
Finding the Right Partners: Program Design and Administration

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A successful Home-Based Child Care Lead Safety program requires partnerships among a wide variety of stakeholders including:

1. *Child care services*: licensing and inspection agencies; resource and referral agencies, provider support networks;
2. *Public health*: local public health agencies; health care providers; laboratories;
3. *Housing*: local housing code enforcement agencies, lead hazard control programs; community-based housing development corporations (CDCs); lead risk assessors; contractors; and
4. *Funders*: public and private sector sources.

The Rochester and Syracuse pilot built on existing partnerships in each city and forged new partnerships. Stakeholders from the categories listed above served as partners with responsibility for specific tasks. The lessons learned during this process fall into three categories:

1. Selecting the right partners (e.g., capacity, experience with the target population, etc);
2. Defining responsibilities and building a working relationship among partners;
3. Sustaining of partnerships and programs.

1. Selecting the right partners

Construction in a home-based business poses unique challenges. Child care businesses may not fit the typical profile of non-profit or local government home improvement or lead hazard control clients and may require adaptations to applications, underwriting, scheduling, and client communications practices to address this new market. Child care licensing and resource and referral agencies may need to gain a basic understanding of home improvement financing and construction. Both stakeholders will need to understand the public health consequences of environmental hazards. Finally, all partners will have to invest time to build a shared vision and coordinate work processes.

The best candidates for a Home-Based Child Care Lead Safety Program are organizations willing to expand their knowledge and modify their standard operating procedures to accommodate these challenges.

A successful partnership capitalizes on the strengths of each partner. At a minimum, a Home-Based Child Care Lead Safety Program requires:

1. Strong presence in the child care community.

Prospective applicants for repair services will have concerns about liability, their child care licenses, and the impact of relocation on their business throughout the process. Child care resource and referral agencies, and the supportive networks that provide technical assistance

and training to providers, have already built a trusting relationship with these clients. They will be important in provider outreach and education, guiding providers through the application process, and in communicating licensing and space requirements in child care homes to the construction community.

2. Substantial experience in housing rehabilitation in low-income areas. The partner organization managing the construction can be a city or county housing department or a community-based nonprofit. Ideally, the organization should have a stable presence in the target geographic area, a track record of quality construction, sensitivity to community needs, and a trained pool of contractors. Since “word of mouth” will be important for referrals into the program, a partner successfully integrated into the community is an important asset.

3. Experience with lead hazard control activities. An organization that handles only a few lead hazard control cases a year is not an optimum partner for a project like this. To carry out the work safely, achieve production goals, and to minimize relocation time, the project will need a construction workforce well-trained in lead safety, including a mix of EPA-certified lead abatement contractors, lead-safe work practice trained

workers, lead risk assessors, and construction supervisors prepared for frequent on-site visits. If the housing partner does not have this capacity, the lead hazard control work should be conducted through, or coordinated with, a HUD-funded Lead Hazard Control program. These programs have well-developed strategies to expedite production and assure quality control, as well as on-going training for workers.

4. Substantial expertise in residentially-based environmental health issues and how to educate on these topics. Most state and local family child care licensing regulations do not require that homes be tested for lead or other environmental hazards. Thus, a Home-Based Child Care Lead Safety Program needs partners who have expertise in lead poisoning prevention, and who also can communicate these messages effectively without raising fear levels among providers—a key to recruitment and retention. These partners can come from local or state health departments, schools of medicine, public health or nursing, or nonprofit organizations.

5. Skills in fund-raising. Even when child care providers have exemplary credit ratings, their low incomes may preclude them from qualifying for low-interest loans. When they do qualify, they may not qualify for the amount necessary to complete the repairs. Deferred maintenance may result in rehabilitation costs of more than \$20,000, over and above lead hazard control costs. Access to federal, state, local government, or private grants funding for rehabilitation may be necessary.

6. Administrative, financial management, and capacity-building skills. The manager of such a project needs to be a jack-of-all-trades, with strong problem solving, team building, organizational, and communications skills. Having a plan for communication among the different partners will be an important component of the program. A common method of tracking staff time may need to be developed. If multiple funding sources are involved, experience with managing the reporting and administrative requirements will be important. Program partners must be able to share sensitive data, including medical information subject to the privacy protections of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A full-time program manager will be necessary at least during the early phases of the project.

For more information on lead in child care centers or lead testing requirements in family child care, see the following websites:

1. The Enterprise Foundation's The Child Care Library Online
<http://www.enterprisefoundation.org/resources/CCL/index.asp>
2. National Child Care Information Center,
<http://nccic.org>;
3. American Academy of Pediatrics, Caring for Our Children,
http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=931&CatID=132
4. National Association of Family Child Care, Quality Standards for NAFCC Accreditation,
<http://www.nafcc.org/books/qual03.pdf>;
5. National Association of Child Care Resource and Referral Agencies, <http://www.naccrra.org/>

Building on Past Experience to Find the Right Partners

The Rochester and Syracuse pilot first built on the relationships established between The Enterprise Foundation, child care organizations (Syracuse's Child Care Solutions (CCS) and Rochester Children's Nursery Family Child Care Satellite Network (FCCSN)), and community development corporations (Home HeadQuarters, Inc. (HHQ) in Syracuse and Neighborhood Housing Services of Rochester (NHSR)) during the development of its earlier Home Based Child Care Repair Program.

