

**\*SECOND ROUND\***

**Request for Applications for  
Doctoral Dissertation Research Awards in Child Abuse and Neglect Prevention**

<b>Funding Opportunity Title:</b>	Supporting Advanced-Level Doctoral Students Conducting Dissertation Research in Child Abuse and Neglect Prevention among Infants and Young Children
<b>Funding:</b>	The National Quality Improvement Center on Early Childhood is funded by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Office on Child Abuse and Neglect, under Cooperative Agreement 90CA1763
<b>Sponsoring Organizations:</b>	Center for the Study of Social Policy, ZERO TO THREE: National Center for Infants, Toddlers, and Families, the National Alliance of Children's Trust and Prevention Funds, in collaboration with the Children's Bureau, Administration of Children and Families, U.S. Department of Health and Human Services
<b>Type of Announcement:</b>	Request for Applications for Doctoral Dissertation Research Awards in Child Abuse and Neglect Prevention
<b>Number of Awards:</b>	Two Maximum
<b>Maximum Funding Per Award:</b>	Total funding per award is \$25,000 for each of two years: Year 1: October 1, 2011 - September 30, 2012 Year 2: October 1, 2012 - September 30, 2013
<b>Due Date for Applications:</b>	Monday, June 13, 2011
<b>Project Director:</b>	Charlyn Harper Browne, PhD qic-ec@cssp.org

## Executive Summary

This Request for Applications is issued by the Quality Improvement Center on Early Childhood (QIC-EC). The QIC-EC was established in fiscal year 2009 by the Office on Child Abuse and Neglect, Children's Bureau within the U.S. Department of Health and Human Services, Administration for Children, Youth, and Families. The purpose of the QIC-EC is to promote the development, dissemination, and integration of new knowledge about maltreatment prevention among infants and young children (0-5) who are at high risk for abuse, neglect, and abandonment including those impacted by substance abuse or HIV/AIDS. To these ends, one of the goals of the QIC-EC is to award up to four 2-year dissertation research stipends to advanced-standing doctoral students in relevant disciplines (e.g., social work, psychology, public health, early childhood/child development, sociology, anthropology, etc.) who are conducting research on preventing the abuse and neglect of infants and young children. Two awards were made for funding period 2010 – 2012. This second round request for applications is for up to two additional awards for funding period 2011 – 2013.

This Request for Applications for dissertation research support includes background about the QIC-EC, summary of relevant research, eligibility criteria, application requirements, and examples of research topics that the QIC-EC Team believes will further advance the goals and interests of the Children's Bureau to develop new knowledge about maltreatment prevention among infants and young children.

## Key Dates

Pre-Application Technical Assistance Webinar*	March 3, 2011
Applications Due	June 13, 2011
Announcement of Awards	August 1, 2011
Effective Beginning Date of Awards	October 1, 2011
Meeting with the QIC-EC Team and CB Officials	December 2011
Ending Date of Awards	September 30, 2013

To register for the Pre-Application Technical Assistance Webinar, please [click here](#). If clicking on this link does not take you to the registration page, cut and paste this address:

<https://www2.gotomeeting.com/register/361571715>.

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## **Part 1. Overview and Background Information**

### **1.1 The National Quality Improvement Center on Early Childhood**

In FY 2009, the Children's Bureau funded the Center for the Study of Social Policy (CSSP) to establish the National Quality Improvement Center on Early Childhood (QIC-EC). In creating the QIC-EC, CSSP has partnered with ZERO TO THREE: National Center for Infants, Toddlers, and Families, and the National Alliance of Children's Trust and Prevention Funds.

The Children's Bureau conceived of the QIC-EC in response to the growing body of research pointing to the critical role of early life experiences in shaping children's developmental outcomes. The early years are critical because this is the period of the most rapid development of the brain, physical growth, motor skills, language formation, emerging self-concept, and social and behavioral skills.

