Quality Progress Report (QPR)

For

Pennsylvania

FFY 2023

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The Quality Progress Report (QPR) collects information from states and territories (hereafter referred to as lead agencies) to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The lead agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

QUALITY PROGRESS REPORT

The Quality Progress Report (QPR) collects information from lead agencies to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services. Lead agencies are also required to report on their Child Care and Development Fund (CCDF) quality improvement investments through the CCDF Plan, which collects information on the proposed quality activities for a three-year period; and through the ACF-696, which collects quarterly expenditure data on quality activities.

The annual data provided by the QPR will be used to describe how lead agencies are spending a significant investment per year to key stakeholders, including Congress, federal, state and territory administrators, providers, parents, and the public.

Specifically, this report will be used to:

- Ensure accountability and transparency for the use of CCDF quality funds, including a set-aside for quality infant and toddler care and activities funded by American Rescue Plan (ARP) Act
- Track progress toward meeting state- and territory-set indicators and benchmarks for improvement of child care quality based on goals and activities described in CCDF Plans; and
- Understand efforts in progress towards all child care settings meeting the developmental needs of children
- Inform federal technical assistance efforts and decisions regarding strategic use of quality funds.

What Period Must Be Included: All sections of this report cover the federal fiscal year activities (October 1, 2022, through September 30, 2023), unless otherwise stated. Data should reflect the cumulative totals for the fiscal year being reported, unless otherwise stated.

What Data Should Lead Agencies Use: Lead agencies may use data collected by other government and nongovernment agencies (e.g., CCR&R agencies or other TA providers) in addition to their own data as appropriate. We recognize that lead agencies may not have all of the data requested initially but expect progress towards increased data capacity. The scope of this report covers quality improvement activities funded at least in part by CCDF in support of CCDF activities. Lead agencies must describe their progress in meeting their stated goals for improving the quality of child care as reported in their FFY 2022-2024 CCDF Plan.

How is the QPR Organized?

The first section of the QPR gathers basic data on the population of providers in the state or territory and goals for quality improvement and glossary of relevant terms. The rest of the report is organized according to the ten authorized uses of quality funds specified in the CCDBG Act of 2014:

1) Support the training and professional development of the child care workforce
2) Improve the development or implementation of early learning and development guidelines
3) Develop, implement, or enhance a quality rating improvement system for child care providers
4) Improve the supply and quality of child care for infants and toddlers
5) Establish or expand a lead agency wide system of child care resource and referral services
6) Support compliance with lead agency requirements for licensing, inspection, monitoring, training, and health and safety
7) Evaluate the quality of child care programs in the state or territory, including how programs positively impact children
8) Support providers in the voluntary pursuit of accreditation
9) Support the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
10) Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry.

The Office of Child Care (OCC) recognizes that quality funds may have been used to address the coronavirus 2019 (COVID-19) pandemic. These activities should be reflected in the relevant sections of the QPR.

Reporting Activities Related to ARP Act Child Care Stabilization Grants

The ARP Act included approximately $24 billion for child care stabilization grants, representing an important opportunity to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead agencies must spend stabilization funds as subgrants to qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency. Please refer to the information memorandum ARP Act Child Care Stabilization Grants (CCDF-ACF-IM-2021-02) for further guidance on the child care stabilization grants made available through the ARP Act.

While the OCC has established a new data collection form, the ACF-901 – American Rescue Plan (ARP) Stabilization Grants Provider-Level Data, as the primary data collection mechanism for reporting related to ARP stabilization grants, Section 13 of the QPR asks about activities related to stabilization grants made possible through ARP funding. The OCC will inform lead agencies if the data reported through the ACF-901 is complete enough to warrant skipping Section 13 of the QPR. The following information is requested in Section 13:

- If the lead agency ran more than one grant program;
- How stabilization grants were used to support workforce compensation; and
- Methods to eliminate fraud, waste, and abuse when providing stabilization grants

Section 13 should be used to report on ARP Stabilization Grants ONLY. Other child care sustainability or stabilization grant programs established or ongoing using other funding mechanisms (i.e., CCDF or other supplemental funding e.g., CARES, CRRSA, ARP Supplemental Discretionary Funds) should be reported in Section 11.

When is the QPR Due to ACF?

The QPR will be due to the Administration for Children and Families (ACF) by the designated lead agency no later than December 31, 2023.

Glossary of Terms

The following terms are used throughout the QPR. These definitions can also be found in section 98.2 in the CCDBG Act of 2014. For any term not defined, please use the lead agency definition of terms to complete the QPR.

Center-based child care provider means a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless in care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "child care centers" and "center-based programs."

Director means a person who has primary responsibility for the daily operations and management for a child care provider, which may include a family child care provider, and which may serve children from birth to kindergarten entry and children in school-age child care.

Family child care provider means one or more individuals who provide child care services for fewer than 24 hours per day per child in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "family child care homes."

In-home child care provider means an individual who provides child care services in the child's own home.

4

License-exempt means facilities that are not required to meet the definition of a facility required to meet the CCDF section 98.2 definition of "licensing or regulatory requirements." Associated terms include "legally exempt" and "legally operating without regulation."

Licensed means a facility required by the state to meet the CCDF section 98.2 definition of "licensing or regulatory requirements," which explains that the facility meets "requirements necessary for a provider to legally provide child care services in a state of locality, including registration requirements established under state, local or tribal law."

Programs refer generically to all activities under the CCDF, including child care services and other activities pursuant to §98.50 as well as quality activities pursuant to §98.43.

Provider means the entity providing child care services.

Staffed family child care (FCC) networks are programs with paid staff that offer a menu of ongoing services and resources to affiliated FCC educators. Network services may include individual supports (for example, visits to child care homes, coaching, consultation, warmlines, substitute pools, shared services, licensing TA, mental health services) and group supports (for example, training workshops, facilitated peer support groups).

Teacher means a lead teacher, teacher, teacher assistant or teacher aide who is employed by a child care provider for compensation on a regular basis, or a family child care provider, and whose responsibilities and activities are to organize, guide and implement activities in a group or individual basis, or to assist a teacher or lead teacher in such activities, to further the cognitive, social, emotional, and physical development of children from birth to kindergarten entry and children in school-age child care.

1) Overview

To gain an understanding of the availability of child care in the state or territory, please provide the following information on the total number of child care providers.

1.1 State or Territory Child Care Provider Population

1.1.1 Total Number of Licensed Providers:

Enter the total number of licensed child care providers that operated in the state or territory as of September 30, 2023. These counts should include all licensed child care providers, not just those serving children receiving CCDF subsidies.

[x] Licensed center-based programs **5413**
> [ ] Unable to provide number. Indicate reason:

Additional clarification: Based on most recent submission of the FY 2023 ACF-800 data there were 4417 licensed center-based programs receiving CCDF funding. Please report the number of ALL licensed center-based programs operating in the state here, regardless of receipt of CCDF funding.

[x] Licensed family child care homes **1052**
> [ ] Unable to provide number. Indicate reason:

Additional clarification: Based on most recent submission of the FY 2023 ACF-800 data there were 810 licensed family child care homes receiving CCDF funding. Please report the number of ALL licensed family child care homes operating in the state here, regardless of receipt of CCDF funding.

2) Supporting the training and professional development of the child care workforce

Goal: *Ensure the lead agency's professional development systems or framework provides initial and ongoing professional development and education that result in a diverse and stable child care workforce with the competencies and skills to support all domains of child development.*

2.1 Lead Agency Progression of Professional Development

2.1.1 Professional Development Registry:

Did the lead agency use a workforce registry or professional development registry to track progression of professional development during October 1, 2022, to September 30, 2023?

[x] Yes. If yes, describe: **The Pennsylvania Professional Development Registry (PD Registry) houses a professional development calendar with face-to-face, self-paced asynchronous and synchronous courses. Individuals register for these courses within the PD Registry and the courses show on their Professional Development Learning Record as verified completed. Various reports from the system can show how many individuals have completed specific trainings within a given time frame or within a specific region. The PD Registry also captures an individual's education and professional achievements. Individuals employed at Keystone STAR 2, 3, and 4 programs are required to have a completed profile and Career Pathway Placement within the PD Registry. Individuals apply for the Career Pathway within the PD Registry completing their demographics including employment, uploading education transcripts, diplomas, credentials, and certificates. Once this information is verified by a Data Verification Associate at the Pennsylvania Key, individuals are placed on the Career Pathway. This data collection consisting of demographics and education verification will allow Pennsylvania to participate in the National Workforce Registry Alliance data set. The PD Registry also captures Director Credential, PQAS (trainer and organization training approval) as well as Rising STARS Tuition Assistance/CDA Voucher application. Reports are also used by Certification Representatives from Department of Human Services and Quality Coaches from Early Learning Resource Centers on Professional Development and Education attainment as well as specific staff qualifications. The Pennsylvania Key continues to streamline all processes for each user group using the PD Registry and capture information in one location as we are working on the QRIS module, implemented in July 2022.**

[ ] No. If no, what alternative does the lead agency use to track the progression of professional development for teachers/providers serving children who receive CCDF subsidy? Describe:

2.1.2 Participation in Professional Development Registry:

Are any teachers/providers required to participate?
[x] Yes. If yes, describe: **On-site child care leadership team members and teaching staff employed at a Keystone STAR 2, 3, or 4 program must complete their profile in the Professional Development (PD) Registry within 60 days of hire. A profile is considered complete when Career Pathway status is listed as "applied" or "verified" in the PD Registry.**
[ ] No. If no, describe:

2.1.3 Number of Participants in Professional Development Registry:

Total number of participants in the registry as of September 30, 2023 **56168**

2.1.4 Spending - Professional Development Registry:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

    [x] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[ ] No

2.2 Workforce Development

2.2.1 Professional Development and Career Pathways Support:

How did the lead agency help teachers/providers progress in their education, professional development, and/or career pathway between October 1, 2022 and September 30, 2023 (check all that apply)? If selected, how many staff received each type of support?

