

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

Maternal and Child Health Bureau
Division of Home Visiting and Early Childhood Systems

***Early Childhood Comprehensive Systems:
Building Health Through Integration***

Announcement Type: New, Competing Continuation
Announcement Number: HRSA-13-177

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: May 9, 2013

*Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

**Release Date: March 1, 2013
Issuance Date: March 1, 2013**

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Authority: Title V, § 501(a)(3)(c) of the Social Security Act as amended, (42 U.S.C. 701(a)(3)(c))

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Maternal and Child Health Bureau is accepting applications for fiscal year (FY) 2013 Early Childhood Comprehensive Systems: Building Health Through Integration. The purpose of this grant program is to improve the healthy physical, social, and emotional development during infancy and early childhood; to eliminate disparities; and to increase access to needed early childhood services by engaging in systems development, integration activities and utilizing a collective impact approach to strengthen communities for families and young children and to improve the quality and availability of early childhood services at both the state and local levels.

Applicants have the option to plan, if necessary, and implement one of three strategies: 1) Mitigation of toxic stress and trauma in infancy and early childhood across two or more early childhood systems (e.g., health, child care, home visiting, parenting education, etc.); **or** 2) Coordination of the expansion of developmental screening activities in early care and education settings statewide by connecting pediatric and other child health leaders with child care health consultants to link training and referrals among medical homes, early intervention services, child care programs and families; **or** 3) Improvement of state infant/toddler child care quality initiatives (e.g., State licensing standards/Quality Rating and Improvement Systems [QRIS] and/or professional development) by incorporating 10 or more *Caring for Our Children* 3rd edition standards focused specially on the infant/toddler age group.

FY13 awards to be made as a result of this Funding Opportunity Announcement will be subject to the availability of appropriated funds.

Funding Opportunity Title:	Early Childhood Comprehensive Systems: Building Health Through Integration
Funding Opportunity Number:	HRSA-13-177
Due Date for Applications:	May 9, 2013
Anticipated Total Available Funding:	\$7,800,000
Estimated Number of Awards:	57 grants
Estimated Award Amount:	Up to \$140,000 per year
Cost Sharing/Match Required:	No
Length of Project Period:	Three (3) years
Project Start Date:	August 1, 2013
Eligible Applicants:	As cited in 42 CFR Part 51a.3 (a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible. Faith-based and community-based organizations are also eligible. [See Section III-1 of this FOA for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/guideforreview/applicationguideforreview.doc> except where instructed in this funding opportunity announcement to do otherwise.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the fiscal year (FY) 2013 Early Childhood Comprehensive Systems: Building Health Through Integration. The purpose of this grant program is to improve the healthy physical, social, and emotional development during infancy and early childhood; to eliminate disparities; and to increase access to needed early childhood services by engaging in systems development, integration activities and utilizing a collective impact approach to strengthen communities for families and young children and to improve the quality and availability of early childhood services at both the state and local levels. This program broadens and enhances the efforts of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs authorized by section 511 of the Social Security Act (42 U.S.C. 711), focusing attention on the needs of our youngest citizens, infants and young children.

Applicants have the option to plan, if necessary, and implement one of three strategies:

- 1) Mitigation of toxic stress and trauma in infancy and early childhood. This strategy should be broadly focused across multiple systems in communities, and coordinated with medical homes, trauma prevention activities, and collective impact approaches; **or**
- 2) Coordination of the expansion of developmental screening activities in early care and education settings statewide by connecting pediatric and other child health leaders with child care health consultants to link training and referrals among medical homes, early intervention services, child care programs and families; **or**
- 3) Improvement of state infant/toddler child care quality initiatives (State licensing standards/Quality Rating and Improvement Systems [QRIS] and/or professional development) by incorporating 10 or more *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd ed. (CFOC3) standards focused specially on the infant/toddler age group (see Appendix A).

Note: “early care and education” is inclusive of child care, day care, pre-school, pre-K, kindergarten, Early Head Start, and Head Start programs.

This new emphasis on infancy and early childhood builds upon the goals and objectives of earlier Early Childhood Comprehensive Systems (ECCS) initiatives and recent scientific evidence regarding the relationship between early experience, brain development, and long-term health and developmental outcomes. Lifespan trajectories for health, educational achievement and social-emotional sturdiness have their foundations in the earliest experiences, intimately and individually, beginning within the prenatal environment and building through the first months of caregiver-infant interactions. The vision for the future of child health care and the development of comprehensive early childhood systems requires intentional focus on infants and young children assuring health and developmental trajectories by fostering safe and nurturing relationships, and mitigating toxic stress that would otherwise compromise future capacity.