The purpose of the QIC-EC is to promote knowledge development, knowledge dissemination, and knowledge integration about maltreatment prevention among infants and young children (0-5) who are at high risk for abuse, neglect, and abandonment including those impacted by substance abuse or HIV/AIDS. To these ends, one of the goals of the QIC-EC is to award up to four 2-year dissertation research stipends to advanced-standing doctoral students conducting research on preventing the abuse and neglect of infants and young children. Two awards were made for funding period 2010 – 2012. This second round request for applications is for up to two additional awards for funding period 2011 – 2013.

### **1.2 Background Research**

The following summary of background research is included to provide prospective applicants with an overview of some of the research in maltreatment prevention science that the QIC-EC Team finds relevant and important in addressing maltreatment prevention among infants and young children.

#### **1.2.1 Definitions of Child Abuse and Child Neglect**

Child Protective Services data showed that in 2006 approximately 905,000 children in the United States were victims of some form of child maltreatment (U. S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2008). This figure is most likely an underestimate "due to underreporting and focus on a single data source. . . . (Further) calculation of child victimization rates for maltreatment depends on how the definition of maltreatment is operationalized" (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008, p. 3). A lack of consistent definitions among researchers, practitioners, policy makers, and public health, medical, and legal officials limits communication and collaboration across disciplines, restricts the ability to track the magnitude of child maltreatment, and hampers the assessment of the effectiveness of prevention efforts (Leeb et al.). The Centers for

Disease Control and Prevention proposed the following as uniform definitions:

Table 1: Definitions of Child Abuse and Child Neglect

<b>Child Maltreatment</b>	Any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child (Leeb et al., 2008, p. 11).
<b>Child Abuse/Acts of Commission</b>	Words or overt actions that cause harm, potential harm, or threat of harm to a child. Acts of commission are deliberate and intentional; however, harm to a child may or may not be the intended consequence. Intentionality only applies to the caregiver's acts—not the consequences of those acts. . . . The following types of maltreatment involve acts of commission: physical abuse, sexual abuse, and psychological abuse (Leeb et al., 2008, p. 11).
<b>Child Neglect/Acts of Omission</b>	The failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm. Like acts of commission, harm to a child may or may not be the intended consequence. The following types of maltreatment involve acts of omission: failure to provide (physical neglect, emotional neglect, medical/dental neglect, educational neglect); failure to supervise/ensure safety (inadequate supervision, exposure to violent environments) (Leeb et al., 2008, p. 11).

### Child Neglect

According to multiple sources, child neglect is the most prevalent form of child maltreatment in the United States (American Humane, 2009; Diaz, Peddle, Reid, & Wang, 2002; U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2010). For example, the most recent information from the National Child Abuse and Neglect Data System shows that, in 2009:

- More than 75% (78.3%) of child maltreatment victims suffered from neglect.
- Over one-third (35.8%) of child maltreatment fatalities in the United States occurred as a result of neglect only.

Some researchers have suggested that the effects of neglect are more severe and enduring than those from abuse. For example, Perry, Pollard, Blakley, Baker, and Vigilante (1995)

documented that the effects of early deprivation (i.e., neglect) on brain development were greater than those associated with trauma (i.e., abuse). Despite the widespread incidence of child neglect and its especially damaging effects, the overwhelming focus of child maltreatment theory, research, and practice is on child abuse. Researchers report that less is known about how to prevent neglect than other types of child maltreatment (DePanfilis & Dubowitz, 2005).

### **1.2.2 Early Experiences Matter** (Source: Original QIC Program Announcement)

Numerous studies point to the critical importance of early childhood experiences in shaping the developmental outcomes for children in later life. These issues were brought to the forefront in the book, *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Shonkoff & Phillips, 2000). The report emphasized that "early environments matter and nurturing relationships are essential" (p. 4). It further stated that, "virtually every aspect of early human development, from the brain's evolving circuitry to the child's capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning early in the prenatal period and extending throughout the early childhood years" (p. 6).