[x] Scholarships (for formal education institutions) **1273**

[ ] Financial bonus/wage supplements tied to education levels

[x] Career advisors, mentors, coaches, or consultants **135**

[ ] Reimbursement for training

[ ] Loans

[ ] Substitutes, leave (paid or unpaid) for professional development

[x] Other. Describe: **CDA vouchers ⬜ 911 initial and 167 renewal: CDA Vouchers are given for the CDA Council's fee. Providers take their course work first. They must submit documentation to the CDA Council. There is a fee associated with the initial submission of documentation and another at the time of renewal. This Voucher covers the cost of the CDA's fee only.**

[ ] N/A. Describe:

2.2.2 Spending - Professional Development and Career Pathways Support:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

[x] CCDF quality funds

[ ] Non-CCDF funds

[ ] CARES funds

[ ] CRRSA Funds

[x] ARP Supplemental Discretionary

[ ] ARP Stabilization 10% set-aside

[ ] Unable to report. Indicate reason:

[ ] No

2.3 Child Care Provider Qualifications

2.3.1 Number of Licensed Child Care Programs Qualifications:

Total number of staff in licensed child care programs with the following qualification levels as of September 30, 2023:

[x] Child Development Associate (CDA) **2247**

[x] Associate's degree in an early childhood education field (e.g. psychology, human development, education) **3746**

[x] Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **9544**

[x] State child care credential **1680**

[ ] State infant/toddler credential

[ ] Unable to report this data. Indicate reason:

2.3.2 Number of Licensed CCDF Child Care Programs Qualifications:

Total number of staff in licensed CCDF child care programs with the following qualification levels as of September 30, 2023:

[x] Child Development Associate (CDA) **2152**

[x] Associate's degree in an early childhood education field (e.g. psychology, human development, education) **3486**

[x] Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **8422**

[x] State child care credential **1207**

[ ] State infant/toddler credential

[ ] Unable to report this data. Indicate reason:

2.4 Technical Assistance for Professional Development

2.4.1 Technical Assistance Topics:

Technical assistance on the following topics is available to providers as part of the lead agency's professional development system (can be part of QRIS or other system that provides professional development to child care providers):

[x] Business Practices

[x] Mental health for children

[x] Diversity, equity, and inclusion

[x] Emergency Preparedness Planning

[x] Other. Describe other technical assistance available to providers as part of the professional development system: **Interactions, technical support, QRIS support, leadership, curriculum, community and family partnerships**

2.4.2 Spending - Technical Assistance for Professional Development:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

    [x] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[ ] No

2.5 Spending – Training and Professional Development

2.5.1 Spending – Training and Professional Development:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to support the <u>training and professional development</u> of the child care workforce during October 1, 2022 to September 30, 2023? $**23705326**

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

2.6 Progress Update

2.6.1 Progress Update – Training and Professional Development:

Supporting the training and professional development of the child care workforce

Measurable indicators of progress the state/territory reported in section 6.3.2 of the FFY 2022-2024 CCDF Plan.
High-quality ECE can be achieved when all children have equal access to a well-qualified and well-compensated, culturally sensitive, professional ECE workforce. All ECE professionals ⏻ across age ranges and settings ⏻ need core knowledge of developmental science and content knowledge; mastery of practices that help children learn and develop on individual pathways; knowledge of how to work with diverse populations of

children; the capability to partner with children's families and with professional colleagues; and the ability to access and engage in ongoing professional learning to keep current in their knowledge and continuously improve their professional practice. OCDEL will focus on the following to achieve the goal of strengthening the ECE workforce.

Objective 3.1 Develop an ongoing process to include provider and workforce voice in the decisions regarding technical assistance, needs-based professional development, and development of future quality initiatives.

Objective 3.2. Build more coherent infrastructure of professional learning supports to improve the quality, availability, and accessibility of professional learning activities, including increased access to higher education, career pathways, and on-the-job training, overall and for non-traditional students, minority populations, and men.

Objective 3.3. Advance the use of the PSCECE and the created statewide rubric for Birth to age 8 professional competencies that align to NAEYC, drawing on existing available frameworks (e.g., Adaptive Leadership, Family engagement framework, infant/toddler mental health, PBIS, and WIDA) in Institutions of Higher Education (IHE) in order to enhance consistency in ECE coursework.

Objective 3.4 Improve the mixed-delivery system's capacity to support equitable engagement with special populations, including enhancing Dual Language Learner Support and Migrant Education Programs (MEP) and children experiencing homelessness, with a culturally and linguistically responsive lens for training and professional development.

Objective 3.5 Analyze workforce compensation data and develop resources to use investments to support improved ECE workforce compensation.

Targets: Increase percentage of ECE workforce with credential in their field from 39 to 60 percent with credential in field by 2025 and increase the number of qualified staff recruited and retained in ECE settings. Specific goals and targets for the PDOs include: Increasing the completion rates of CDAs, AAs, and BAs, increase overall participation in CDAs, AAs, and BAs, Increase numbers of those who continue to the next degree once a lower level degree is completed, and address equity-based gaps in the credentialing system. Through PDO policy, PDOs are tasked with prioritizing providers who work in STAR 1 and STAR 2 centers to impact STARS move-up, and those serving higher levels of children receiving subsidy. To meet this policy, each PDO creates annual prioritization

plans. Currently, the PASSHE PDO prioritizes based on the following : A-1 @ 40 percent Workforce employed in STARS 1 and 2 programs; within priority (high and moderate-high risk) counties*; in each of the PDO regions Higher %CCW (50%) = A-1-B/ A-2 @ 30% Workforce employed in STARS 1 and 2 programs; outside the priority counties (high and moderate/high risk) within the PDO regions Higher %CCW = A-2-A, Lower %CCW = A-2-B/ B-1 @ 20% Workforce employed in STARS 3 and 4 programs within priority counties* in each of the PDO regions (high and moderate-high risk Higher %CCW = B-1-A, Lower %CCW = B-1-B/ B-2 @ 10% Workforce employed in STARS 3 and 4 programs outside the priority counties within the PDO regions Higher %CCW = B-2-A, Lower %CCW = B-2-B. The PHMC PDO prioritizes based on the following: I. @ 40% Incumbent ECE workforce employed in STAR 1-2 programs within priority zip codes in Philadelphia and the Southeast Region/II. @ 30% Incumbent ECE workforce employed in STAR 1-2 programs in targeted subregions in Philadelphia and the Southeast Region (outside of priority zip codes)/ III. @ 20% Unemployed ECE workforce, affected by COVID-19 pandemic crisis (FY 2020-21), who plan to remain in the ECE field/ IV. @ 10% Incumbent ECE workforce, employed in STAR 3-4 programs in Philadelphia and the Southeast Region.

Through collaboration with ELRC partners, OCDEL Reach and Risk Reports, PELICAN data on STAR 1-2 program locations, including CCW enrollment rates, and the PHLpreK priority areas from the Mayor's Office of Children and Families, the following zip codes were determined as the highest priority for PHMC PDO funding: Philadelphia: (ELRC 18) 19145, 19143, 19104, 19121, 19122, 19125, 19132, 19133, 19134, 19129, 19140 and 19144/ Southeast Region: ELRC 15 (Delaware County) 19013, 19023 and 19082; ELRC 16 (Bucks County) 19030 and 19057; ELRC 17 (Montgomery County) 19403 and 19446; ELRC 19 (Chester County) 19320 and 19465. Quarterly data is collected and reviewed to determine the extent to which PDOs are meeting their prioritization plans.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.3.2 of the FFY 2022-2024 CCDF Plan: The following objectives were included in the State Plan and updates on progress made are delineated below.

Objective 3.1 Develop an ongoing process to include provider and workforce voice in the decisions regarding technical assistance, needs-based professional development, and development of future quality initiatives.

Progress: Pennsylvania has worked over the last eight months to establish a more streamlined QRIS data system. One that would reduce burden on providers, streamline

13

efforts for quality support staff and overall is easier to use. In the process of that development, stakeholders, systems support staff and administrative staff from the regional Early Learning Resource Centers (ELRCs) have been included in the development and testing of these new systems. At the request of stakeholders, including child care providers, the Pennsylvania Key provided training and technical assistance on the new system, including office hours

Objective 3.2. Build more coherent infrastructure of professional learning supports to improve the quality, availability, and accessibility of professional learning activities, including increased access to higher education, career pathways, and on-the-job training, overall and for non-traditional students, minority populations, and men.