The core mission of The Enterprise Foundation is to improve low- and moderate-income neighborhoods by supporting the work of community-based non-profit

community development corporations. When developing the Home-Based Child Care Home Repair Program concept, the Foundation naturally focused its efforts on Community Development Corporation (CDCs) as its housing partners, rather than local governmental agencies. The Enterprise Foundation approached Home HeadQuarters (HHQ) and Neighborhood Housing Services of Rochester (NHSR) specifically for partnership because they were the only organizations in both cities operating citywide home improvement loan and grant programs for low- and moderate-income homeowners and had the highest levels of unit production.

HHQ served as the single largest housing-oriented CDC in the City of Syracuse. It administered federal and state grant and loan funds, as well as a variety of private funding sources.

The Enterprise Foundation (www.enterprisefoundation.org)

Since its founding in 1982, Enterprise has worked to preserve and increase affordable housing across the U.S. Enterprise works with more than 2,500 nonprofit organizations in 860 locations nationwide, and has 16 local office program locations throughout the country. In addition, the Foundation works closely with local and federal lawmakers to ensure their understanding of the needs and possible solutions for low-income people living in the communities they serve.

Although affordable housing is central to its mission, The Enterprise Foundation also helps connect communities to employment, community safety, education and childcare, as part of a comprehensive strategy to address the pantheon of interconnected challenges facing low-income communities. Enterprise promotes innovative use of communications technology to bridge the digital divide and assist community-based organizations in doing their work more efficiently and effectively.

Enterprise has been addressing these most basic human concerns by:

- Raising and investing nearly \$6 billion in loans, grants and equity for community development.
- Building or renovating 175,000 affordable homes.
- Placing 40,000 "hard to employ" people into jobs.

Nationally, Enterprise matches every dollar received fifteen times with private equity and below market rate loans, and

spends 84 cents of every dollar granted on community development programs, exceeding standards set by the American Institute of Philanthropy.

Grants & Technical Assistance

Enterprise offers both grants and technical assistance to increase the capacity of community-based organizations that provide quality affordable housing and supportive services for low-income families. The Enterprise Foundation made more than \$10 million in grants in 2003, nationally, supporting these dollars with seasoned staff to administer them and provide technical assistance to grantees. This includes:

- *Capacity building grants* to enable organizations to plan and build affordable housing developments eligible for project financing. Grant amounts range from \$20,000 to \$50,000, with an average grant size of \$25,000.
- *Technical assistance* to community-based organizations' boards, partners, staff and administration and practical, learning tools via our Web site. These tools include comprehensive documentation of industry best practices and downloadable model documents. Enterprise also offers extensive technical assistance in affordable housing finance and development.
- *Training* in the areas of housing finance, development and production. Enterprise has placed a high priority in its new strategic plan on focusing and intensifying its training work in our core programs, with core community-based partners. It also has developed specific software and PDA products to advance the work of community-based organizations.

NHSR was a CDC with a revolving loan fund for home repairs for low-income homeowners, but few grant sources. Like HHQ, NHSR was a member of the NeighborWorks® Network, had long experience with home ownership education, and served the entire City of Rochester. Unlike HHQ, NHS was one of many CDCs working on rehabilitation in low-income neighborhoods within the city limits. Competition among the CDCs for federal, state, and private funding was heavy.

Child Care Solutions was Onondaga County's only child care resource and referral agency (CCRR). Among other programming, it maintained a registry of and provided training and one-on-one support to child care providers across Onondaga County.

The Rochester Children's Nursery Family Child Care Satellite Network in Rochester provided training and support to a network of over 550 family child care

providers in Monroe County, concentrating in urban neighborhoods.

Both child care organizations were natural partners for outreach, physical space requirements under state child care regulations, and supporting providers through the program. Each brought strong relationships with home-based child care providers, an understanding of their needs and desires regarding physical space, and knowledge of the New York State home-based child care regulations. Each organization was committed to expanding housing-related services for child care providers, and to building on-going partnerships.

The Home-Based Child Care Home Repair Program (HBCCHRP) began as a 2000-2001 Syracuse partnership between The Enterprise Foundation, HHQ and CCS to make critical health and safety repairs to 16 owner-occupied child care homes. The two-phased project

Child Care Solutions, Inc. (CCS)
(www.childcaresyracuse.org)

Established in 1975, Child Care Solutions (formerly, the Child Care Council of Onondaga County) works to ensure that parents, programs, providers and policy makers in Onondaga County have the information and resources they need to support early learning and the healthy development and care of all children. In 2004, Child Care Solutions provided one-to-one child care referrals and consumer information to more than 3,800 families and sponsored 632 classes and workshops for child care providers.