Exceptionally stressful experiences early in life—such as abuse or neglect—may have long-term consequences for a child's learning and behavior as well as physical and mental health. Researchers differentiate between the different types of stress that may have positive or negative effects on a child's development. "Positive stress" in a child's life, such as overcoming the challenges and frustrations of learning a difficult task, can be beneficial. However, severe, uncontrollable, chronic adversity, defined as "toxic stress," can result in detrimental effects on developing brain architecture as well as on other systems that help an individual adapt to stressful events (Center on the Developing Child at Harvard University, 2007).

Infants and young children are a particularly vulnerable population that needs special attention. According to national data reported in *Child Maltreatment 2006*, infants birth-1 year had the highest rates of victimization at 24.4 per 1,000 children of the same age group in the national population. The rate of victimization is inversely related to the age group of the child. A recent analysis of the child maltreatment data conducted by ACF and the Centers for Disease Control showed that 84% of the victims under one year were less than one week old (Brodowski et al., 2008). Children 1-3 years old had the second highest victimization rate at 14.2 per 1000. More than three-quarters (78%) of children who died as a result of their victimization were younger than four years old. Infants and toddlers have been identified as one of the fastest growing groups being served by child welfare and Child Protective Services (Wulczyn, Barth, Yuan, Jones Harden, & Landsverk, 2005).

Several studies found that significant percentages of maltreated children younger than three years old had chronic health problems, growth and fine motor delays, cognitive delays, and speech and language delays. Although many of these problems have also been identified as

risk factors for children living in poverty, research shows that the rates for these problems are higher and more severe among maltreated children. In addition, the medical and developmental problems were found to be both outcomes and potential risk factors for maltreatment. That is, other research has found that children with medical problems and other types of delays are also at increased risk of maltreatment. Unfortunately, exposure to harsh parenting practices and child abuse or neglect during the earliest years hinders immediate and long-term healthy social, cognitive, and emotional development (Wiggins, Fenichel, & Mann, 2007).

## **A Special Population of Vulnerable Infants and Young Children**

The Abandoned Infants Assistance Act, as reauthorized by the Keeping Children and Families Safe Act of 2003, highlights the unique needs of a special population of vulnerable infants and young children. Studies have indicated that a number of factors contribute to the inability of some parents to provide adequate care for their infants and young children and that a lack of suitable homes have led to the abandonment of such children in hospitals for extended periods of time. Infants and children with life threatening conditions and other special needs, including those who are infected with HIV, those who have AIDS, and those who have been exposed to dangerous drugs are at the greatest risk for abandonment and abuse or neglect and merit special attention (see [http://aia.berkeley.edu/media/pdf/2009\\_hiv.pdf](http://aia.berkeley.edu/media/pdf/2009_hiv.pdf) and [http://aia.berkeley.edu/media/pdf/2008\\_perinatal\\_se.pdf](http://aia.berkeley.edu/media/pdf/2008_perinatal_se.pdf)).

### **1.2.3 Altering the Course of Development**

The data that depict the national picture of the youngest victims of maltreatment, as well as the substantial research that shows a relationship between child maltreatment and a broad range of developmental problems, are extremely alarming. However, there is also strong evidence that "the course of development can be altered in early childhood by effective interventions that change the balance between risk and protection, thereby shifting the odds in favor of more adaptive outcomes" (Shonkoff & Phillips, 2000, p. 32).

### **1.2.4 The Social-Ecological Framework**

No single prevention model will completely eliminate child abuse and neglect. However, many maltreatment prevention scientists propose that a comprehensive, multi-level approach would be most effective; one approach is the social-ecological framework. The basic principle of the social-ecological framework is that children develop within a network of family relationships, families exist within a community, and the community is surrounded by the larger society.