All applicants are required to **partner with an early childhood state team** to include, as appropriate, representatives from programs, projects and professional organizations including but not limited to:

- health (e.g., Title V, local public health, community health centers, Medicaid, American Congress of Obstetricians and Gynecologists (ACOG), American Academy of Pediatrics (AAP), and their Building Bridges Among Health & Early Childhood Systems Project women's health, infant mortality, Healthy Start, Healthy Mothers/Healthy Babies);
- mental and behavioral health (e.g., children's mental health, Project LAUNCH, Administration for Children, Youth and Families (ACYF) trauma informed practice grantee, Pediatric/Infant mental Health Professionals, substance abuse prevention);
- education (e.g., IDEA Part C Early Intervention and Part B Preschool, Race to the Top);
- family support and home visiting (e.g., MIECHV, Strengthening Families, Community-Based Child Abuse Prevention (CBCAP), Child Welfare, domestic violence prevention, Help Me Grow, ABCD); and
- early care and education (e.g., State Advisory Councils, State Child Care Licensing, Head Start, Child Care Health Consultants, State child care administrators, Healthy Child Care America partners, and/or Child Care Resource and Referral Agencies).

(NOTE: This is not an exhaustive list. If an existing workgroup meets these criteria, a new group does not have to be established.)

This funding announcement also requires applicants to enlist pediatricians, preferably their AAP Chapter leadership and other child health providers, to join with state ECCS, MIECHV and early care and education professionals to lead state policy development that supports programs or services that focus on mitigating toxic stress, expand developmental screening, and strengthen systems for improved child care quality and child care health consultation in infancy and early childhood.

It is our belief that by a specific focus on infants and young children, applicants will drive the critical health and early childhood partnerships necessary to establish integrated services that support building lifespan health and sturdy development of children, as called for by the newest Early Brain and Child Development science to improve child and family outcomes.

All applicants are encouraged to review Early Learning Council/State Advisory Council (SAC) membership and assess whether it has representatives from pediatric health and infant/pediatric mental health. If the SAC lacks such representatives the ECCS leadership team should focus efforts to address such needs. All applicants are encouraged to align ECCS plans and activities with relevant MIECHV, Project LAUNCH, and SAC policies and initiatives, as well as other state early childhood initiatives, to reduce redundancies, ensure maximum leveraging of federal early childhood investments, and ensure sustainability beyond MCHB funding.

All successful applicants will be required to build ECCS leadership in **aggregating, aligning and reporting on state early childhood benchmark data** consistent with benchmark areas identified in the MIECHV legislation at section 511(d)(1)(A) of the Social Security Act. This effort builds commonality and critical documentation of the significance of building health and developmental outcomes by early childhood investments.

2. Background

Authorized by Title V, Section 501(a)(3)(c) of the Social Security Act as amended (42 U.S.C. 701(a)(3)(c)), the ECCS program is designed to create a seamless system of early childhood services for young children and their families. ECCS grantees are active members, and in some cases hold a leadership role, in their early childhood multi-agency state teams. These teams have developed ECCS Plans that guide the development, implementation, governance, and financing of their state early childhood service systems. Traditional recipients of these funds have been State Title V Departments and/or State Maternal and Child Health Agencies and/or departments, and/or their contractors.

ECCS was originally conceived as a two-stage process comprised of a two-year early childhood systems development planning phase, resulting in the development, submission, and approval of a State Early Childhood Systems Development Plan, followed by a three-year implementation phase.

Recent MIECHV funding to states and territories that are not ECCS grant recipients, however, has resulted in a reconsideration as to how early childhood systems development funds might better support recent early childhood initiatives. Consequently, the planning/implementation approach of earlier ECCS funding announcements has been waived to address these State-by-State circumstances and enhance support to the MIECHV program. Consonant with this thinking, this new systems building effort under ECCS will provide an opportunity for non-ECCS states and territories to benefit from this opportunity to build a comprehensive early childhood system that enhances the efforts of the MIECHV program. As part of that effort, ECCS grant recipients will be required to report on statewide data that aligns with the six MIECHV benchmarks (see Appendix B). At the end of year 1, grantees will be required to report on two benchmark areas using at least one indicator in each of the two benchmark areas. At the end of year 2, grantees will be required to increase the reporting to four benchmark areas (adding two more to the two that were selected in year 1). By the end of year 3, grantees will be required to report on all six benchmark areas using at least one indicator in each benchmark area. This work will lead to building statewide longitudinal data sets in concert with the MIECHV data sets.

All applicants to this announcement are required to use one of the following methods to document the statewide unmet health needs of infants and young children:

- 1)** conduct a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis;
- 2)** conduct a review and analysis using the Title V MCH Block Grant needs assessment as identified in the Title V legislation at section 505(a)(1) of the Social Security Act; or
- 3)** conduct a review and analysis using the MIECHV needs assessment, as identified in the MIECHV legislation at section 511(b) of the Social Security Act.