CCS services include:

- Child care referrals in person, by telephone and on-line;
- Child care consumer information including information on regulations and child care financial aid;
- Parenting education classes and parent "warm line";
- Educational programs from entry level to college level — topics include Red Cross-certified CPR and First Aid, child development, early literacy, curriculum and activities, health and safety, nutrition, parent communication, and business management;

- Courses leading to the nationally-recognized Child Development Associate Credential and the NYS School-Age Credential;
- Consultation on all aspects of child care program planning and operation, child development, and developmentally appropriate practice;
- Administration of the USDA Child and Adult Care Food Program (CACFP) for family child care providers in Onondaga County;
- Administration of NY State-funded Health & Safety Grants for family child care providers;
- Start-up assistance for new child care programs and providers.
- On-site parenting seminars for employee groups; custom referral services to inform and expedite employees' child care search;
- Through a contract with NY State, the Child Care Council serves as the Registrar for NYS-Registered School-Age Child Care programs and Family Child Care Homes in Onondaga County;
- Collection and analysis of information and data to assist with child care planning and policy.

Home HeadQuarters, Inc. (HHQ)
(www.homehq.org)

Home HeadQuarters, Inc., is a Syracuse private, not-for-profit organization established in 1996 to improve the quality of local housing and neighborhoods. Its comprehensive services are designed to promote sustainable home ownership and affordable home improvements for people in Central New York. Home HeadQuarters acts as a "one-stop shop" providing a multi-faceted range of services and products to current and prospective homeowners by offering homebuyer education, financial counseling, housing repair and rehabilitation programs, innovative loan products and financing assistance and post-purchase counseling to homebuyers.

Home HeadQuarters is a chartered member of the Neighborhood Reinvestment Corporation (NRC), a congressionally chartered nonprofit organization dedicated to revitalizing

communities through promoting homeownership and improvements. Among the initiatives sponsored by NRC is the founding of the NeighborWorks® Network, a national consortium of independently operated nonprofit organizations dedicated to housing and neighborhood revitalization issues. Home HeadQuarters is a certified NeighborWorks® HomeOwnership Center.

Designed to serve individuals of all income levels in Onondaga County, the Home HeadQuarters NeighborWorks® HomeOwnership Center is a place where people can get all of the information they need in a friendly, professional and supportive manner. Our goals are to provide education on all elements of the home-buying process, introduce prospective homebuyers to affordable homes (including some with subsidies), and to introduce people to various community-based organizations, banks, realtors, and others who can assist them in their efforts to buy a home.

Neighborhood Housing Services of Rochester, Inc. (NHSR)
(www.nhsrochester.org)

NHSR is a not-for-profit housing organization in the City of Rochester offering unique financial, educational and technical services and resources for low-to-moderate income city residents. Its mission is to increase homeownership in the city of Rochester while at the same time work to revitalize and sustain city neighborhoods. Assisting families into homeownership and helping to ensure their long-term success as homeowners is NHSR's area of expertise.

Since its inception in 1979, NHSR has accomplished the following:

- 631 home improvement and emergency loans
- Construction management for over 600 rehabilitation projects
- \$5,903,820 in home improvement, emergency and First Mortgages
- Helped over 8,000 City residents find solutions to their housing issues.

Some of NHSR's ongoing programs include:

- *Revolving Loan Fund*: The RLF is used for home improvement loans, home purchase loans, and acquisition/rehabilitation of vacant city houses.
- *Educational Services*: NHSR provides training courses to city residents on various topics relating to homeownership. Some of these include "Fastrack to Homeownership" a pre-purchase program, "Landlord Training" which teaches owners of 2-4 family homes how to manage their property, and "Making Your House Your Home" a series of three post-purchase classes on how to conduct proper maintenance on your home.
- *Transforming Neighborhoods Together (TNT)*: NHSR has targeted three neighborhoods in which to use grassroots organizing techniques to bring people into its existing programs. The idea is that by concentrating resources and efforts within a smaller defined neighborhood, NHSR will be able to lay the foundation for long-term neighborhood stability and revitalization.
- *Individual Development Accounts (IDA)*: The IDA program will provide up to \$5,400 in matching funds for 32 homeowners after the homeowner saves the first \$1,800. This assists with down payment and closing costs.

Family Child Care Satellite Network of Greater Rochester
(www.rcn4kids.org)

In 2000, The Family Child Care Satellite Network Office was established with a grant from the Rochester Area Community Foundation to strengthen the infrastructure of the family child care satellite system (made up of three neighborhood-based agencies), and offer speech, hearing, vision and behavioral screening to children in family child care settings. The Network Coordinator, supervised by the Executive Director of Rochester Children's Nursery Family Child Care Satellite Network is responsible for arranging for screening and referral services, overseeing interagency partnerships, coordinating Satellite training and representing the voice of urban family childcare providers in the community.

Some accomplishments of FCCS include:

- Services to 560 child care providers who care for 4,000 – 5000 children each day. Seventy percent of the children who receive subsidized childcare through the Monroe County Department of Social Services are cared for in family childcare homes.
- Trained over 126 experienced family childcare providers and assisted 109 additional providers to become nationally accredited with the National Association for Family Child Care (NAFCC)
- In 1999 project staff surveyed 176 parents, distributed brochures, conducted information sessions with medical staff at Rochester General Hospital. The purpose was to teach new and expectant parents living in economically distressed neighborhoods to choose quality child care; to help existing providers improve the quality of care; and to mentor providers who wanted to become re-accredited under NAFCC's new guidelines.

offered both grants and loans, with the Foundation initiating the concept, raising outside funds, bringing together the program partners, and coordinating planning and implementation. In Phase 1 of the project, the HBCCHRP provided home repair grants to 11 providers and used the analysis of providers' financial positions to construct a loan product that could be offered more widely to other lower income providers. Repairs included new roofs and siding, porches, stair, sidewalks, electrical repairs, furnace tune-ups and provision of smoke and carbon monoxide detectors. Since the HUD Lead-Safe Housing Rule (24 CFR Part 35) had not come into full effect at the start of the program, repair work did not include lead hazard evaluation and control. Families were not relocated during the construction process. During Phase 2, the program offered a combination of grants and loans to five providers, as well as a six-hour home maintenance training.