These levels interact with and influence each other to either decrease or increase the likelihood of child maltreatment. Using the social-ecological framework expands the scope and reach of child maltreatment prevention efforts from the usual singular focus on individual factors to include interpersonal relationship factors, community factors, and societal/systems factors and, thus, creating a far more effective prevention system. The

Centers for Disease Control and Prevention (2007) illustrated the social-ecological framework as follows:



### 1.2.5 Advancing a Promotion-Prevention Continuum Approach

A growing body of research in maltreatment prevention science has contributed to reframing child maltreatment prevention efforts to include a focus on promotion (i.e., increasing protective factors) as well as on prevention (i.e., reducing risk factors) (e.g., Centers for Disease Control and Prevention, n.d.; DePanfilis & Dubowitz, 2005; Wulzyn, 2008). "Individual developmental pathways throughout the life cycle are influenced by interactions among risk factors that increase the probability of a poor outcome and protective factors that increase the probability of a positive outcome. . . . Risk factors may be found within the individual (e.g., a temperamental difficulty, a chromosomal abnormality) or the environment (e.g., poverty, family violence). Protective factors also may be constitutional (e.g., good health, physical attractiveness) or environmental (e.g., loving parents, a strong social network). The cumulative burden of multiple risk factors is associated with greater developmental vulnerability; the cumulative buffer of multiple protective factors is associated with greater developmental resilience" (Shonkoff & Phillips, 2000, p. 30).

#### Protective Factors

Identifying and understanding protective factors are equally as important as researching risk factors, but protective factors have not been studied as extensively or rigorously as risk factors (Centers for Disease Control and Prevention, <http://www.cdc.gov/print.do?url=http%3A//www.cdc.gov/ncipc/dvp/CMP/CMP-risk-p-factors.htm>).

- Risk factors are defined as conditions or attributes of individuals, families, communities, or the larger society that increase the probability of maltreatment and poor outcomes.
- Protective factors are defined as conditions or attributes of individuals, families, communities, or the larger society that decrease the probability of maltreatment and increase the probability of positive, adaptive, and resilient outcomes even in the face of risk factors. (Fraser et al., 2004; Shonkoff & Phillips, 2000; Thomas et al., 2007).

More empirical evidence is needed about the processes and outcomes of systematically building protective factors in families at high risk for child maltreatment. Over the years researchers have identified numerous protective factors associated with child maltreatment prevention. A 2009 RAND Corporation study of the child abuse prevention field showed that the Strengthening Families Approach and Protective Factors Framework was the most recognized child maltreatment prevention strategy (Shaw & Kilburn, 2009).

The Strengthening Families Approach and Protective Factors Framework includes a set of five interrelated protective factors correlated with reduced child maltreatment: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence in children (Horton, 2003). These protective factors are defined in Table 2.

Table 2: The Protective Factors Framework within the Strengthening Families Approach

PROTECTIVE FACTORS	DEFINITIONS
<b>Parental Resilience</b>	The ability to establish positive relationships, including attachment to a child; capacity to cope with stresses of daily life and recover from challenges.
<b>Social Connections</b>	Having friends, family members, neighbors, and others who provide emotional support and concrete assistance to parents.
<b>Knowledge of Parenting and Child Development</b>	Having accurate information about child development, appropriate developmental expectations, and knowledge of alternative discipline techniques.
<b>Concrete Support in Times of Need</b>	Having financial security to cover basic needs and unexpected costs; formal supports like TANF, Medicaid and job training; crisis services including mental health, domestic violence and substance abuse.
<b>Children's Social and Emotional Competence</b>	A child's ability to interact positively with others and communicate his or her emotions effectively.

## Part 2. Dissertation Research Awards

### 2.1 Relevant Topics

The QIC-EC will support up to two 2-year dissertation research awards to advanced-standing doctoral students conducting research that focuses on preventing the abuse and neglect of infants and young children (0-5)—including those impacted by substance abuse and/or HIV/AIDS—and promoting child and family well-being. The awards will be for \$25,000 for each of two years. Receipt of continued support in year 2 is contingent upon review and approval of progress in year 1 by the QIC-EC Team.