Progress: On October 22, 2019 Pennsylvania's Governor Tom Wolf announced a $10 million investment through use of Child Care Development Funds in Pennsylvania's children through a workforce development program helping early childhood workers gain valuable credentials and advance their professional careers. Two professional development organizations (PDOs) spanning six regions were selected. The Early Childhood Education Professional Development Organization (ECE PDO) at Public Health Management Corporation (PHMC) was selected for the Philadelphia and Southeast regions. The ECE PDO at the Pennsylvania State System of Higher Education (PASSHE) was selected for the Central (Lock Haven), Northeast (East Stroudsburg), Northwest (PennWest -Edinboro) and Southwest (Shippensburg) regions.

 The initial grant term was Oct. 1, 2019, to June 30, 2021.

 Agreements were renewed in FY 2021-2022, FY 2022-2023, and FY 2023-2024.

 FY 2024-2025 was to be a competitive rebid, however, a one-year extension will be granted, and current grantees will have the option for one additional continuation year. Rebid will occur for FY 2025-2026 for another 5-years of service.

For the first time, OCDEL brought both PDO staff, IHE and community partners together for a PDO Grantee convening June 21-22, 2023. The goal of the convening was for PDO staff to implement their roles more effectively within their individual PDO regions, overall PDOs, and the OCDEL statewide workforce professional development system. A focus was on a customer driven mindset including a realistic and relevant equity lens. Dr. Ron Whitaker presented two keynotes and breakout sessions for PDO Administrative

staff. Dr. Whitaker focuses on the psychology of race and racism, issues related to diversity, equity, inclusion (DEI), culturally relevant and sustaining pedagogy, and the societal and educational disenfranchisement of African American males. Other sessions included opportunities for job-alike roles to share successes, systems mapping, IHE and community partner innovations, and a highlight of student voice.

The overall objective of the PDOs is to support direct access across each identified service region for ECE professionals to participate in and complete CDA Credential (Infant

/Toddler, Preschool, and Family Child Care), Associate of Arts, Associate of Science, Associate of Applied Science, Bachelor of Arts, and Bachelor of Science programs through a mixed delivery model. PDOs are able to offer no-cost/low-cost tuition and other learning supports to promote and reinforce entry into and completion of credential and degree programming. STAR 1 and STAR 2 programs (PA's QRIS system) are a priority focus for recruitment and retention. PDOs through partnerships with Institutes of Higher Education (IHEs) and other community agencies, also address challenges to degree attainment. The PDOs ensure that students are supported through responsive career advising and culturally responsive supports beginning with their interactions with the PDOs and throughout their educational experiences. Marketing and communications materials have the ability to be disseminated in both English and Spanish. The PDOs utilize translation services regionally across the commonwealth to support students' needs. The accessibility for students to engage in multiple languages is also practiced by the institutes of higher education and professional learning organizations which have partnered with the PDO. All PDO partners offer administration and student support that is responsive to the language needs of students. Several PDO partners also offer specific course work in languages other than English (Keystone College: Spanish CDA; Esperanza College of Eastern University: courses offered in Spanish; Community College of Philadelphia: courses offered in Spanish; PennAEYC: Spanish speaking CDA; Dickerson and Associates: Cantonese CDA). The support of developmentally appropriate coursework which connects with students' experiences promoting cultural relevancy is evident in the work of the PDOs. The PDO partners with OCDEL across the regions in participating in the Parents as Partners in Professional Development (P3D), Diverse Family Voices Project, to ensure all families, especially those in underrepresented communities, are part of the curriculum in our IHE partners.

Families work directly with our IHE partners in assisting in revising curriculum to be more inclusive. Students within the IHE coursework have direct access to families to ensure best teaching practices are learned and initiated. IHEs have been supported by technical assistance with national experts to create a deeper cultural connection in their coursework. IHEs have received support in updating their curriculum and programming specifically related to diverse families and communities as well as a heightened awareness of where systemic inequities of all kinds (racial, socio-economic, religious, gender, sexual orientation, abilities, etc.). These coursework enhancements, coupled with individualized student support, have enhanced the service and educational experiences PDO students receive.

In addition to the PDO scope of work, The CDA completion project is a collaborative support provided by the PA Key to support the PDOs with their entry into the PD Registry, where they can access additional supports for CDA completion, such as funding towards their application fee. In November each PDO's managers and PD Coordinators were granted access to and trained on the PD Coordinator role in the PD Registry. The student's application to RSTA for a CDA voucher was also cross referenced and data provided as to where students were in completing the voucher process.

Total number of PDO participants completing a credential/degree type (Oct 1, 2022-Sept 30, 2023) Totals are statewide (combined for the PDO at PASSHE and PDO at PHMC).

PDOs enrolled 691 participants in PDO-funded opportunities from October 1, 2022 through September 30, 2023. From October 1, 2022 through September 30, 2023, 206 completed their CDA, 36 completed their AA, and 49 completed a BA. Limiting the reporting to this timeframe which crosses both state fiscal year as well as college semesters skews the data. Active enrollments in CDA, AA, and BA programs (any enrollment in which the participant is still being served by the PDO) = 2,050. Adding in completers from beginning of FY 2021 increases the completion rates to the following: CDA 470, AA 74, BA 60.

Objective 3.3. Advance the use of the PSCECE and the created statewide rubric for Birth

to age 8 professional competencies that align to NAEYC, drawing on existing available frameworks (e.g., Adaptive Leadership, Family engagement framework, infant/toddler mental health, PBIS, and WIDA) in Institutions of Higher Education (IHE) in order to enhance consistency in ECE coursework. Progress:

Advancing use of PA PSCECE: In response to the national context, Pennsylvania adopted a new set of Professional Standards and Competencies for Early Childhood Educators (PA PSCECE). The PA PSCECE went into effect on July 1, 2021. This set of standards and competencies replaced the PA Core Knowledge Competencies (CKCs) and have been adopted from the six professional standards established by The National Association for the Education of Young Children (NAEYC). Along with adopting the six National Standards and Competencies for Early Childhood Educators, Pennsylvania added a seventh Standard with Competencies in Health and Safety. The PA Professional Standards and Competencies for Early Childhood Educators are the general knowledge and skills that educators need to know and be able to demonstrate. They are not the standards and competencies needed for specific professions and occupations within the early childhood field.

Progress: The PD Registry was updated to assure trainings align with the PA PSCECE. PQAS instructions were trained on the new PA PSCECE and on the system updates. All PQAS coursework within the Pennsylvania PD Registry was revised, renewed and reviewed for alignment to the new professional standards beginning May 1, 2022. All content not updated to align with the new PA PSCECE were expired in the PD Registry on August 31, 2022. In addition, all QRIS documents in the PD Registry, including the Self- Assessment and Individual Professional Development Growth Plan were updated to align to the new PA PSCECE. The Office of Child Development and Early Learning (OCDEL) presented on the Pennsylvania Professional Standards and Competencies for Early Childhood Educators (PA PSCECE) at the 2022 Fall PAC-TE conference. PAC-TE is a nonprofit professional association for those in Pennsylvania who are engaged in the preparation and development of professional educators. All courses in the Pennsylvania Professional Development Registry continue to be coded with the appropriate PA PSCECE. The Pennsylvania Department of Education is opening their PreK ⎯ Grade 4 certification guidelines and will include updates reflecting the new PA PSCECE.

Objective 3.4 Improve the mixed-delivery system's capacity to support equitable

engagement with special populations, including enhancing Dual Language Learner Support and Migrant Education Programs (MEP) and children experiencing homelessness, with a culturally and linguistically responsive lens for training and professional development.

Progress: A series of activities were conducted by the PA Head Start State Collaboration Office (HSSCO) to explore challenges and opportunities to increase the enrollment and ongoing participation of young children experiencing homelessness in quality early learning in the Commonwealth. These activities took place during the period February 2021 to August 2022 and included examination of data and documents, facilitation of discussions and communities of practice, and development of potential next steps for systems change.

Multiple early learning systems in the Commonwealth were engaged, including Head Start and Early Head Start, Early Learning Resource Centers PreK Counts (Pennsylvania's public prekindergarten program), Head Start Supplemental program, the Infant and Early Childhood Mental Health Consultation network, and Education for Children and Youth Experiencing Homelessness (ECYEH) liaisons and coordinators (Local Education Agency (LEA) McKinney-Vento Homeless Education Liaisons and their Regional Coordinators). Additionally, the East and West Continuums of Care from PA's housing sector were engaged. People's Emergency Center, a Philadelphia housing agency, was a significant partner in analyzing and reporting data and in exploring potential state-level policy discussions and collaborations. These efforts of the PA HSSCO resulted in additional interest from Early Intervention for infants and toddlers (PA's IDEA Part C) to conduct similar activities.