The Enterprise Foundation sought to replicate the project concept in Rochester, NY, the location of its Upstate New York Program office. In 2002, The Rochester Area Community Foundation made a \$25,000 grant to support the project. The new team included The Enterprise Foundation, NHSR, and FCCSN. While the Rochester replication successfully accomplished its first goal, to establish the program infrastructure and to begin recruitment, it did not successfully complete any repairs to provider homes before 2003. Since the program did not have dedicated grant funds for construction from either public or private sources, it could only serve providers who qualified for the NHSR revolving loan program. Providers' low incomes either discouraged them from applying or prevented them from qualifying for the NHS loan program. At least ten Rochester providers expressed interest in the program. Two completed the application and received a home inspection by NHS, but neither had the credit worthiness or income to qualify for a loan.

A complete description of the Syracuse Home-based Child Care Home Repair Program can be found in The Enterprise Foundation report, *When Housing and Child Care Meet*, available at <http://www.enterprisefoundation.org/resources/publications/resourceCatalog/resourcedetail.asp?id=89&cat=17>.

In summary, partnership team forged under The Enterprise Foundation's Home-Based Child Care Home Repair Program contained the appropriate mix of skills for enrollment and education of providers, and management and funding of health and safety repairs. Adding lead hazard control to the mix of repairs, however, required the addition of new partners.

Adding New Partners to the Mix

A 2003 HUD Operation Lead Elimination Action Program (LEAP) grant of \$930,789 changed both the dynamics and the operations of the earlier program. Since the HUD LEAP grant was modeled on the HUD Lead Hazard Control Grant Program, reporting responsibilities changed, and a federal agency became a prominent player in the project. The National Center for Healthy Housing (NCHH), with substantial experience in supporting the work of lead hazard control grantees, assumed administrative responsibility for the program.

Under LEAP funding, the program goals were expanded to include:

1. Lead hazard control and health and safety repairs in 25 Rochester and Syracuse provider homes;
2. Developing a relocation strategy that preserved child care business opportunities;
3. Marketing the model program to other communities, with the goal of leveraging additional resources for another 25 units in other locations; and

4. Creating a national advisory board to promote replication.

The Rochester and Syracuse pilot expanded to include new organizations as active participants, and to increase its communication and coordination with many others. Health educators from the Onondaga County Health Department's Lead Poisoning Control Program and the Finger Lakes Regional Lead Treatment Center educated families about lead poisoning and blood lead testing. HUD-funded county and city Lead Hazard Control

The purpose of HUD's Operation Lead Elimination Action Program (LEAP) grant program was to leverage private sector resources to eliminate lead poisoning as a major public health threat to young children. The program supported non-profit and for-profit entities with substantial fund raising skills to mobilize private sector resources for addressing lead hazards in housing, including innovative strategies that could yield large amounts of contributions in a two-year time period and also increase awareness of lead hazards and abatement measures in the home. For more information on the grant program, see the HUD Office of Healthy Homes and Lead Hazard Control website: <http://www.hud.gov/lead>

The National Center for Healthy Housing (NCHH) (www.centerforhealthyhousing.org)

NCHH's focus is twofold:

- To eliminate childhood lead poisoning by 2010
- To guide the broader "healthy homes movement" which seeks to improve the health of children through safer and healthier home environments.

NCHH translates basic health and science findings into practical and affordable methods that prevent, identify and control housing related health hazards. NCHH brings these measures into practice through technical assistance to State and local agencies, training, information dissemination, and nonprofit organizations that are working to prevent and control lead and other environmental health hazards in housing. NCHH also works to translate the results of its research into practical recommendations for federal, state, and local programs responsible for housing and health policies and programs.

NCHH's accomplishments include:

- Evaluation of the cost effectiveness of HUD's National Lead Hazard Control Program through three years after completion of intervention treatment of some 3,000 dwelling units in 14 cities and states;
- Development of a National Healthy Homes Training Center and Network.
- National workshops and conferences proceedings to identify and fill knowledge gaps in the area of healthy housing.
- Dozens of articles in trade and peer-reviewed publications on lead and healthy homes issues.
- Development and revision of the Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing, published by HUD.
- Administration of a national HUD initiative that trained 15,000 housing professionals in lead safe work practices and the lead certification disciplines.

Grantees in both locations provided technical assistance and referrals to the program. The NYS Office of Children and Family Services regional offices inspected and approved relocation sites. Leasing and discount agreements for services were developed with local CDCs, laboratories, and storage facilities. Strategies for services and relocation during lead hazard control work were reviewed with programs in other locales that had served a similar clientele, including Cleveland, Minneapolis, and the state of Rhode Island.