Examples of topics that would be considered to be relevant for this award are listed below. This is not an exhaustive list; numerous other research foci could be proposed. The list is provided to give prospective applicants an idea of the range and scope of topics that would be regarded as appropriate for support. The main ideas to keep in mind are that the proposed research must:

- Center on *primary prevention*, that is, issues related to stopping child maltreatment before it occurs. “This involves reducing the factors that put people at risk for experiencing violence. It also includes increasing the factors that protect people or buffer them from risk” (Centers for Disease Control and Prevention, [http://www.cdc.gov/violenceprevention/pdf/CM\\_Strategic\\_Direction--OnePager-a.pdf](http://www.cdc.gov/violenceprevention/pdf/CM_Strategic_Direction--OnePager-a.pdf)).
- Focus on *infants and young children (0-5)* and/or their families.

### Examples of Relevant Topics

1. Parent, family, community, or societal protective factors that are associated with reducing the risk of abuse or neglect of infants and young children
2. Differences in the characteristics of infants and young children who may be at greatest risk of neglect versus risk of abuse
3. Community and family-level supports that build protective factors and reduce the risk of maltreatment of infants and young children impacted by HIV/AIDS or substance abuse
4. Strategies for linking families to needed services who are impacted by maternal depression, other mental health issues, substance abuse, or domestic violence
5. Effective means of preventing maltreatment of young children with developmental or physical disabilities
6. Aspects of family and community culture that may serve as risk and protective factors in families’ and children’s lives

**Topics that do not focus on primary prevention of maltreatment of infants/young children OR promotion of infant/young child and family well-being, will not be considered.**

## 2.2 Eligibility

Advanced-standing doctoral students in relevant disciplines (e.g., social work, psychology, public health, early childhood/child development, sociology, anthropology, etc.) are eligible to apply. A student in advanced-standing is defined in this context as **someone who has been admitted to doctoral candidacy by June 9, 2010**, the application due date. Applicants must submit official university documentation of admission to doctoral candidacy.

In order to receive funding, students must be enrolled full-time each academic term of the funding period: October 1, 2011 - September 30, 2012 (year 1) and October 1, 2012 - September 30, 2013 (year 2). Awardees must provide documentation of full-time enrollment at the beginning of each term. Failure to be enrolled full-time during an academic term of the funding period will result in a loss of funding.

## 2.3 Provision of Technical Assistance to Prospective Applicants

The QIC-EC will host a pre-application technical assistance webinar for interested doctoral students and graduate faculty on **Thursday, March 4, 2010 from 3:00 - 4:30 PM Eastern Standard Time (EST)**. Prospective applicants are strongly encouraged to register for the webinar. Registration for the webinar will open on the first day this Request for Applications is distributed. To register for the Pre-Application Technical Assistance Webinar, please [click here](#). If clicking on this link does not take you to the registration page, cut and paste this address: <https://www2.gotomeeting.com/register/361571715>.

The webinar will include a discussion of the details of the dissertation research award and the process for applying. Prospective applicants and graduate faculty may submit questions prior to and after the webinar to the QIC-EC email address: [qic-ec@cssp.org](mailto:qic-ec@cssp.org). The Powerpoint slides used in the webinar and an audio version of the webinar will be posted on the QIC-EC website along with questions submitted and respective answers.

## 2.4 Application Submission Requirements

Complete application packets must be received in the office of the Center for the Study of Social Policy, 1575 Eye Street, Washington, DC 20005, by **5:00 PM Eastern Standard Time on Monday, June 13, 2011**. Applications received after 5:00 PM on June 13, 2011 will be classified as late and will not be reviewed. Students are responsible for ensuring that applications are mailed or hand-delivered well in advance in order to be received by the due date and time. The QIC-EC will not make exceptions for postal errors or other delivery errors. Faxed or emailed application packets will not be accepted.

### 2.4.1 Required Documents that Comprise the Application Packet

To apply, interested students must submit **each** of the following documents; the documents must adhere to the respective required specifications. Application packets with missing documents or with documents that do not meet specifications will not be reviewed. The documents should be submitted in the order listed below.