This needs assessment should then be used to outline necessary system enhancements or changes in support of one of the three strategies.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2013 - 2015. Approximately \$7,800,000 is expected to be available annually to fund up to 57 grantees. Applicants may apply for a ceiling amount of up to \$140,000 per year. The project period is three (3) years. Any FY13 awards to be made as a result of this Funding Opportunity Announcement will be subject to the availability of appropriated funds. Funding beyond the first year is dependent on the availability of appropriated funds for ECCS Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

As cited in 42 CFR Part 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible. Faith-based and community-based organizations are also eligible.

All applicants must have significant experience developing and implementing state wide early childhood comprehensive systems strategies to build the health of young children. Applications that fail to show such experience will not be competitive.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are **not** allowable.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF424 application package associated with this funding opportunity following the directions provided at [Grants.gov](http://www.grants.gov).

2. Content and Form of Application Submission

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/guideforreview/applicationguideforreview.doc>, except where instructed in the funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA.

Program Requirements

Applicants have the option to plan, if necessary, and implement one of the following three strategies:

Strategy 1: Mitigation of toxic stress and trauma in infancy and early childhood. This strategy should be broadly focused across multiple systems in communities, and coordinated with medical homes, trauma prevention activities, and collective impact approaches.

Applicants choosing this strategy must convene their state ECCS team, early childhood trauma mitigation teams, or other early childhood work group to plan, if necessary, and implement the project within the three-year project period. The implementation of Collective impact approaches is encouraged.

Applicants may select a community identified as being at-risk in the MIECHV needs assessment or similar at risk population as the target/pilot area for the first years' implementation and include with their application their plan for expanding the approach to other communities and/or across the state.

The proposed project must:

- outline a process for educating a range of early childhood providers, care givers, families, and communities about the critical importance of human development during infancy and early childhood, adverse childhood experiences, and the mitigation of toxic stress to achieve optimal child developmental trajectories;
- enhance the state and local early childhood systems that are currently focused on creating a trauma informed system, screening for domestic violence, strengthening infant mental

health, improving attachment and early relationships (e.g., Project LAUNCH, Futures without Violence, Fight Crime Invest in Kids, MIECHV, etc.);

- develop and implement projects to screen and monitor families and young children for adverse childhood experiences, family domestic violence and trauma risk; and
- promote expansion and coordination of networks of evidence based/informed supports and treatment services for families identified with trauma or risk for trauma, including trauma-informed prevention program, trauma informed mental health therapies, infant mental health treatments.

Strategy 2: Coordination of the expansion of developmental screening activities in early care and education settings statewide by connecting pediatric and other child health leaders with child care health consultants to link training and referrals among medical homes, early intervention services, child care programs and families.

Applicants choosing this strategy must convene within the state ECCS team a work group to plan, if necessary, and implement the project within the three-year project period. The work group must be led by a pediatrician, and include other child health providers, ECCS leadership, State Advisory Council leadership, state Medicaid, state early care and education leadership, child care health consultant representative, early intervention representatives and experts in developmental and behavioral screening and services.

The proposed project must:

- expand developmental screening activities in early care and education and link training and increase appropriate referrals when needed among medical homes, early intervention services, child care programs and families;
- engage pediatric providers, other child health providers, child care health consultants, infant mental health consultants, home visitors, and other related professionals in local communities in strategies to improve linkages and referrals;
- describe approaches specific to utilizing and promoting training to those early care and education professionals who serve young children, focusing on a) the importance of human development during infancy and early childhood, and b) early childhood developmental and behavioral screening;
- outline necessary system enhancements, work flow, financing structures and policy changes necessary to support of the strategy, and
- include approaches for capturing and documenting developmental and behavioral health screening and referral activities across early care and education, health, and early intervention systems (e.g., household surveys, provider reports, records review). The applicant should discuss how these measurement approaches will be integrated into existing state data collection systems.

Strategy 3: Improvement of state infant/toddler child care quality initiatives (State licensing standards/Quality Rating and Improvement Systems [QRIS] and/or professional development) by incorporating 10 or more *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd ed.* (CFOC3) standards focused specially on the infant/toddler age group (see Appendix A).

The CFOC3 are nationally recognized health and safety evidence-based standards developed by AAP, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education. Many state/territories have used previous editions of CFOC3 to improve state child care licensing regulation on core best practices and set minimum requirements. **This strategy is to focus states' efforts on specifically utilizing and incorporating standards related to the infant/toddler age group.**

Applicants can choose one or more of the following approaches to address this strategy:

- i. **Incorporating selected CFOC3 infant/toddler related standards into state licensing regulations.** Develop and implement action strategies for incorporating at least ten or more selected CFOC3 standards (listed in Appendix A) currently not reflected in the state's child care regulations and begin the licensing rule promulgation process to incorporate the standards content for the next licensing revision. At the end of each year of the three years, states will report on progress made, barriers faced, what proposed rules are in process, and/or which rules based on CFOC3 have been legislated; and/or
- ii. **Incorporating selected infant/toddler related CFOC3 standards into QRIS requirements.** Develop and implement action strategies for incorporating a minimum of ten selected CFOC3 standards (listed in Appendix A) currently not reflected in QRIS structure and requirements. At the end of each year of the three years, states will report on progress made in action plan, barriers faced, what CFOC3 standards have been incorporated into the QRIS structure/requirements; and/or
- iii. **Integrating selected infant/toddler CFOC3 standards into professional development initiatives.** Develop and implement action strategies for incorporating the content of at least ten **selected CFOC3 standards** currently not reflected in state professional development training offerings. At the end of each of the three years, states will report on progress made in action plan, barriers faced, and what CFOC3 standard content have been incorporated into professional development activities.