Recommendations:

1. Begin discussions with local programs well before applying for grant funding.
2. Inventory the strengths of local partners, including fundraising experience.
3. Identify all relevant codes, laws and regulations that will apply to the project and make certain that each partner understands how this will affect work.
4. Select partners who are committed to sustaining the project after grant funding is over.

2. Defining responsibilities and building a working relationship among partners

Building a successful team is a challenge when the partners are located in three different cities and have different areas of expertise. The Rochester and Syracuse team relationships evolved over time. Achieving effective and efficient communication among the partners took more time than we originally expected.

Developing a common frame of reference for program operations took the most time. Organizational charts and flowcharts of the different organizations' work processes helped in building an overview of the program operations, but it took time for each partner to begin to appreciate the unique perspectives and program responsibilities of the others on the team. The complexity of the project meant that each partner took the lead for certain activities, but intensively coordinated its efforts

Donations and services provided locally:

- BSL-Wonder Windows—window discounts
- Store to Door—storage discounts
- ViaHealth—laboratory testing discounts
- Laboratory Alliance of Central New York—laboratory testing discounts
- North East Area Development Corp.—property management/leasing
- Home HeadQuarters—property management/leasing
- Gifts in Kind, International—furnishings
- Wal-Mart—furnishings
- Dunk and Bright—furnishings
- Pat's O'Carpet—furnishings
- Scholastic Books—books
- FCCSN—toy library

with other partners. Whenever possible, program decisions were reached through discussion and consensus. All program documents (applications, consents, outreach brochures, educational packages, etc.) were reviewed and edited extensively by the all partners. Presentations on the program, whether to providers, the media, or national audiences, were made on a team basis, with at least two partners involved at all times. This level of integration of program responsibilities and communication was challenging. It required program partners to look at all of the components of the project and each individual client case in their entirety, not only the pieces for which the partner had the lead responsibility.

Appendix 2–4 illustrates those working relationships. Managing the flow of information posed a challenge, and the team developed guidelines for who would collect specific information and disseminate it to other partners (see Appendix 2–5). A common monthly activities report and financial report enabled the NCHH program manager to monitor progress. The NCHH program manager also prepared the quarterly grant reports and kept a copy of each applicant's records. In retrospect, the process of team building and program design would have been smoother if the team had six months to plan and organize.

While shared responsibilities and consensus decision-making can be time-consuming, there can be benefits as relationships build. Once a housing unit entered the construction phase, communication had to be rapid and effective because the work needed to progress according to a tight schedule. In order to deal with the “glitches” associated with construction, team members were often in daily communication, and accessible by cell phone or email after hours. Because they had a shared understanding of the program’s objectives, and had built a level of trust, the team members could problem-solve quickly at these crucial times.

Recommendations:

1. Expect program design to take a minimum of six months.
2. Have a full time program manager, and a minimum of 1/2 FTE at each partner during the early phases of the project.
3. Establish a common method to document staff time and expenditures across partners.
4. Establish clear lines of reporting between partners. Schedule monthly team meetings.
5. Provide each partner with at least one after hours/week end contact number during construction.

3. Sustainability of Partnerships and Programs

The homes in this project required significant renovation because they contained many lead hazards and had suffered from deferred maintenance. The low incomes of the owners often precluded qualification for conventional home repair financing. Thus, the per unit costs of repairs were much higher than is typical for an individual lead hazard control or home repair project. The average per unit cost of construction including lead and all other health and safety repairs was \$18,395 in Rochester and \$37,880 in Syracuse. Relocation costs averaged \$782 per unit for Rochester and \$1136 for Syracuse. All partner organizations provided significant in-kind staff support beyond what was anticipated in the early phases of the program.

Grant proposals submitted during the life of the project*

- Anderson Windows
- Home Depot
- **NYS Affordable Housing Corporation (\$108,000)**
- Hasbro Children's Foundation
- **J.P.Morgan Chase (\$50,000)**
- **M&T Bank (\$2,500)**
- **Geddes Federal Savings and Loan Association (\$10,000)**
- **NYS Office of Children and Family Services (\$1,200)**
- Halcyon Hill Foundation
- Rothenberg Family Foundation
- Rochester Area Community Foundation
- **Children's Health Forum (\$5,000)**

*Funded proposals in bold face

This raises the question of whether a Home-Based Child Care Lead Safety program can be sustained apart from federal funding, even when a successful partnership infrastructure has been forged

The key to sustainability is the ability to identify economies of scale, and to build private sector funding partnerships to support future work. As a requirement of the HUD Operation LEAP funding, both pilot locations had to leverage other funds to support project activities. At the start of the grant, the project team had pledged \$348,000 in additional funding through a combination of pledged CDBG/HOME funds managed by HHQ, private foundation grants from the Rochester Area Community Foundation and an earlier Citibank project managed by The Enterprise Foundation, window discounts available to NHR, and in-kind funding from NCHH. When it became clear that additional grant money was needed, the program began extensive fund development work. During the course of the two-year project, the team submitted funding applications to a variety of organizations, and received direct grants ranging from \$1200 to \$50,000, for a total of \$176,700. This was in addition to product donations, in-kind services, and discounts leveraged from other sources in both cities.