1. An application form. The application form is included as page 20 of this RFA. Please print, complete, and submit the application form in the application packet.
2. An official graduate transcript from the current institution; student copies will not be accepted. The transcript must indicate current enrollment.
3. A curriculum vitae or resume (three pages maximum).
4. Official university documentation that the applicant has advanced to doctoral candidacy.
5. A two-page summary that describes the focus of the dissertation research including the research question(s) and proposed methodology.
6. A "modified" dissertation proposal/prospectus (maximum 25 pages).

Each university may require different components and formats for a dissertation proposal. Thus, in order for application packets to be evaluated by the same criteria, students must submit their approved dissertation proposal in the QIC-EC RFA format described below.

This may require re-organizing the approved dissertation proposal and adding a little content relevant to the QIC-EC. However, no major content additions to the approved dissertation proposal should be necessary.

The "modified" dissertation proposal must include each of the following sections, clearly indicated by headers.

- a. Introduction/Background
- b. Rationale for an Interest in Child Maltreatment Prevention
- c. Research Question(s)
- d. Theoretical Framework and Key Constructs
- e. Significance (why the topic merits research)
- f. Relevance of the Topic to the Work of the QIC-EC
- g. Research Methodology
- h. Two-Year Work Plan (including a timeline noting major milestones to be achieved)
- i. References/Bibliography

7. Two letters of recommendation that address the student's ability to successfully implement the proposed research project.
  - One letter must be from the dissertation committee chairperson and one from another faculty member who is familiar with the student's ability to conduct research.
  - The two letters must be on departmental or institutional letterhead and have the respective faculty member's original signature.
  - The two letters must be included in the application packet in sealed envelopes bearing the respective faculty member's signature on the seal. The letters should NOT be mailed separately.

#### **2.4.2 Format for Selected Documents**

The modified dissertation proposal is limited to 25 pages, inclusive of charts, graphs, tables, and the list of references. The two-page summary and the modified dissertation proposal should be double-spaced on 8 1/2 by 11" single-sided paper with standard one-inch margins on all sides. A 12-pt Times New Roman font should be used for all text.

Charts, graphs, tables, and the list of references do not have to be double-spaced and a smaller and different font may be used (not less than 11-pt Times New Roman). Pages in the modified dissertation proposal should be numbered consecutively.

It is preferable that the information requested on the application form is typed. However, information that is printed legibly will be accepted.

#### **2.4.3 Manner of Submission**

Applicants must submit **one original and two copies** of the complete application packet by mail or hand delivery. The original and each of the two copies must include all required documents and be unbound. The original documents in the application packet must have original signatures. Faxed or emailed application packets will not be accepted.

Complete application packets must be received in the office of the Center for the Study of Social Policy, 1575 Eye Street, Washington, DC 2005, by **5:00 PM EST on June 13, 2011**. Applications received after 5:00 PM on the due date will be classified as late and will not be reviewed. Students are responsible for ensuring that applications are mailed or hand-delivered well in advance of the due date and time. The QIC-EC will not make exceptions for postal or delivery errors.

#### **Mail**

Application packets that are submitted by mail must be received no later than 5:00 PM EST, on Monday, June 13, 2011 at the address listed below.

## **Hand Delivery**

Application packets hand carried by applicants, applicant couriers, other representatives of the applicant, or by overnight/express mail couriers must be received on or before the due date, between the hours of 9:00 AM and 5:00 PM EST at the address referenced below, Monday -Friday (excluding Federal holidays).

## **Address**

Application packets must be mailed or hand delivered by **5:00 PM EST on June 13, 2011** to:

QIC-EC, The Center for the Study of Social Policy  
1575 Eye Street, NW, Suite 500  
Washington, DC 20005  
Attn: Charlyn Harper Browne

### **2.4.4 Acknowledgement of Receipt of Application Packet**

Acknowledgement of receipt of application packets will be provided electronically no later than June 15, 2011 to students who submit complete application packets by the due date. Students who submit incomplete application packets or whose application packets are received after the deadline, will be notified after June 14, 2011 that the packet will not be reviewed.