Applicants choosing this strategy must convene within the state ECCS team a work group to plan, if necessary, and implement the project within the three-year project period. The work group must have pediatrician leadership, and include other child health providers, ECCS leadership, State Advisory Council representation, state licensing leadership, early care and education professional representative, health consultant representative, child care resource and referral agency representative, professional development leader, and Head Start.

The proposed project must:

- engage key early care and education partners for successful implementation of the approach(es) chosen;
- describe the process for selecting those standards for implementation with one or more approaches;
- describe the methodology for implementing the approach(es) to be used, including a rationale for why one approach is more prudent than the others in their state system;
- include quality improvement measures that will be used to determine success or need for revision of methodology;

- outline necessary system enhancements or policy changes needed in support of the strategy,
- create a plan for stronger linkage, communication and coordination between early care and education providers and medical homes, and
- include a sustainability plan for continuing incorporation of standards past the project period built on system refinement during project period.

Program-specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA’s [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following.

i. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- ***INTRODUCTION***

This section should briefly describe the purpose of the proposed project clearly stating the strategy to be addressed.

- ***NEEDS ASSESSMENT***

All applicants to this announcement are required to use one of the following methods to document the state wide unmet health needs of infants and young children:

- 1) conduct a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis;
- 2) conduct a review and analysis using the Title V MCH Block Grant needs assessment as identified in the Title V legislation at section 505(a)(1) of the Social Security Act.;
or
- 3) conduct a review and analysis using the MIECHV needs assessment, as identified in the MIECHV legislation at section 511(b) of the Social Security Act.

This analysis should result in an examination of the various systems, initiatives, program coordination, and program development needs related to infancy and early childhood. Areas include, but are not limited to, programs and activities focused on: reduction and remediation of toxic stress/trauma; child maltreatment; reduction of impacts of poverty on young children’s futures; developmental screening; child care quality initiatives (licensing, QRIS, professional development); early intervention; early childhood mental health; the use of two-generational, life course approaches; linkage and coordination of services; and the promotion of optimal child health and development. The analysis should also result in identification of high priority unmet needs and potential areas for action.

Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant

barriers in the service area that the project hopes to overcome. This section should help reviewers understand the community and/or organization that will be served by the proposed project.

- ***METHODOLOGY***

Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements and expectations of the chosen strategy in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve parents, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable. Describe the proposed project's existing and planned methods of multi-agency collaboration and coordination including data sharing among multi-agency partners other relevant agencies, organizations, key public and private providers, family members, consumer groups, insurers, professional membership organizations, and other partnerships relevant to the proposed project. Include a continuous quality improvement (CQI) process relevant to the chosen strategies. If applicable, include a plan to disseminate reports, products, and/or grant project outputs so project information is provided to key target audiences.

Applicants must also propose a plan for project sustainability after the period of Federal funding ends. Grantees are expected to sustain key elements of their grant projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

- ***WORK PLAN***

Describe the activities or steps that will be used to achieve each of the activities proposed for the chosen strategy, during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application. The extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

- ***RESOLUTION OF CHALLENGES***

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- ***EVALUATION AND TECHNICAL SUPPORT CAPACITY***

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Provide an evaluation plan to demonstrate the effectiveness of the proposed strategy (ies). And, as appropriate, describe the data collection strategy to collect, analyze and track data to measure process, outcomes, and impact and explain how the data will be used to inform program development, quality improvement and service delivery. The plan must be supported by a

logic model and must explain how the inputs, processes and outcomes will be measured, and how the resulting information will be used to inform improvement of funded activities.

Applicants must describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g. assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

▪ ***ORGANIZATIONAL INFORMATION***

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Detail the organization's experience developing and implementing state wide early childhood comprehensive systems strategies to build the health of young children. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

ii. *Program Specific Forms*

1) *Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects*

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

- 2) *Performance Measures for the ECCS Program and Submission of Administrative Data*
To prepare successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H25_2.HTML

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information would be due to HRSA within 120 days after the Notice of Award.