Objective 3.5 Analyze workforce compensation data and develop resources to use investments to support improved ECE workforce compensation. Progress: Temporary supports in the way of employee compensation (one-time stipends) and retention awards were provided to all ECE workforce in Pennsylvania using Federal stimulus dollars.

Pennsylvania was acknowledged by the Office of Child Care for acting quickly and getting funding out to the workforce in a time of crisis. However, Pennsylvania has not made sustainable progress on a long-term plan for addressing compensation..

Barriers: Pennsylvania has made inroads in collecting accurate ECE workforce compensation data through its Workforce Registry platform. However, that data continues to be self-reported which poses some barriers to understanding the full picture.

Targets in the State Plan related to Workforce Qualifications:

Stated Target: Increase percentage of ECE workforce with credential in their field from 39 to60 percent with credential in field by 2025 and increase the number of qualified staff recruited and retained in ECE settings. Progress: Last year, the data was in its infancy and could not discern folks with ECE or related degrees. Based on QPR and PER data pulls, the data verifier team has been working to clean up the degree name to a standardized name instead of leaving whatever was entered. This year, we were able to pull out those with ECE and related degrees. 1). The total number of identified directors, teachers, and family providers went from 16,561 to 48,101 2). Total reported degrees (CDA, AA, BA/BS, Master's, doctorate) went from 14,138 to 19,057. 3). DC and SAC Credential went from 1,100 to 1,496.

Progress: Total number of PDO participants completing a credential/degree type (Oct 1, 2022- Sept 30, 2023) Totals are statewide (combined for the PDO at PASSHE and PDO at PHMC).

PDOs enrolled 691 participants in PDO-funded opportunities from October 1, 2022 through September 30, 2023. From October 1, 2022 through September 30, 2023, 206

completed a CDA, 36 completed an AA, and 49 completed a BA. Limiting the reporting to this timeframe which crosses both state fiscal year as well as college semesters skews the data. Active enrollments in CDA, AA, and BA programs (any enrollment in which the participant is still being served by the PDO) = 2,050. Adding in completers from beginning of FY 2021 increases the completion rates to the following: CDA 470, AA 74, BA 60.

Comparing the October 1 to September 30 timeframe between 2021-2022 and 2022-2023: CDA completion INCREASED from 50 to 206, AA completion INCREASED from 10 to 36, and BA completion INCREASED from 6 to 49.

3) Improving early learning and development guidelines

Goal: To ensure the lead agency has research-based early learning and development guidelines appropriate for children birth to age 12, including children with special needs and dual language learners that are used to inform practice and professional development.

3.1 Early Learning and Development Guidelines

3.1.1 Spending - Early Learning and Development Guidelines:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to improve early learning and development guidelines during October 1, 2022 to September 30, 2023?

[ ] Yes, if so which funding source(s) were used?

> [ ] CCDF quality funds
> [ ] Non-CCDF funds
> [ ] CARES funds
> [ ] CRRSA Funds
> [ ] ARP Supplemental Discretionary
> [ ] ARP Stabilization 10% set-aside
> [ ] Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on improving upon the development or implementation of early learning and development guidelines? $

> [ ] Unable to report total amount spent. Indicate reason

Optional: Use this space to tell us any additional information about how funds were spent that is not capture in the item already reported:

[x] No

3.2 Progress Update

3.2.1 Progress Update - Early Learning and Development Guidelines:

Improving upon the development or implementation of early learning and development guidelines.

Measurable indicators of progress the state/territory reported in section 6.4.3 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **No CCDF funding will be used for this purpose.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.4.3 of the FFY 2022-2024 CCDF Plan: **There was no CCDF funded work completed on activities related to improving early learning and development guidelines during this timeframe, however an internal team has been revising standards over the last months as a result of Pennsylvania Department of Education's adoption of new Science standards for K-12.**

PDE revised Pennsylvania's science standards to align with current research and best practices, including a review of the Next Generation Science Standards. The newly adopted Pennsylvania Integrated Standards for Science, Technology & Engineering, and Environmental Literacy and Sustainability (STEELS), and Pennsylvania Technology and Engineering Standards were developed jointly to ensure consistency, coherence and a cohesive K⬚12 integrated approach to science education in the Commonwealth. On July 16, 2022, the Pennsylvania Bulletin published the new standards, designed for implementation July 1, 2025.

To align with the PA K-12 Science, Technology & Engineering, and Environmental Literacy and Sustainability , and Pennsylvania Technology and Engineering Standards, the Pennsylvania Office of Child Development and Learning (OCDEL) is revising the 2014 Pennsylvania Learning Standards for Early Childhood KEY LEARNING AREA: Scientific Thinking and Technology ⬚ Exploring, Scientific Inquiry, and Discovery to align with the K-12 Science and Technology Standards. OCDEL staff began collaboratively reviewing and aligning the 2014 Pre-k Scientific Thinking and Technology ⬚ Exploring, Scientific Inquiry, and Discovery with the 2022 K-2 Pennsylvania Science and Technology/Environment and Ecology Standards in February 2023. To date, staff has re-formatted the infant toddler, Pre-k, Kindergarten, and grades 1 and 2, standards, added new introductory pages, updated the continuum, added the PDE STEELS introduction to the Kindergarten and grades 1 and 2 science standards, Social and Emotional and Approches SE/ATL section moved to the beginning of the document and language drafted regarding why the section is moved.

22

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.4.3 of the FFY 2022-2024 CCDF Plan:

Shape

There was no CCDF funded work completed on activities related to improving early learning and development guidelines during this time frame.

4) Developing, implementing, or enhancing a quality rating and improvement system (QRIS) and other transparent system of quality indicator

Goal: To ensure the lead agency implements a quality rating and improvement system, or other quality rating system, to promote high-quality early care and education programs.

4.1 Quality rating and improvement system status

4.1.1 QRIS or other system of quality improvement status:

Indicate the status and include a description of the lead agency's quality rating and improvement system (QRIS) or other system of quality improvement during October 1, 2022 to September 30, 2023?

[x] The lead agency QRIS is operating state- or territory-wide.
- General description of QRIS: **Keystone STARS is a four-level block and point hybrid QRIS. Keystone STARS focuses on meaningful performance standards covering the following quality areas:**

  Staff qualifications and professional development;

  Early learning program;

  Partnerships with family and communities; and

  Leadership and management

  Within each performance standard category are individual quality indicators that identify specific practices thought to be representative of higher quality
- How many tiers/levels? **4** [insert number of tiers below as required and describe each tier and check off which are high quality]
  - Tier/Level 1: **STAR 1 represents the foundation of Keystone STARS and includes providers who hold a regular Department of Human Services Certificate of Compliance or a private academic license through the Pennsylvania Department of Education.**
    [ ] High Quality
  - Tier/Level 2: **At STAR 2, programs must meet all quality indicators across the four performance standard categories. The STAR 2 quality indicators go beyond the basic certification regulations and seek to measure a**

program's structural quality. In addition, at STAR 2, programs are required to develop a continuous quality improvement (CQI) plan that is meant to guide their ongoing quality improvements. STAR 2 programs are also required to ensure their staff are using the Professional Development (PD) Registry to document their experience, education, and ongoing training.

[x] High Quality

- Tier/Level 3: At STAR 3 and STAR 4, the Quality Indicators within the four Performance Standard categories are the same. These two STAR levels are considered to be the highest quality. At these highest STAR levels, programs must meet all required indicators at STAR 2 and an additional two required indicators for STAR 3 and STAR 4 programs. Beyond the required quality indicators, the rest are optional and points-based, designed to allow programs to choose the quality indicators that best exemplify their quality practices. At STAR 3, programs must meet all required indicators and earn 70% of available points from the optional points-based quality indicators in each of the 4four performance standard categories.

[x] High Quality

- Tier/Level 4: At STAR 3 and STAR 4, the Quality Indicators within the four Performance Standard categories are the same. These two STAR levels are considered to be the highest quality. At these highest STAR levels, programs must meet all required indicators at STAR 2 and an additional two required indicators for STAR 3 and STAR 4 programs. Beyond the required quality indicators, the rest are optional and points-based, designed to allow programs to choose the quality indicators that best exemplify their quality practices. At STAR 4, programs must meet all required indicators and earn 85% of available points from the optional, points-based quality indicators in each of the four performance standard categories.

[x] High Quality

- Tier/Level 5:
  [ ] High Quality
- Tier/Level 6:
  [ ] High Quality
- Tier/Level 7:
  [ ] High Quality

- Tier/Level 8:
  - [ ] High Quality
- Tier/Level 9:
  - [ ] High Quality
- Tier/Level 10:
  - [ ] High Quality

- Total number of licensed child care centers meeting high quality definition: **2,246**
- Total number of licensed family child care homes meeting high quality definition: **124**
- Total number of CCDF providers meeting high quality definition: **1,692**
- Total number of children served by providers meeting high quality definition: **37,946**

[ ] The lead agency QRIS is <u>operating a pilot </u>(e.g., in a few localities, or only a few levels) but not fully operating state- or territory-wide.

