Each Year
July 7th, 2025	The Grant Information Guide and the application for participating released.
July 15th, 2025 11 AM – 12 Noon	MSDE will hold a virtual customer service support session for interested applicants.
August 6th, 2025 5 PM EDT	Applications and all attachments are due to MSDE no later than 5:00 p.m. The grant application period closes, and MSDE finalizes application review – applications will be reviewed on a rolling basis.
August 13th, 2025	MSDE will notify applicants of the award status.
July 1, 2025	The grant period begins
June 30, 2026	The grant period ends

AWARD NOTIFICATION

The official Notice of Grant Awards (NOGA) processing will begin immediately after Award Notification and can take 2-3 weeks to process.