## **2.5 The Awards**

### **2.5.1 Number of Awards**

Up to two dissertation research stipends will be awarded to students who have been admitted to doctoral candidacy and who are conducting research on preventing the abuse and neglect of infants and young children and promoting child and family well-being.

Students selected to receive an award are called QIC-EC Doctoral Dissertation Fellows (QIC-EC Fellows).

### **2.5.2 Amount and Length of Awards**

Awards will be for \$25,000 for each of two 12-month funding periods: Year 1 = October 1, 2011 - September 30, 2012; Year 2 = October 1, 2012 - September 30, 2013.

QIC-EC Fellows must be enrolled full-time each academic term of the award period. QIC-EC Fellows must provide documentation of full-time enrollment at the beginning of each term. Failure to be enrolled full-time during an academic term of the funding period will result in a loss of funding. Receipt of continued support in year 2 is contingent upon review and approval of progress in year 1 by the QIC-EC Team.

### **2.5.3 Receipt and Use of the Awards**

QIC-EC Fellows will receive a monthly stipend, which will be disbursed electronically. The monthly stipend may be used in whatever way it is needed during the dissertation research stage of the doctoral program.

The only required use of funds is for travel to an initial meeting with the QIC-EC Team and Children's Bureau officials in December 2011 and for travel to attend two scientific meetings hosted by ZERO TO THREE during the spring of each funding period.

QIC-EC Fellows will be required to sign a certification stating that he/she is not receiving any other federal funds. Evidence of a student's progress/completion of major milestones must be submitted on a quarterly basis. In addition, a statement from the student's dissertation committee chairperson about the student's academic standing and progress must be submitted at the end of year 1 and year 2. Receipt of continued support in year 2 is contingent upon review and approval of progress in year 1 by the QIC-EC Team.

### **2.5.4 Announcement of Awards**

Dissertation research awards will be announced no later than August 1, 2011.

## **2.6 IRB Approval**

QIC-EC Fellows are expected to follow U.S. Department of Health and Human Services (HHS) human subject research regulations. HHS regulations at 45 CFR 46.109(b) require that Institutional Review Boards (IRBs) ensure that information given to subjects as part of informed consent meets the requirements specified in the regulations at 45 CFR 46.116.

QIC-EC Fellows are responsible for securing IRB approval through their home institution prior to beginning the data collection phase for their projects. A copy of the IRB approval must be submitted to the QIC-EC.

### **HHS Regulations at 45 CFR 46.116 state:**

No investigator may involve a human being as a subject in research covered by this policy unless the investigator has obtained the legally effective informed consent of the subject or the subject's legally authorized representative. An investigator shall seek such consent only under circumstances that provide the prospective subject or the representative sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence. The information that is given to the subject or the representative shall be in language understandable to the subject or the representative. No informed consent, whether oral or written, may include any exculpatory language through which the subject or the representative is made to waive or appear to waive any of the subject's legal rights, or releases or appears to release the investigator, the sponsor, the institution or its agents from liability for negligence.

The HHS regulations also state at 46.111(a)(4) that, among other requirements, an IRB must determine that informed consent will be sought from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by HHS regulations at 46.116. The IRB may require that information, in addition to that specifically mentioned in 46.116, be given to the subjects when in the IRB's judgment the information would meaningfully add to the protection of the rights and welfare of subjects [46.109(b)].

## **2.7 Requirements for Funding**

QIC-EC Fellows will sign funding agreements with the Center for the Study of Social Policy that outline their responsibilities and the supports available to them. Failure to fulfill the responsibilities may result in a loss of funding.

### **2.7.1 Basic Requirements**

In order to receive and maintain funding, each selected student must:

1. Be enrolled full-time each academic term of funding.
2. Demonstrate progress in meeting the proposed dissertation research milestones.
3. Attend all required meetings.
4. Submit all required reports in a timely manner.
5. Participate in conference calls.

### **2.7.2 Required Meetings**

QIC-EC Fellows will be required to attend:

- An initial meeting with the QIC-EC Team and Children's Bureau officials in December 2010, to be held in Washington, DC.
- Two scientific meetings hosted by ZERO TO THREE during the spring of each funding period to be held in Washington, DC.