- General description of pilot QRIS (e.g., in a few localities, or only a few levels):
- Which localities if not state/territory-wide?
- How many tiers/levels? [insert number of tiers below as required and describe each tier and check off which are high quality
  - Tier/Level 1:
    [ ] High Quality
  - Tier/Level 2:
    [ ] High Quality
  - Tier/Level 3:
    [ ] High Quality
  - Tier/Level 4:
    [ ] High Quality
  - Tier/Level 5:
    [ ] High Quality
  - Tier/Level 6:
    [ ] High Quality
  - Tier/Level 7:
    [ ] High Quality
  - Tier/Level 8:
    [ ] High Quality
  - Tier/Level 9:
    [ ] High Quality

- Tier/Level 10:
  [ ] High Quality

- Total number of licensed child care centers meeting high quality definition:
- Total number of licensed family child care homes meeting high quality definition:

- Total number of CCDF providers meeting high quality definition:
- Total number of children served by providers meeting high quality definition:

[ ] The lead agency is operating another system of quality improvement.
- General description of other system:
- Describe assessment scores, accreditation, or other metrics associated with this system:
- Describe how "high quality" is defined in this system?
- Total number of licensed child care centers meeting high quality definition:
- Total number of licensed family child care homes meeting high quality definition:

- Total number of CCDF providers meeting high quality definition:
- Total number of children served by providers meeting high quality definition:

[ ] The lead agency does not have a QRIS or other system of quality improvement.
- Do you have a definition of high quality care?
  [ ] Yes, define:
  - Total number of licensed child care centers meeting high quality definition:
  - Total number of licensed family child care homes meeting high quality definition:
  - Total number of CCDF providers meeting high quality definition:
  - Total number of children served by providers meeting high quality definition:
  [ ] No

4.1.2 Spending - Quality rating and improvement system status:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

[x] CCDF quality funds
[ ] Non-CCDF funds

[ ] CARES funds
[ ] CRRSA Funds
[ ] ARP Supplemental Discretionary
[ ] ARP Stabilization 10% set-aside
[ ] Unable to report. Indicate reason:

[ ] No

4.2 Quality Rating and Improvement Systems participation

4.2.1 QRIS or other system of quality improvement participation:

What types of providers participated in the QRIS or other system of quality improvement during October 1, 2022 to September 30, 2023 (check all that apply)?

[x] Licensed child care centers
[x] Licensed family child care homes
[ ] License-exempt providers
[x] Programs serving children who receive CCDF subsidy
[x] Early Head Start programs
[x] Head Start programs
[x] State Prekindergarten or preschool programs
[x] Local district-supported Prekindergarten programs
[x] Programs serving infants and toddlers
[x] Programs serving school-age children
[x] Faith-based settings
[ ] Tribally operated programs
[ ] Other. Describe:

4.3 Quality Rating and Improvement Systems Benefits

4.3.1 Quality Rating and Improvement Systems Benefits:

What types of financial incentives or technical assistance are available for providers related to QRIS or other system of quality improvement? Check as many as apply.

[x] One-time grants, awards or bonuses
   o Licensed child care centers **4276**
   o Licensed family child care homes **731**
[ ] On-going or periodic quality stipends
   o Licensed child care centers

- o   Licensed family child care homes

[x]Higher CCDF subsidy rates (including tiered rating)

- o   Licensed child care centers **3450**
- o   Licensed family child care homes **336**

[x]Ongoing technical assistance to facilitate participation in QRIS or improve quality of programs already participating in QRIS (or some other technical assistance tied to QRIS)

[ ]Other. Describe

4.3.2   Spending - Quality Rating and Improvement Systems Benefits:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

> [x] CCDF quality funds
> [ ] Non-CCDF funds
> [ ] CARES funds
> [ ] CRRSA Funds
> [ ] ARP Supplemental Discretionary
> [ ] ARP Stabilization 10% set-aside
> [ ] Unable to report. Indicate reason:

[ ] No

4.4   Spending – Quality Rating and Improvement Systems

4.4.1   Spending – Quality Rating and Improvement Systems:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) related to **QRIS or other quality rating systems** during October 1, 2022 to September 30, 2023? $**51479224**

[ ] Unable to report total amount spent. Indicate reason

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

4.5   Progress Update

29

4.5.1 Progress Update – Quality Rating and Improvement Systems:

Developing, implementing, or enhancing a quality rating and improvement system (QRIS) or other transparent system of quality indicators.

Measurable indicators of progress the state/territory reported in section 7.3.6 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. OCDEL has established annual participation goals for each STAR level and monitors the business partners responsible for these quality activities. OCDEL has a strategic progress indicator goal to increase the total number of children enrolled in Child Care Works (CCW) in STAR 3 or 4 programs from approximately 36.7K (in December 2020) to 47K by May 2025. Also, to decrease time ECE programs remain at STAR 1 and 2 before moving to STAR 3 or 4.

OCDEL, along with other DHS Offices, provides information to PeopleStat, a comprehensive data report, designed to report on success in increasing access to high-quality services including child care across the commonwealth. Through PeopleStat, OCDEL provides data on:

The number of children on the CCW waiting list;
Average length of time children spend on the CCW waiting list in each ELRC region;
The number of programs operating at the highest STAR levels (STAR 3 and 4); and
The number of children receiving CCW grouped by age and STAR level of program at which they are enrolled.

Additionally, OCDEL contributes data to Early Learning Dashboards which display participating programs by provider type, STAR level, geographic area, and information related to children receiving CCW. Information can be viewed by care level and program type. OCDEL continues to explore ways to make aggregate data available to stakeholders for planning purposes and in making data-driven policy decisions. Early Learning Dashboards are available at (https://www.dhs.pa.gov/about/Pages/Early-Learning-Dashboards.aspx" rel="noreferrer noopener" target="_blank) https://www.dhs.pa.gov/about/Pages/Early-Learning-Dashboards.aspx .

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.3.6 of the FFY 2022-2024 CCDF Plan: OCDEL has established annual participation goals for each STAR level and monitors the business partners
responsible for these quality activities. OCDEL has a strategic progress indicator goal to increase the total number of children enrolled in Child Care Works (CCW) in STAR 3 or 4 programs from approximately 36.7K (in December 2020) to 47K by May 2025. In addition, it is also a goal of OCDEL's to decrease the time ECE programs remain at STAR 1 and 2 before moving to STAR 3 or 4.

Beginning in FFY 21 and continuing through FFY 23, both the number and percentage of CCW enrollments in STAR 3 and 4 programs increased. This is a positive trend as indicated in the totals below:

Sept. 2021 = 29,913 or 39.3% of CCW enrollments

Sept. 2022 = 33,686 or 40.4% of CCW enrollments

Sept. 2023 = 37,946 or 41.6% of CCW enrollments

When examining STARS program move-ups to high quality (STAR 3 and 4) from lower STAR levels, there was a decrease in both number and percentage in FFY 23. While this is not the desired goal, OCDEL acknowledges that the drop was only one percentage point from FFY 22. In addition, OCDEL is pleased to see that the number of months providers spent at the lower STAR 1 and 2 levels prior to moving up to high quality at STAR 3 and 4 did decrease slightly in FFY 23.

Total Providers in STARS	Providers increased to STAR 3 or 4 (Number (%))	# Months in STAR 1or 2 (Average (Range))
FFY 21-22 7,463	229 (3.1%)	35.6 (1-59)
FFY 22-23 7,292	151 (2.1%)	34.2 (1-75)

Number of Providers Increased to STAR 3 or 4

STAR 1 to 3

	Number of Provider	Months in STARS (Average (Range))
FFY21-22	4	12.8 (4-21)
FFY 22-23	14	18.1 (2-41

STAR 1 to 4

	Number of Provider	Months in STARS (Average (Range))
FY21-22	67	27.7 (1-59)
FY22-23	32	14.2 (1-71)

STAR 2 to 3

	Number of Provider	Months in STARS (Average (Range))
FY21-22	56	42.6 (4-59)
FY22-23	41	51.3 (1-75)

STAR 2 to 4

	Number of Provider	Months in STARS (Average (Range))
FY21-22	102	37.7 (2-59)
FY22-23	64	36.8 (3-74)

OCDEL, along with other DHS Offices, participates in regular comprehensive data reports designed to report on success in increasing access to high-quality services including child care across the commonwealth. OCDEL provides data on:

The number of children on the CCW waiting list;

The average length of time children spend on the CCW waiting list in each ELRC region;

The number of programs operating at the highest STAR levels (STAR 3 and 4); and

The number of children receiving CCW grouped by age and STAR level of program at which they are enrolled.

32

Additionally, OCDEL continues to contribute data to Pennsylvania's public Early Learning Dashboards which display participating programs by provider type, STAR level, geographic area, and information related to children receiving CCW. Information can be viewed by care level and program type. OCDEL continues to explore ways to make aggregate data available to stakeholders for planning purposes and in making data-driven policy decisions. Early Learning Pennsylvania's Early Learning Dashboards are available at https://www.dhs.pa.gov/about/Pages/Early-Learning-Dashboards.aspx

5) Improving the supply and quality of child care programs and services for infants and toddlers

Goal: Ensure adequate and stable supply of high quality child care with a qualified, skilled workforce to promote the healthy development of infants and toddlers. Please report on all activities funded by quality dollars and infant toddler set-aside.