Fund development was labor-intensive, and added additional burdens on the partner organizations. It began with identification of a target pool of funders, a marketing plan, and preparation of a short program description. (See Appendix 2–1, 2, and 3 for marketing tools.) Each quarter, the program approached at least three funding sources. The requests focused on different needs during the course of the project. Initial efforts focused on small grants to furnish the relocation house, support outreach and subsidize blood lead testing. As the project geared up for unit production, fund development shifted toward additional resources for construction and staff support. At this stage, the requests for funding were targeted to larger grants from corporations and local foundations, using the relocation house as a showcase for the kinds of repairs that would be made to providers' homes. Prospective funders could tour the home in person or via the project's website (<http://www.centerforhealthyhousing.org/html/leap.html>).

Our experience with fund development suggests that community foundations and financial institutions with a strong local presence were the most receptive to supporting repairs to family child care. Because repairs to child care affect more children than repairs to single family homes, there is a greater return on the funder's investment. This suggests that a Home-Based Child Care Lead Safety program with limited program of repairs may find additional support from the private sector. Our experience also suggests that funders are more willing to contribute once early successes have been achieved. A successfully completed demonstration project can serve as the springboard to additional requests.

We also believe that the program costs in Rochester and Syracuse may be atypical. The depressed costs of housing in both cities meant that clients had very little equity with which to secure conventional, or even subsidized, financing. In housing markets that are rapidly expanding, homeowners may be able to use equity in their properties to contribute to the costs of the repairs. This will reduce the need to provide grants, and thus make the program more sustainable.

Finally, we believe that the document templates provided by this project will help to reduce the start up costs of

new programs, and thus contribute to sustainability. The City of Philadelphia committed in 2005 to use these templates in the development of their own program. Over the next three years, the City plans to assess 150 child care homes, and to conduct repairs on 50 using a combination of public and private funding. Our program supported this effort through technical assistance on program design, relocation house planning, and fund-raising from 2004–2005.

Partner organizations also have the capacity to sustain certain aspects of the program without additional federal funding. Many community development corporations have the capacity to rehabilitate family child care homes, but do not have the facilities to allow the child care providers to continue business while work occurs. For units that require modest repairs, scheduling work on the weekend may be all that is needed. When the work is more extensive, a consortium of community development corporations might consider a relocation site that could serve both the needs of single families and child care businesses. Child care partners can sustain the goal of lead safety by encouraging providers to test their homes for lead and address health and safety repair needs while problems are still small. Many child care resource and referral agencies fund small grants for health and safety repairs, and might extend these funds to lead hazards control. Both types of partners can sponsor lead safe work practice trainings for home-owners to assure that "do it yourselves" make repairs safely.

Recommendations:

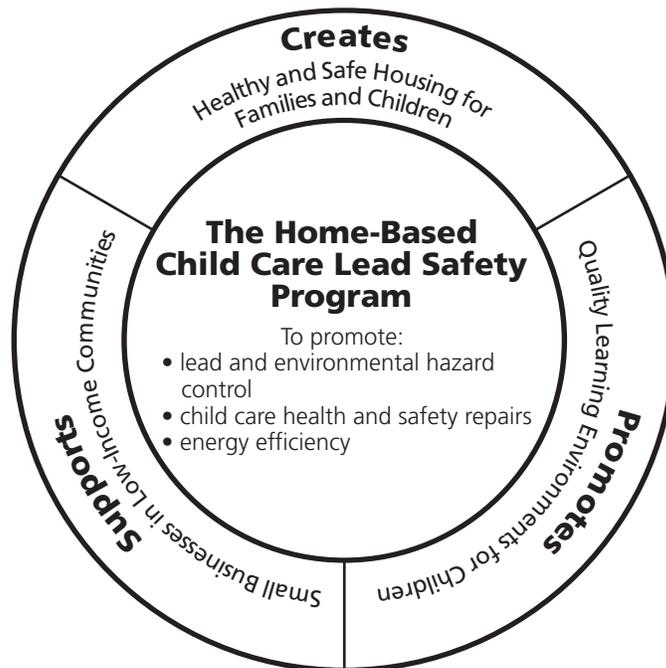
1. Plan for sustainability throughout the project. Explore ways to permanently modify partner practices to better accommodate family child care clients.
2. Market the concept of a Home-Based Child Care Lead Safety Program aggressively. Set a target for the number funders to approach and stick to this.
3. Identify funding needs and tailor requests to funder interests.
4. Advertise your successes.
5. Raise the issue of family child care home repair needs in every venue possible (i.e., conferences, press releases, newsletters, etc).

Appendix 2–1 Program Logo



The Home-Based Child Care Lead Safety Program
For a healthy, safe home away from home

Appendix 2-2 Program Concept





Appendix 2–3 The National Center for Healthy Housing/ The Enterprise Foundation Home-Based Child Care Lead Safety Program

A safe and healthy child care environment provides the foundation for early learning. Lead poisoning prevention and children's health issues have many components, and require multiple levels of participation. An estimated 24 million homes in the United States have lead-based paint hazards, which can have a debilitating effect on a child's development. Many of the homes also need other safety-related repairs to the electrical system, stairs, railings, and porches. Home-based child care providers in low-income neighborhoods often live in older housing at risk for these conditions and rarely earn sufficient income to cover the costs of the improvements. Other obstacles include logistical difficulties in doing lead hazard control activity within an operating child care business, and insufficient financial and programmatic resources to address the combined difficulties of controlling lead and safety hazards in home-based child care homes.