### **2.7.3 Reporting Requirements**

The QIC-EC Team acknowledges there may be unexpected challenges arising that may keep students from reaching each projected milestone in a timely manner. To address this matter, QIC-EC Fellows are required to submit quarterly progress reports that track and document successes and challenges in completing the proposed work. The QIC-EC Team will review the progress reports report and discuss concerns with each student and/or their major professor guiding the dissertation research. The due dates of the progress reports are indicated in Table 3 of this RFA. An outline of the expected content of the progress reports will be provided.

Each QIC-EC Fellow's dissertation committee chairperson is required to submit to the QIC-EC project director a report on the respective student's progress toward the end of year 1 (September 15, 2012) and year 2 (September 15, 2013).

#### 2.7.4 Conference Calls

The project director will convene a joint quarterly conference call with all QIC-EC Fellows.

#### 2.8 Table 3. Key Dates

##### Dissertation Awards Key Dates

Pre-Application Technical Assistance Webinar .....	March 3, 2011
Applications Due .....	June 13, 2011
Announcement of Awards .....	August 1, 2011
Effective Beginning Date of Awards .....	October 1, 2011
Meeting with the QIC-EC Team and CB Officials .....	December 2011
Award Year 1, 1 <sup>st</sup> Quarter Progress Report Due .....	December 31, 2011
Award Year 1, 2 <sup>nd</sup> Quarter Progress Report Due .....	March 31, 2012
Attend ZTT's Scientific Meeting.....	April or May, 2012
Award Year 1, 3 <sup>rd</sup> Quarter Progress Report Due .....	June 30, 2012
Award Year 1, 4 <sup>th</sup> Quarter Progress Report Due .....	September 15, 2012
Progress Report from Dissertation Committee Chair Due .....	September 15, 2012
Award Year 2, 1 <sup>st</sup> Quarter Progress Report Due .....	December 31, 2012
Award Year 2, 2 <sup>nd</sup> Quarter Progress Report Due .....	March 31, 2013
Attend ZTT's Scientific Meeting.....	April or May, 2013
Award Year 2, 3 <sup>rd</sup> Quarter Progress Report Due .....	June 30, 2013
Award Year 2, Final Progress Report Due .....	September 15, 2013
Progress Report from Dissertation Committee Chair Due .....	September 15, 2013
Ending Date of Awards .....	September 30, 2013

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## Application Packet Checklist

All of the following documents should be included in the application packet in this order:

- \_\_\_\_\_ 1. Completed and signed application form
- \_\_\_\_\_ 2. Official graduate transcript from the current institution in a sealed envelope
- \_\_\_\_\_ 3. Curriculum vitae or resume (three pages maximum)
- \_\_\_\_\_ 4. Documentation that the applicant has advanced to doctoral candidacy
- \_\_\_\_\_ 5. Two-page summary that describes the focus of the dissertation research
- \_\_\_\_\_ 6. Modified dissertation proposal (maximum 25 pages)
- \_\_\_\_\_ 7. Two letters of recommendation in sealed envelopes bearing the writer's signature

## Application Form: Support for Dissertation Research in Child Maltreatment Prevention

GENERAL INFORMATION	
Full Name	
Email Address	
Phone Number	
Mailing Address	
City, State, ZIP	
EDUCATIONAL BACKGROUND <small>(Applicants must submit a transcript from the current institution)</small>	
<b>Current Graduate Institution:</b> Name and Location	
Date Started Program	
Name of Degree Program	
Date Admitted to Candidacy	
Expected Graduation Date	
Degree to be Awarded	
<b>Other Graduate Institution:</b> Name and Location	
Name of Degree Program	
Graduation Date	
Degree Awarded	
Academic Honors, Awards, or Scholarships (name and date)	
Publications (books, articles, or theses)	
DISSERTATION RESEARCH	
Topic/Title of Dissertation Research	
Name and Email Address of Dissertation Committee Chairperson	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_