ECCS Measures aligned with MIECHV Benchmark Areas

ECCS grant recipients will be required to report on statewide data that aligns with the six MIECHV benchmarks (see Appendix B). At the end of year 1, grantees will be required to report on two benchmark areas using at least one indicator in each of the two benchmark areas. At the end of year 2, grantees will be required to increase the reporting to four benchmark areas (adding two more to the two that were selected in year 1). By the end of year 3, grantees will be required to report on all six benchmark areas using at least one indicator in each benchmark area. This work will lead to building statewide longitudinal data sets in concert with the MIECHV data sets.

The following measures are to be used by ECCS grantees to monitor population outcomes statewide.

- Percentage of infants born preterm.
- Rate of substantiated child abuse and neglect among children birth to age three (3).
- Percentage of childhood deaths due to external cause, by cause and age.
- Percentage of children who received developmental screening and did not need follow up or referral.
- Percentage of families which screen positive for domestic violence and are referred.
- Percentage of children in poverty (household income below poverty level; see <http://aspe.hhs.gov/poverty/> for the HHS poverty guidelines).
- Measured coordination with documented referrals between child care programs, medical homes and early intervention service providers. +

iii. Attachments

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see section 4.1 vi. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel (see section 4.1 vi. of HRSA's [SF-424 Application Guide](#))

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated. **All applicants** are encouraged to establish formal Memorandums of Understanding (MOU's) with partners that include specific provisions for multi-agency longitudinal child health outcome indicators and measures and data sharing, as appropriate.

Attachment 5: Project Organizational Chart and Logic Model

Provide a one-page figure that depicts the organizational structure **of the project**, including significant collaborators, partners, and subcontractors. Reminder: All applicants are required to **partner with an early childhood state team** to include, as appropriate, representatives from programs, projects and professional organizations including but not limited to:

- health (e.g., Title V, local public health, community health centers, Medicaid, ACOG, AAP and their Building Bridges Among Health & Early Childhood Systems Project, women's health, infant mortality, Healthy Start, Healthy Mothers/Healthy Babies);
- mental and behavioral health (e.g., children's mental health, Project LAUNCH, ACYF -trauma informed practice grantee, Pediatric/Infant mental Health Professionals, substance abuse prevention);
- education (e.g., IDEA Part C Early Intervention and Part B Preschool, Race to the Top);
- family support and home visiting (e.g., MIECHV, Strengthening Families, CBCAP, Child Welfare, domestic violence prevention, Help Me Grow, ABCD); and
- early care and education (e.g., State Advisory Councils, State Child Care Licensing, Head Start, Child Care Health Consultants, State child care administrators, Healthy Child Care America partners, and/or Child Care Resource and Referral Agencies).

(NOTE: This is not an exhaustive list. If an existing workgroup meets these criteria, a new group does not have to be established.). Provide a one-page figure that shows the proposed logic model.

Attachment 6: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATION APPLICATIONS SUBMITTED BY CURRENT GRANTEES ONLY)

A well planned ECCS accomplishment summary can be of great value by providing a record of program accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating ECCS program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated ECCS goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of your ECCS program accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates) is June 1, 2009 – the present.
- (2) Specific Objectives - Briefly summarize the specific objectives of the project since June 1, 2009. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- (3) Results- summarize the program activities and accomplishments to date. Include both positive and negative results or challenges or barriers that may be important.

Attachments 7 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *May 9, 2013 at 11:59 P.M. Eastern Time.*

4. Intergovernmental Review

ECCS is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$140,000 per year. Awards to support projects beyond the first

budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for construction.

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 apply to this program. Please see Section 4.1 iv of the [SF-424 Application Guide](#) for additional information.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The ECCS Program has six (6) review criteria:

CRITERION	Number of Points
1. Need	20
2. Response	25
3. Evaluative Measures	10
4. Impact	10
5. Resources/Capabilities	30
6. Support Requested	5
TOTAL POINTS	100

Criterion 1: NEED (20 points) – Corresponds to the Program Narrative “Introduction” and “Needs Assessment” sections.

Extent to which the applicant demonstrates the need for fostering the healthy, social-emotional and physical development of children in infancy and early childhood to be addressed through a comprehensive multi-agency early childhood system. The extent to which the application

demonstrates a comprehensive understanding of the problem and associated contributing factors to the problem to be addressed under the chosen strategy.

- The extent to which the stated purpose addresses the chosen strategy.
- The strength and completeness of the method of the needs assessment.
- The strength and thoroughness of the analysis and examination of the various systems, initiatives, program coordination, and program development needs related to infancy and early childhood.
- Evidence of a thorough understanding of the socio-cultural determinants of health and health disparities impacting the population or communities served and unmet.
- Evidence of a thorough understanding of the relevant barriers in the service area that the project hopes to overcome.
- Demonstrated knowledge of the children, families, and/or community(ies) that will be served by the proposed project.

Criterion 2: RESPONSE (25 points) – Corresponds to the Program Narrative “Methodology,” “Work Plan,” and “Resolution of Challenges” sections.