The Program

The Home-Based Child Care Lead Safety Program seeks to create a healthy and safe environment for children, and will minimize the risks of unintentional injury and lead poisoning, while improving energy efficiency and indoor air quality.

Project implementation goals and methods include:

- Improvements to the quality of home-based child care, and thus to the health and well-being of more than 150 children, through the control of lead and safety hazards in 25 family child care homes in the model demonstration program in Rochester and Syracuse, NY.
- Education for providers and parents on the causes and effects of lead poisoning and daily maintenance techniques that can reduce lead and other environmental hazards
- Fostering the connection between home-based child care providers and existing community-based housing organizations with home repair assistance programs; partnering of housing agencies with child care resource and referral agencies for provider outreach and technical support
- Reducing the start up costs for replication in other locales.

Program activities:

- A relocation strategy that preserves the provider's business during construction
- Leveraging public and private funds to impose the lowest cost burden on those who can least afford repairs
- Leveraging funds to cultivate and strengthen the local agency partnerships necessary to implement the project



- Model documents and practices that integrate lead hazard control, reduction of other environmental hazards, compliance with housing code and child care regulations and energy efficiency, for national replication
- A national partnership to support the replication.

This project is a joint endeavor between the National Center for Healthy Housing (NCHH), The Enterprise Foundation (Enterprise), and four community-based organizations selected to conduct outreach, education and repairs. The Rochester Children's Nursery Family Child Care Satellite Network of Greater Rochester (FCCSN) and the Child Care Council of Onondaga County (CCCOC) will recruit home-based child care providers into the project. Home HeadQuarters, Inc. (HHQ) and Neighborhood Housing Services of Rochester, Inc. (NHSR) will coordinate lead hazard reduction and safety rehabilitation activities.



Program Funding and Needs:

Program costs include: construction, both for building code repairs and lead/environmental safety; staff time/materials costs for the four local groups to implement the program in the first two sites; and staff time/materials costs by Enterprise and NCHH to manage the implementation on both the local and national levels as well as to develop the replication models and processes. The project has received a \$930,000 Operation LEAP grant from HUD, and is raising additional resources to leverage these public dollars, particularly from private sources, in the form of grants, donated services or materials, and other products.

The Home-Based Child Care Lead Safety Program: "For a healthy, safe home away from home"

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Appendix 2-4: Partner Roles and Responsibilities

Task	NCHH	Enterprise	Child Care Partners	Housing Partners	Other Agencies
Develop brochures, recruitment materials	Lead	Reviewed	Review and distribution	Reviewed	Reviewed by lead educators in local health departments
Invite and conduct informational meetings for providers	Attended	Attended	Lead	Attended	Lead educators and child care licensing agency representatives attended
Develop application; consent forms	Lead	Reviewed	Review and distribution	Review	
Screen applications and enroll providers	Maintained copies of documentation; participated in final decision on applicant approval	Participated in final decision on applicant approval	Lead —sent application to interested parties; assisted providers in completing application; screened applicants for quality of program; referred completed application to housing partner; participated in final decision on applicant approval	Lead —reviewed income qualifications and credit worthiness; underwrote applications for revolving loan and other means-tested funding; participated in final decision on applicant approval	
Conduct informational session for parents at provider home; obtain	Back up presenter	Back up presenter	Lead —scheduled meeting; provided informational materials; obtained consents		Lead educators teamed with child care partner staff to conduct meetings
Monitor blood lead testing	Lead —developed protocol; followed up with health care providers and laboratories; maintained copies of documentation	Notified when all blood lead results were complete	Submitted parent consents and lab requisitions to health care providers	Notified when all blood results were complete	Local health departments and lead testing centers provided blood lead histories if parents gave consent; conducted testing for a reduced fee
Provider home maintenance education	Lead —prepared notification and maintenance packet; conducted maintenance education	Reviewed materials	Reviewed materials	Reviewed materials	

Note: Bold face indicates lead responsibility for task

Construction

Task	NCHH	Enterprise	Child Care Partners	Housing Partners	Other Agencies
Conduct visual assessment to identify needed health and safety repairs	Developed and pilot-tested visual assessment tool	Reviewed tool	Reviewed tool for consistency with child care regulations; participated in pilot test; conducted joint visit with housing partner to identify licensing-related repair needs	Lead —reviewed tool for consistency with local housing code requirements; participated in pilot test; conducted joint visit with child care partner to identify non-lead repair needs; drafted non-lead construction specifications based on visual assessment	Visual assessment guide incorporated NYS child care licensing standards, the Clifford-Harms Family Day Care Rating Scale, and the National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs published in <i>Caring for Our Children</i>
Obtain environmental review, floodplan and state historic preservation approvals	Lead	Took photos as needed		Took photos, prepared documentation as needed	HUD Environmental Review Officer; City planning office for floodplain information; state and local historic preservation review officials
Conduct lead risk assessment	Review risk assessment			Lead —contracted for or performed lead risk assessment	Certified risk assessors
Develop final construction specifications; bid job	Reviewed and gave final approval to specifications, contractor selection	Attended third party meetings; approved construction specification and contractor selection when private leveraged funds were involved	Attended third party meetings	Lead —prepared specifications; bid job; selected contractor; conducted third party meetings with providers to finalize construction plan, loan arrangements	Contractors; local construction permit offices
Oversee construction; arrange for lead clearance testing	Received copies of all work orders, payment schedules, clearance test results	Received progress updates	Received progress updates	Lead —oversight of lead hazard control activities; unit inspection at end of lead hazard control and clearance; informed provider when unit cleared; supervision of remaining construction; payment of contractor invoices	