5.1 Infant/Toddler Specialists

5.1.1 Infant/Toddler Specialists:

Did providers have access to infant/toddler specialists during October 1, 2022 to September 30, 2023?

[x] Yes
- Number of specialists available to all providers **34**
- Number of specialists available to providers serving children who receive CCDF **34**
- Number of specialists available specifically trained to support family child care providers **34**
- Number of providers served **462**
- Total number of children reached **7468**

[ ] No, there are no infant/toddler specialists in the state/territory.

[ ] N/A. Describe:

5.1.2 Infant/Toddler Specialists Supports Provided:

If yes, what supports do the infant/toddler specialists provide?

[x] Relationship-caregiving practices (or quality caregiving/developmentally appropriate practices)

[x] On-site and virtual coaching

[ ] Health and safety practices

[ ] Individualized professional development consultation (e.g., opportunities for or awareness on career growth opportunities, degreed/credential programs)

[x] Group professional development

[x] Family engagement and partnerships

[ ] Part C early intervention services

[x] Mental health of babies, toddlers, and families

[ ] Mental health of providers

[ ] Behavioral Health

34

[x] Other. Describe **Policy monitoring**

5.1.3 Spending – Infant/Toddler Specialists:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

[x] CCDF quality funds
[ ] Non-CCDF funds
[ ] CARES funds
[ ] CRRSA Funds
[x] ARP Supplemental Discretionary
[ ]ARP Stabilization 10% set-aside
[ ] Unable to report. Indicate reason:

[ ] No

5.2 Staffed Family Child Care Networks

5.2.1 Number and Description of Staffed Family Child Care Networks:

How many staffed family child care networks operated during October 1, 2022 to September 30, 2023?

[ ] Number of staffed family child care networks:
  o Describe what the network/hub provides to participating family child care providers:
[x] No staffed family child care networks operate in state/territory

5.2.2 Spending - Staffed Family Child Care Networks:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?
  [ ] CCDF quality funds
  [ ] Non-CCDF funds
  [ ] CARES funds

[ ] CRRSA Funds

[ ] ARP Supplemental Discretionary

[ ] ARP Stabilization 10% set-aside

[ ] Unable to report. Indicate reason:

[x] No

5.3 Spending - Programs and services for infants and toddlers

5.3.1 Spending - Programs and services for infants and toddlers:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside), above and beyond to the 3% infant and toddler set-aside, to improve the supply and quality of child care programs and services for infants and toddlers during October 1, 2022 to September 30, 2023? $**17457993**

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **$14,811,049.28 CCDF for Infant Toddler Contracted Slots is included in the total reported in Section 5.3.1.**

5.4 Progress Update

5.4.1 Progress Update - Programs and services for infants and toddlers:

Improving the supply and quality of child care programs and services for infants and toddlers.

Measurable indicators of progress the state/territory reported in section 7.4.2 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **Infant/Toddler Contracted Slots (ITCS) will not be expanded in state fiscal year 2021-22. An evaluation was conducted of the pilot program which was completed in June 2020 but was impacted by COVID-19. OCDEL is looking at strategies to potentially increase slots in FY 2023 to bring funded slots back up to it's original target amount of 1,050 slots. In addition, the evaluation of the ITCS program might resume in subsequent years but no measurable indicators of progress have yet been established. Infant Toddler Apprenticeship will remain level funded at $2 million in FY 2021 and FY 2022. Apprenticeship numbers are tracked as part of the PDO targets: Increase percentage of ECE workforce with credential in their field from 39 to 60 percent with credential in field by 2025 and Increase the number of qualified staff recruited and**

36

retained in ECE settings.

IECMH: During the state fiscal year 19-20, 481 requests for Pennsylvania Infant/Early Childhood Mental Health (IECMH) Consultation were received. Almost half (49%) of requests for consultation services were from STAR 4 and/or Accredited programs, followed by STAR 3 (24%), STAR 2 (13%), and STAR 1 (9%) respectively. 68 percent of those requests were on behalf of children 37-60 months of age, followed by 25-36 months (18%), 61-72 months (8%) and 0-24 months (6%). 82 percent of the requests for IECMH were on behalf of male children. The racial breakdown of children referred for IECMH include White (67%), Black/AA (13%), Multi-Racial (6%), Unknown (3%), Asian (2%) and less than 1 percent for the categories of American Indian/Alaskan Native and Pacific Islander, which is generally aligned with Pennsylvania's population census. One hundred and thirty-four (134) requests indicated that the child/family was a recipient of child care subsidy.

A total of 401 cases were open (new and carryover from previous FY) across the program year given the impact of the global pandemic beginning at the end of Quarter 3 through Quarter 4. These cases were in 360 early learning programs (unduplicated) in 48 out of 67 Pennsylvania counties. One hundred sixteen referrals were made by IECMH consultants for services such as EI 0-3 (7%), EI 3-5 (25%), Child Mental Health (48%), Medical (11%) and other OCDEL supports such as TA or Quality Coaching (4%). Only 5 percent of children for whom IECMH Consultation was provided were indicated as expelled from their early learning environment.

The COVID-19 Pandemic did reduce the number of cases opened during FY 2019-20 as there were suspensions and later modifications in the delivery of consultation services given the increased focus on health and safety as well as keeping early learning centers in operation. In a typical program year, between 500-600 cases are served annually by the consultation program. In 2019-2020, the IECMH staff complement was expanded and as a result, OCDEL anticipates reaching more than 900 consultation cases in future years (non-pandemic) with a total of 26 staff regionally located across the Commonwealth. Additionally, a universal tier of consultation is in development which will provide program access to both child-specific and

program/classroom specific consultation approaches, with an intentional focus on reaching additional infant-toddler classrooms.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.4.2 of the FFY 2022-2024 CCDF Plan: **Infant-Toddler Contracted Slots program continues to serve CCW eligible children in 89 locations across 18 of the 19 ELRCs. From 10/1/2022 through 9/30/2023 971 children were served in this program.**

Increased number and quality level of ECE programs receiving IECMH consultation.

During the QPR timeframe, onsite IECMH consultation services were requested on behalf of 584 children in 373 ECE programs in 51 out of 67 Pennsylvania counties. Consultation was requested on behalf of the following ages: birth to 24 months (27); 25-36 months (105); 37-60 months (410); and 60-72 months (37). The programs who requested consultation had the following quality rating- STAR 1 (17%), STAR 2 (15%), STAR 3 (12%) and STAR 4 (53%) programs. A total of 575 children received on site consultation services in the child care setting during the reporting timeframe. During the COVID-19 global pandemic, the IECMH consultation team began implementing virtual consultation support to early childhood system partners and families across the Commonwealth as a form of universal consultation. Two hundred five (205) Virtual IECMH Office Hours calls were facilitated during the QPR timeframe, of which calls focused on infant/toddler population (31%) and preschool age (69%). The Office Hours approach has increased engagement with early learning programs who have never accessed consultation supports in the past by self-report (37%). New for this QPR reporting time frame is the implementation of Virtual MHC Office Hours for School Age Child Care (SACC) programs. From October 1, 2022 to September 30, 2023, 41 SACC mental health consultation focused calls were facilitated that focused on supporting program staff caring for middle childhood years (6-12 years old) in SACC environments. SACC-MHC Office hours were requested by programs with the following quality rating- STAR 1 (19%), STAR 2 (10%), STAR 3 (19%) and STAR 4 (52%). We have expanded the number of SACC-MHC from one to four full time employees and will be able to expand the reach and impact of this tier of mental health consultation across the Commonwealth during FY 2023-2024.

6) Establishing, expanding, modifying, or maintaining a statewide system of child care resource and referral services

Goal: Lead agency provides: services to involve families in the development of their children, information on a full range of child care options, and assistance to families in selecting child care that is appropriate for the family's needs and is high quality as determined by the lead agency.

6.1 Spending – Child Care Resource and Referral Services

6.1.1 Spending – Child Care Resource and Referral Services:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to establish, expand, modify, or maintain a statewide CCR&R during October 1, 2022, to September 30, 2023?

[x] Yes, if so which funding source(s) were used?

[x] CCDF quality funds
[ ] Non-CCDF funds
[ ] CARES funds
[ ] CRRSA Funds
[x] ARP Supplemental Discretionary
[ ] ARP Stabilization 10% set-aside
[ ] Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to **establish, expand, modify, or maintain a statewide CCR&R** during October 1, 2022 to September 30, 2023? $**15119465**

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent **CCR&R system enhancements supported by CCDF funds were included in a work order accounted for in Section 11.2.2.**

[ ] No

6.2 Progress Update

6.2.1 Progress Update – Child Care Resource and Referral Services:

Establishing, expanding, modifying or maintaining a statewide system of child care resource and referral services.