The extent to which the proposed project responds to the “Purpose” included in the program description and the program requirements outlined in the FOA. The strength of the proposed goals and objectives and their relationship to the chosen strategy and resulting identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

- The extent to which the proposed project engages pediatric leadership and ELC/SAC representation in state-level early childhood comprehensive system activities.
- The extent to which the proposed project will improve the coordination and integration of early childhood services, especially home visiting, early care and education programs, and the medical home.
- The strength, clarity, and feasibility of the work plan and time frames for completion.
- The extent to which the project uses a collective impact approach and builds on and enhances public and private partnerships across agencies and sectors to support the identified strategy.
- The extent to which challenges that are likely to be encountered are identified and approaches that will be used to resolve such challenges are appropriate.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to the Program Narrative “Methodology” and “Evaluation and Technical Support Capacity” sections.

The strength and effectiveness of the method proposed to collect, analyze, and track data and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The appropriateness of multi-agency measures (process, immediate, long-term outcome) proposed for evaluation of the implementation of the proposed Plan.
- The extent to which there are multi-agency longitudinal child health outcome indicators and measures.

- Evidence that multi-agency partners will share relevant data.
- Evidence that adequate time allotted for evaluation.
- The strength of proposed continuous quality improvement (CQI) strategies or processes.

Criterion 4: IMPACT (10 points) – Corresponds to the Program Narrative “Methodology” and “Work Plan” sections.

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability and expansion of the program beyond the Federal funding.

The extent to which key stakeholders and contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

For competing continuations, past performance as presented in the Summary Progress Report (Attachment 6) will also be considered.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to the Program Narrative “Methodology,” “Evaluation and Technical Support Capacity” and “Organizational Information” sections.

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. The strength of the ECCS partnerships, key stakeholders, early childhood coalitions, and other experts collaborating on specified project activities with relevant organizations for the purpose of enhancing project outcomes of the chosen strategy and including chosen statewide data to report.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to the budget and budget justification

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the proposed activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which costs related to data collection are appropriate for baseline and yearly reporting.

2. Review and Selection Process

Please see section 5.3 of HRSA’s [SF-424 Application Guide](#).

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of August 1, 2013.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of August 1, 2013. See section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See section 2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Performance Reporting.** Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H25_2.HTML. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each grant year of the project period. Grantees will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant summary data as well as finalizing indicators/scores for the performance measures.

- 3) ECCS grant recipients will be required to report on statewide data that aligns with the six MIECHV benchmarks (see Appendix B): At the end of year 1, grantees will be required to report on two benchmark areas using at least one indicator in each of the two benchmark areas. At the end of year 2, grantees will be required to increase the reporting to four benchmark areas (adding two more to the two that were selected in year 1). By the end of year 3, grantees will be required to report on all six benchmark areas using at least one indicator in each benchmark area. This work will lead to building statewide longitudinal data sets in concert with the MIECHV data sets

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Mary Worrell
Grants Management Specialists
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11-93
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5181
Fax: (301) 594-4073
Email: mworrell@hrsa.gov

Latoya Ferguson
Grants Management Specialists
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-13
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1440
Fax: (301) 594-6343
Email: lferguson@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Dena Green
Senior Public Health Analyst
Early Childhood Comprehensive Systems Program
HRSA/MCHB/Division of Home Visiting and Early Childhood Systems
Parklawn Building, Room 10-86
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-9768
Fax: (301) 443-8918
Email: dgreen@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)

E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

VIII. Other Information

Technical Assistance Call

All applicants are encouraged to participate in a technical assistance (TA) call for this funding opportunity. In an attempt to most effectively utilize our limited TA conference call time, if you have questions about the funding opportunity announcement please send them via email to Dena Green at dgreen@hrsa.gov. We will compile and address these questions during the call.

A Technical Assistance Webinar is scheduled for the FY 2013 application cycle on March 13, 2013 at 3:00 pm ET. Webinar and registration information is available on the Maternal and Child Health Bureau Early Childhood Comprehensive Systems Website at: <http://learning.mchb.hrsa.gov/index.asp>. The webinar will help prepare applicants for the FY 2013 application period, highlight significant program requirements, and offer participants an opportunity to ask questions.

Funding Opportunity Announcement Short Video

A video for applicants highlighting changes in the ECCS program is at <http://www.hrsa.gov/grants/apply/assistance/homevisiting/>.

IX. Tips for Writing a Strong Application

See section 4.7 of HRSA's [*SF-424 Application Guide*](#).