Relocation

Task	NCHH	Enterprise	Child Care Partners	Housing Partners	Other Agencies
Developed relocation plan; identify and equip relocation house	Reviewed handbook; planning tools; participated in set up of relocation houses	Lead —developed relocation handbook, planning tools; coordinated purchase/donation of furnishings; participated in set up of relocation houses	Reviewed handbook; inspected site; scheduled child care licensing inspections; developed evacuation plans; coordinated purchase/donation of child care equipment; participation in set up of relocation houses	Leased relocation house to pilot; rehabilitated relocation house to meet child care licensing requirements; responsible for security, maintenance, of relocation house	Child care licensing agencies inspected site
Meet with provider to review relocation options	Received progress updates	Lead	Received progress updates	Reviewed handbook; notified Enterprise when construction schedule was determined	
Arrange for storage, transportation, pet housing	Received progress updates	Lead —made arrangements 2–3 weeks in advance of construction start date	Received progress updates	Received progress updates	Public school transportation offices; taxi services; hotels; storage facilities; kennels
Meet with provider to identify what needed to be packed/moved out of lead hazard control work area	Received progress updates	Lead —conducted walk-through; provided packing supplies if needed	Received progress updates	Reviewed construction specifications with Enterprise; participated in walk-through at provider home	
Move provider to relocation house or other arrangement	Received progress updates	Lead —scheduled key pick up and walk through of relocation site	Received progress updates	Conducted walk through of relocation site; signed temporary lease with provider; provided on call contact for emergencies	
Arrange for cleaning/maintenance of relocation house	Received progress updates	Received progress updates	Received progress updates; provided guidance on sanitation process for child care	Lead —changed locks between clients; hired cleaning staff; conducted routine maintenance	

Appendix 2-5: Flow of Information of Home-Based Child Care Lead and Safety Program Cases

Form	Who Gets Form Initially	Who Makes Copies	NCHH	Who is Enterprise	Notified Child Care	Housing Construction	Housing Finance Office	Housing Accountant
Statement of Interest	Child Care	Child Care		Paper				
Application	Child Care	Child Care	Paper	Paper		Email to schedule visual assessment	Paper	Email to let know that application process has been started
Financial eligibility	Housing Finance Office	Housing Finance Office	Email when application review is done	Email when application review is done	Email when application review is done	Email when application review is done		
Documentation in support of application	Child Care	Child Care	Paper				Paper	
Parent consents for testing, releases and letters to doctors	Child Care	Child Care	Paper	Paper				Email to let know to expect bills for tests
SHPO/HUD environmental approval (NO Risk assessment can take place before HUD environmental approval is received	NCHH	NCHH		Email of HUD approval form; paper copy of state approval	Email of HUD approval form; paper copy of state	Email of HUD approval form; paper copy of state	Email of HUD approval form; paper copy of state	Email of HUD approval for
Visual assessments	Housing Construction	Housing Construction	Paper; email to let NCHH know date VA occurred	Paper; email to let Enterprise know date VA occurred	Paper			
Risk assessment	Housing Construction	Housing	Paper; email to let NCHH know date RA occurred	Paper; email to let Enterprise know date RA occurred			Email to let know date RA occurred	Email to let know date RA occurred

Appendix 2–5 (continued)

Form	Who Gets Form Initially	Who Makes Copies	NCHH	Who is Enterprise	Notified Child Care	Housing Construction	Housing Finance Office	Housing Accountant
Specs	Housing Construction	Housing	Paper; email to let NCHH know date specs sent to bid & opened	Paper; email to let Enterprise know date specs sent to bid & opened	Email to let Child Care know date specs sent to bid & opened		Email to let know date specs sent to bid & opened	Email to let know date specs sent to bid & opened
Blood lead tests (NO construction can occur before all test results are in)	NCHH	NCHH—to send paper copies to		Email that all results are in	Email that all results are in	Email that results are in	Email that all results are in	Email that all results are in
Relocation Plan	Enterprise	Enterprise	Paper	Paper	Paper	Paper	Paper	Paper
Contract, final approved specs, final underwriting	Housing Construction	Housing	Paper; email start date for work	Paper; email start date for work	Email start date for work			Paper
Change orders	Housing Construction	Housing	Paper	Paper	Email that change order was needed			Paper
Clearance test results	Housing Construction	Housing	Fax results ASAP	Fax results ASAP	Email that unit passed clearance			Email that unit passed clearance
Notice that relocation unit is vacant	Enterprise	Enterprise—also to notify property management so that unit can be cleaned.	Email	Email	Email	Email		Email