Measurable indicators of progress the state/territory reported in section 7.5.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

COMPASS and the information systems that connect to it make data available to OCDEL on the number and location of early learning programs as well as information on the program's compliance with health and safety requirements and participation in QRIS. OCDEL utilizes this information to determine where supply is limited and where efforts to build capacity and quality should be targeted. Information on programs can be drilled down to school districts and zip codes as needed. The ELRC will continue to help families make informed choices and access information to support child development by reviewing and enhancing consumer education communication (e.g. CCW program, Keystone STARS program, COMPASS) and data strategies.

During the annual funding renewal process, the grantee for the statewide call line submits data reports regarding the level/volume of usage and types of requests. OCDEL monitors CCR&R performance as part of the ELRC annual monitoring process. The program reps will observe and discuss with the ELRC to determine if the promotion of resource and referral services for other relevant state and community services is taking place either through publications or verbal communication. Compliance is reflected in the comment section of the monitoring tool as a ☐yes☐ or ☐no☐ answer with supporting narrative, as needed.

Indicator 1.4 ☐ Provided Resource and Referral Services

☐ Verbally

☐ Publications

The program representative will observe and/or discuss with ELRC employees and determine if the promotion of resource and referral services for other relevant state and community services is taking place either through publications or verbal communications. Compliance is

40

reflected in the comment section of the tool as a ⬚yes' or ⬚no' answer with supporting narrative documentation, as needed.

Areas of consideration when detailing this indicator in the tool will be efforts the ELRC takes to provide comprehensive and consistent resource and referral communication to relevant state and community services.

⬚ If answering yes, the program representative will indicate their observations or information obtained.

⬚ If answering no, the program representative will provide the ELRC with compliance directions. Include the detailed specific guidance to include supports, timelines and expectations for the ELRC in the tool in the comments section.

Goal of Indicator: To increase the promotion of resource and referral services through publications or verbal interactions and outreach by the ELRC.

Examples of relevant services: County Assistance Office, Supplemental Nutrition Assistance Program (SNAP), Children's Health Insurance Program (CHIP), Women, Infants, and Children (WIC), Early Head Start, PA Pre-K Counts, food banks and Early Intervention services. This is not a comprehensive list, just examples.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.5.2 of the FFY 2022-2024 CCDF Plan: The eligibility, resource and referral, and consumer education work continues through the 19 Early Learning Resource Centers (ELRCs) across the commonwealth. OCDEL uses data analytics from its consumer education website to understand those areas of interest to the public. The following table indicates the aggregate amounts of visits to specific pages on the consumer website (www.findchildcare.pa.gov) for FFY 22 and FFY 23. Although a decrease occurred in the total count of Basic Searches, notable increases did occur elsewhere including Provider Details and Inspection History.

Page Name	Total Number of Visits from 10/01/2021-09/30/2022	Total Number of Visits from 10/01/2022-09/30/2023
Basic Search	76,905	66,648
Provider Details	72,512	83,513
Inspection History	39,625	49,474
Inspection Details	*	30,174
Keystone STARS Overview	1,974	2,191
Early Learning GPS	490	646
CC and Learning Program Regulations	323	350

*Analytics were not obtainable for this metric due to technical limitations which existed when these figures were obtained in 2022. The information technology vendor has identified the root cause and resolved the issue.

7) Facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards

Goal: To ensure child care providers maintain compliance with lead agency licensing, inspection, monitoring, and health and safety standards and training.

7.1 Complaints about providers

7.1.1 Number of Complaints about providers:

How many complaints were received regarding providers during October 1, 2022 to September 30, 2023? **3057**

7.1.2 Spending - Complaints about providers:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity (including maintaining a hotline)?

[x] Yes, if so which funding source(s) were used?

    [x] CCDF quality funds
    [x] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[ ] No

7.2 Licensing Staff

7.2.1 Number of Licensing Staff:

How many licensing staff positions were there in the state or territory during October 1, 2022, to September 30, 2023? Number of staff **125**

7.2.2 Spending – Licensing Staff:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

[x] CCDF quality funds
[x] Non-CCDF funds
[ ] CARES funds
[ ] CRRSA Funds
[ ] ARP Supplemental Discretionary
[ ] ARP Stabilization 10% set aside
[ ] Unable to report. Indicate reason:

[ ] No

7.3 Health and Safety Standards Coaching and Technical Assistance

7.3.1 Coaching or technical assistance on health and safety standards as a result of inspection:

How many child care programs received coaching or technical assistance to improve their understanding and adherence to CCDF health and safety standards as a result of an inspection or violation during October 1, 2022, to September 30, 2023? **207**

7.3.2 Spending - Coaching or technical assistance on health and safety standards as a result of inspection:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

[x] CCDF quality funds
[ ] Non-CCDF funds
[ ] CARES funds
[ ] CRRSA Funds
[ ] ARP Supplemental Discretionary
[ ] ARP Stabilization 10% set-aside
[ ] Unable to report. Indicate reason:

[ ] No

7.4 Spending - Compliance with health, safety, and licensing standards

7.4.1 Spending - Compliance with health, safety, and licensing standards:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on <u>facilitating compliance with lead agency requirements for inspections, monitoring, health and safety standards and training, and lead agency licensing standards</u> during October 1, 2022 to September 30, 2023? $**19128187**

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **Regulatory Referral is an allowable use of funds reported in Section 2.4.2.**

7.5   Progress Update

7.5.1   Progress Update - Compliance with health, safety, and licensing standards:

Facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards.

Measurable indicators of progress the state/territory reported in section 7.6.3 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
The certification representatives will review staff files to ensure compliance with Pediatric First Aid and CPR training and certification. Child care staff with expired certification or certification near expiration, will be referred to the PDO to attend the free trainings. The measurable indicators to evaluate progress will be the number of referrals made by the certification team and the number of child care staff that complete the Pediatric First Aid/CPR trainings being offered by the PDOs. The number of sessions offered, and training attendance can be tracked in the PD Registry.

Certification staff can also make referrals to the ELRC to ensure that providers receive technical assistance when identifying health and safety concerns during an inspection visit. Referrals can be tracked in the Pelican system.

When providers watch the Better Kid Care health and safety training series, they must sign documentation and include it in their staff file(s) to ensure all staff have participated in health
45

and safety training. The PD Registry tracks attendance so certification staff can review attendance to ensure all staff have met the training requirement.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.6.3 of the FFY 2022-2024 CCDF Plan: **Referrals and Technical Assistance offered through the ELRC**

193 Child Care Center

5 Group Child Care Home Staff

14 Family Child Care Homes

Number of Child Care staff completing Better Kid Care Health and Safety Training.

16,971 Child Care Center Staff

424 Group Child Care Home Staff

390 Family Child Care Home Staff

Required H&S courses only

8,102 Child Care Center Staff

244 Group Child Care Home Staff

254 Family Child Care Home Staff

8) Evaluating and assessing the quality of child care programs and services, including evaluating how programs positively impact children

Goal: Lead agency investment in effective quality improvement strategies using reliable data from evaluation and assessment

8.1 Evaluation and assessment of center-based programs

8.1.1 Evaluation and assessment of center-based programs:

What measure(s) or tool(s) were used to evaluate and assess the quality of and effective practice in center-based programs during October 1, 2022 to September 30, 2023?

[x] QRIS
[ ] CLASS
[ ] ERS
[ ] FCCERS
[ ] ITERS
[ ] State evaluation tool. Describe
[ ] Core Knowledge and Competency Framework
[ ] Other. Describe
[ ] Do not evaluate and assess quality and effective practice

8.1.2 Spending - Evaluation and assessment of center-based programs:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[x] No

8.2 Evaluation and assessment of family child care programs

8.2.1 Evaluation and assessment of family child care programs:

What measure(s) or tool(s) were used to evaluate and assess the quality of and effective practice in family child care programs during October 1, 2022 to September 30, 2023?

[x] QRIS
[ ] CLASS
[ ] ERS
[ ] FCCERS
[ ] ITERS
[ ] State evaluation tool. Describe
[ ] Core Knowledge and Competency Framework
[ ] Other. Describe
[ ] Do not evaluate and assess quality and effective practice

8.2.2 Spending - Evaluation and assessment of family child care programs:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[x] No

8.3 Spending - Evaluation and assessment of child care programs

8.3.1 Spending - Evaluation and assessment of child care programs:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on evaluating and assessing the quality of child care programs, practice, or child development during October 1, 2022 to September 30, 2023?
$0

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **No funds were spent.**

8.4   Progress Update

8.4.1   Progress Update - Evaluation and assessment of child care programs:

Evaluating and assessing the quality of child care programs and services, including evaluating how programs positively impact children.

Measurable indicators of progress the state/territory reported in section 7.7.2 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
N/A

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.7.2 of the FFY 2022-2024 CCDF Plan:
Data related to the QRIS program assessment is not currently available.