Appendix A – Selected Caring For Our Children 3rd Ed. Standards

Std #	Title	Link
1.1.1.1	Ratios for Small Family Child Care Homes	http://cfoc.nrckids.org/StandardView/1.1.1.1
1.1.1.2	Ratios for Large Family Child Care Homes & Centers	http://cfoc.nrckids.org/StandardView/1.1.1.2
1.2.0.2	Background Screening	http://cfoc.nrckids.org/StandardView/1.2.0.2
1.3.1.1.	General Qualifications of Directors	http://cfoc.nrckids.org/StandardView/1.3.1.1
1.3.2.2	Qualifications of Lead Teachers and Teachers	http://cfoc.nrckids.org/StandardView/1.3.2.2
1.3.2.4	Additional Qualifications for Caregivers/Teachers Serving Children Three to Thirty-Five Months of Age	http://cfoc.nrckids.org/StandardView/1.3.2.4
1.3.3.1	General Qualifications of Family Child Care Caregivers/Teachers to Operate a Family Child Care Home	http://cfoc.nrckids.org/StandardView/1.3.3.1
1.4.1.1	Pre-service Training	http://cfoc.nrckids.org/StandardView/1.4.1.1
1.4.2.3	Orientation Topics	http://cfoc.nrckids.org/StandardView/1.4.2.3
1.4.3.1	First Aid and CPR Training for Staff	http://cfoc.nrckids.org/StandardView/1.4.3.1
1.4.5.2	Child Abuse and Neglect Education	http://cfoc.nrckids.org/StandardView/1.4.5.2
1.6.0.1	Child Care Health Consultants	http://cfoc.nrckids.org/StandardView/1.6.0.1
1.6.0.3	Early Childhood Mental Health Consultants	http://cfoc.nrckids.org/StandardView/1.6.0.3
2.1.1.4	Monitoring Children's Development/ Obtaining Consent for Screening	http://cfoc.nrckids.org/StandardView/2.1.1.4
2.1.1.5	Helping Families Cope with Separation	http://cfoc.nrckids.org/StandardView/2.1.1.5
2.1.1.6	Transitioning within Programs and Indoor and Outdoor Learning/Play Environments	http://cfoc.nrckids.org/StandardView/2.1.1.6
2.1.2.1	Personal Caregiver/Teacher Relationships for Infants and Toddlers	http://cfoc.nrckids.org/StandardView/2.1.2.1
2.1.2.2	Interactions with Infants and Toddlers	http://cfoc.nrckids.org/StandardView/2.1.2.2
2.1.2.3	Space and Activity to Support Learning of Infants and Toddlers	http://cfoc.nrckids.org/StandardView/2.1.2.3
2.2.0.1	Methods of Supervision of Children	http://cfoc.nrckids.org/StandardView/2.2.0.1
2.2.0.2	Limiting Infant/Toddler Time in Crib, High Chair, Car Seat, Etc.	http://cfoc.nrckids.org/StandardView/2.2.0.3
2.2.0.3	Limiting Screen Time – Media, Computer Time	http://cfoc.nrckids.org/StandardView/2.2.0.3
2.2.0.4	Supervision Near Bodies of Water	http://cfoc.nrckids.org/StandardView/2.2.0.4
2.2.0.6	Discipline Measures	http://cfoc.nrckids.org/StandardView/2.2.0.6
2.2.0.8	Preventing Expulsions, Suspensions, and Other Limitations in Services	http://cfoc.nrckids.org/StandardView/2.2.0.8
2.2.0.9	Prohibited Caregiver/Teacher Behaviors	http://cfoc.nrckids.org/StandardView/2.2.0.9
2.2.0.10	Using Physical Restraint	http://cfoc.nrckids.org/StandardView/2.2.0.10
3.1.2.1	Routine Health Supervision and Growth Monitoring	http://cfoc.nrckids.org/StandardView/3.1.2.1
3.1.3.1	Active Opportunities for Physical Activity	http://cfoc.nrckids.org/StandardView/3.1.3.1
3.1.4.1	Safe Sleep Practices and SIDS Risk Reduction	http://cfoc.nrckids.org/StandardView/3.1.4.1
3.2.1.4	Diaper Changing Procedure	http://cfoc.nrckids.org/StandardView/3.2.1.4
3.2.2.1	Situations that Require Hand Hygiene	http://cfoc.nrckids.org/StandardView/3.2.2.1
3.2.2.2	Handwashing Procedure	http://cfoc.nrckids.org/StandardView/3.2.2.2

Appendix A – Selected Caring For Our Children 3rd Ed. Standards

Std #	Title	Link
3.4.1.1	Use of Tobacco, Alcohol, and Illegal Drugs	http://cfoc.nrckids.org/StandardView/3.4.1.1
3.4.3.1	Emergency Procedures	http://cfoc.nrckids.org/StandardView/3.4.3.1
3.4.4.1	Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation	http://cfoc.nrckids.org/StandardView/3.4.4.1
3.4.4.3	Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma	http://cfoc.nrckids.org/StandardView/3.4.4.3
3.4.4.4	Care for Children Who Have Been Abused/Neglected	http://cfoc.nrckids.org/StandardView/3.4.4.4
3.4.4.5	Facility Layout to Reduce Risk of Child Abuse and Neglect	http://cfoc.nrckids.org/StandardView/3.4.4.5
3.5.0.1	Care Plan for Children with Special Health Care Needs	http://cfoc.nrckids.org/StandardView/3.5.0.1
3.6.3.1	Medication Administration	http://cfoc.nrckids.org/StandardView/3.6.3.1
3.6.3.3	Training of Caregivers/Teachers to Administer Medication	http://cfoc.nrckids.org/StandardView/3.6.3.3
4.2.0.6	Availability of Drinking Water	http://cfoc.nrckids.org/StandardView/4.2.0.6
4.3.1.1	General Plan for Feeding Infants (incl. encouragement of Breastfeeding)	http://cfoc.nrckids.org/StandardView/4.3.1.1
4.3.1.3	Preparing, Feeding, and Storing Human Milk	http://cfoc.nrckids.org/StandardView/4.3.1.3
4.3.1.5	Preparing, Feeding, and Storing Infant Formula	http://cfoc.nrckids.org/StandardView/4.3.1.4
4.3.1.11	Introduction of Age-Appropriate Solid Foods to Infants	http://cfoc.nrckids.org/StandardView/4.3.1.11
4.3.2.2	Serving Size for Toddlers and Preschoolers	http://cfoc.nrckids.org/StandardView/4.3.2.2
4.5.0.10	Foods that Are Choking Hazards	http://cfoc.nrckids.org/StandardView/4.5.0.10
5.2.4.2	Safety Covers and Shock Protection Devices for Electrical Outlets	http://cfoc.nrckids.org/StandardView/5.2.4.2
5.2.5.1	Smoke Detection Systems and Smoke Alarms	http://cfoc.nrckids.org/StandardView/5.2.5.1
5.2.8.1	Integrated Pest Management	http://cfoc.nrckids.org/StandardView/5.2.8.1
5.2.9.1	Use and Storage of Toxic Substances	http://cfoc.nrckids.org/StandardView/5.2.9.1
5.2.9.5	Carbon Monoxide Detectors	http://cfoc.nrckids.org/StandardView/5.2.9.5
5.2.9.13	Testing for Lead	http://cfoc.nrckids.org/StandardView/5.2.9.13
5.4.5.2	Cribs	http://cfoc.nrckids.org/StandardView/5.4.5.2
5.5.0.8	Firearms	http://cfoc.nrckids.org/StandardView/5.5.0.8
6.3.1.1	Enclosure of Bodies of Water	http://cfoc.nrckids.org/StandardView/6.3.1.1
6.4.1.2	Inaccessibility of Toys or Objects to Children Under Three Years of Age	http://cfoc.nrckids.org/StandardView/6.4.1.2
6.5.2.2	Child Passenger Safety	http://cfoc.nrckids.org/StandardView/6.5.2.2
6.5.2.4	Interior Temperature of Vehicles	http://cfoc.nrckids.org/StandardView/6.5.2.4
7.2.0.1	Immunization Documentation	http://cfoc.nrckids.org/StandardView/7.2.0.1
7.3.3.1	Influenza Immunizations for Children and Caregivers	http://cfoc.nrckids.org/StandardView/7.3.3.1
9.2.4.3	Disaster Planning, Training and Communication	http://cfoc.nrckids.org/StandardView/9.2.4.3
9.2.4.5	Emergency and Evacuation Drills/Exercises Policy	http://cfoc.nrckids.org/StandardView/9.2.4.5
10.4.2.1	Frequency of Inspections for Child Care Centers, Large Family Child Care Homes, and Small Family Child Care Homes	http://cfoc.nrckids.org/StandardView/10.4.2.1

Appendix B – MIECHV Benchmark Indicators

MIECHV Benchmarks and Indicators	MIECHV Construct	Alignment with other performance measures and indicator lists
BENCHMARK AREA 1: Maternal and Newborn Health		
Percentage of infants born preterm.		
BENCHMARK AREA 2. Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits		
Rate of substantiated child abuse and neglect among children birth to age 3	Reported substantiated maltreatment for child	SR RFam 03
Childhood deaths due to external cause, by cause and age		IOM ChiHe 22
BENCHMARK AREA 3: School Readiness and Achievement		
Percentage of children who received developmental screening and did not need follow up or referral.	Child's social behavior, self regulation, emotional well-being	
BENCHMARK AREA 4: Crime or Domestic Violence		
Percentage of families which screen positive for domestic violence and are referred	Domestic violence screening/referral	
BENCHMARK AREA 5: Family Economic Self Sufficiency		
Percentage of children in poverty (household income below poverty level)	Household income and benefits	IOM Kids Cnt 09
BENCHMARK 6: Coordination and referral for other community resources and supports		
Measured coordination with documented referrals between child care programs, medical homes and early intervention service providers.	Completed referrals	