9) Supporting child care providers in the voluntary pursuit of accreditation

Goal: Support child care programs and FCCs in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of quality

9.1 Accreditation Support

9.1.1 Accreditation Support:

How many providers did the lead agency support in their pursuit of accreditation (e.g., financial incentives, technical assistance with the accreditation process, coaching/ mentoring by accredited programs) during October 1, 2022 to September 30, 2023?

[ ] Yes, providers were supported in their pursuit of accreditation
    a. Licensed center-based programs
    b. License-exempt center-based programs
    c. Licensed family child care homes
    d. License-exempt family child care homes (care in providers' home)
    e. Programs serving children who receive CCDF subsidy
[x] No lead agency support given to providers in their pursuit of accreditation.
[ ] N/A. Describe:

9.1.2 Spending – Accreditation Support:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on **accreditation** during October 1, 2022 to September 30, 2023? $

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent
[x] No

9.2 Progress Update

9.2.1 Progress Update – Accreditation Support:

Supporting providers in the voluntary pursuit of accreditation.

Measurable indicators of progress the state/territory reported in section 7.8.2 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
N/A

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.8.2 of the FFY 2022-2024 CCDF Plan:
N/A This is not reflected in OCDEL's State Plan

10) Supporting providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

Goal: Assist programs to meet high-quality comprehensive program standards relating to health, mental health, nutrition, physical activity, and physical development

10.1 High-Quality Program Standards

10.1.1 High-Quality Program Standards:

How did the state or territory help providers develop or adopt high quality program standards during October 1, 2022, to September 30, 2023?

[ ] QRIS, check which indicators the lead agency has established:
    [ ] Health, nutrition, and safety of child care settings
    [ ] Physical activity and physical development in child care settings
    [ ] Mental health of children
    [ ] Learning environment and curriculum
    [ ] Ratios and group size
    [ ] Staff/provider qualifications and professional development
    [ ] Teacher/provider-child relationships
    [ ] Teacher/provider instructional practices
    [ ] Family partnerships and family strengthening
    [ ] Other. Describe:
[ ] Early Learning Guidelines
[ ] State Framework. Describe
[ ] Core Knowledge and Competencies
[ ] Other. Describe
[x] N/A – did not help provider develop or adopt high quality program standards

10.1.2 Spending - High-Quality Program Standards:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds

[ ] CARES funds

[ ] CRRSA Funds

[ ] ARP Supplemental Discretionary

[ ] ARP Stabilization 10% set-aside

[ ] Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to **support providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development** during October 1, 2022 to September 30, 2023? $

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

[x] No

10.2 Progress Update

10.2.1 Progress Update - High-Quality Program Standards:

Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development.

Measurable indicators of progress the state/territory reported in section 7.9.2 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
N/A

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.9.2 of the FFY 2022-2024 CCDF Plan:
N/A This is not reflected in OCDEL's state plan.

11) Other activities to improve the quality of child care services

Goal: To improve the quality of child care programs and services related to outcomes measuring improved provider preparedness, child safety, child well-being, or kindergarten-entry

11.1 Sustainability funding to child care providers

11.1.1 Sustainability funding to child care providers:

Did the state or territory continue to provide stabilization grants to child care providers using funds other than the American Rescue Plan (ARP) Act Stabilization funds during October 1, 2022 to September 30, 2023?

[ ] Yes. If yes, describe and check which types of providers were eligible and number served.
    [ ] Licensed center-based programs
    [ ] License-exempt center-based programs
    [ ] Licensed family child care homes
    [ ] License-exempt family child care homes (care in providers' home)
    [ ] In-home (care in the child's own home)
    [ ] Other (explain)
[x] No.
[ ] N/A.   Describe:

11.1.2 Spending – Sustainability funding to child care providers:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[x] No

11.2 Data Systems Investment

11.2.1 Data Systems Investment:

Did the state/territory invest in data systems to support equitable access to child care (e.g., modernizing and maintaining systems; technology upgrades and data governance improvements to provide more transparent and updated information to parents; a workforce registry; updated QRIS systems; CCR&R updates; monitoring systems) from October 1, 2022 to September 30, 2023?

[x] Yes. Describe: **Consolidated Eligibility Letter System (CELS); PELICAN enhancements; Enterprise Licensing System (ELS).**
[ ] No

11.2.2 Spending - Data Systems Investment:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

    [x] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [x] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[ ] No

11.3 Supply and Demand Analysis

11.3.1 Supply and Demand Analysis:

Did the state/territory conduct an analysis of supply and demand or other needs assessment to identify areas of focus to build supply or target funding from October 1, 2022 to September 30, 2023?

[ ] Yes. Describe findings:
[x] No

11.3.2 Spending - Supply and Demand Analysis:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[x] No

11.4 Supply and Demand Initiatives

11.4.1 Supply and Demand Initiatives:

Did the state/territory implement initiatives designed to address supply and demand issues related to child care deserts and/or vulnerable populations (such as infants and toddlers, children with disabilities, English language learners, and children who need child care during non-traditional hours) during October 1, 2022 to September 30, 2023? Check all that apply.

[ ] Child care deserts
[ ] Infants/toddlers
[ ] Children with disabilities
[ ] English language learners
[x] Children who need child care during non-traditional hours
[x] Other. Describe: **Registration fees - All DHS certified providers will receive a registration fee for each newly enrolled CCW child, enrolled on or after January 1, 2023, regardless of whether the provider charges private pay families a registration fee. The amount of the registration fee will be: Child Care Centers - $75, Group Child Care Homes - $50 and Family Child Care Homes - $50. These amounts represent the 75th percentile of registration fees as reported in the 2022 Market Rate Survey. Paying the registration fee, affords providers comparable compensation received from private pay families, therefore granting equal access to providers for families enrolled in Child Care Works.**

11.4.2 Spending - Supply and Demand Initiatives:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

    [x] CCDF quality funds
    [x] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [x] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[ ] No

11.5 Provider Compensation and Benefits

11.5.1 Spending - Provider Compensation and Benefits:

What compensation and benefits improvements did teachers/providers receive between October 1, 2022 and September 30, 2023 (check all that apply)? If indicated, how many providers received each type of support?

    [ ] Financial bonuses (not tied to education levels)
    [ ] Salary enhancements/wage supplements
    [ ] Health insurance coverage
    [ ] Dental insurance coverage
    [ ] Retirement benefits
    [ ] Loan Forgiveness programs
    [x] Mental Health/Wellness programs **847**
    [ ] Start up funds
    [ ] Other. Describe:
    [ ] N/A. Describe:

11.5.2 Spending - Provider Compensation and Benefits:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

[ ] CCDF quality funds
[x] Non-CCDF funds
[ ] CARES funds
[ ] CRRSA Funds
[x] ARP Supplemental Discretionary
[ ] ARP Stabilization 10% set-aside
[ ] Unable to report. Indicate reason:

[ ] No

11.6 Spending – Other Activities to Improve the Quality of Child Care Services

11.6.1 Spending – Other Activities to Improve the Quality of Child Care Services:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on <u>other activities to improve the quality of child care services</u> during October 1, 2022 to September 30, 2023? $**120673777**

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **Non-CCDF reported in Section 11.5.2 includes $89,175,698.00 of ARPA funds appropriated via Act 54.**

11.7 Progress Update

11.7.1 Progress Update – Other Activities to Improve the Quality of Child Care Services:

Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry.

Measurable indicators of progress the state/territory reported in section 7.10.1 of the 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **N/A**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.10.2 of the 2022-2024 CCDF Plan: **11.2 Data Systems Investment**

Progress: In October 2022, the Department of Human Services completed work to create the Consolidated Eligibility Letter System (CELS) to ensure compliance with requirements regarding criminal clearances and a verification for certified child care providers and prospective child care staff . The CELS creates the ability, specific to child care employment and volunteering, for a combined result of the following clearances and verifications: child abuse history clearance, FBI criminal history clearance, National Sex Offender Registry verification, Pennsylvania State Police Criminal History clearance, and out-of-state clearances. CELS is currently not available for external access/use while DHS proceeds with additional work to allow for an automated solution for end-user support with a target implementation in mid-2024.

In December 2022/January 2023, several changes were introduced to the Child Care Works subsidized child care information system. One change introduced the ability for DHS to pay providers, as applicable, for registration fees. Additionally, outdated ⬚face-to-face" terminology was replaced to align with current practices which allow for meetings to occur using new technologies and not in-person.

In March and June 2023, modifications were introduced across two related system releases. System changes enhanced existing functionality for quality-related grants, operational reports, and email/text communications sent to clients and/or providers via a communications hub.

Pennsylvania is working to create and implement a multi-departmental licensing solution referred to as Enterprise Licensing System (ELS). ELS will eventually replace the existing Certification and Licensing System (CLS) currently used for Pennsylvania's child care licensing and inspection management. Activities for ELS throughout 2022 and 2023 include documentation of as-is processes and discovery discussions regarding future system design/function.

11.4 Supply and Demand Initiatives

Certified child care providers that provide care to children receiving CCW for at least two hours during the hours of 6:00pm and 6:00am on weekdays or any amount of time on weekends receive a non-traditional care add-on rate. The add-on rate is 25 percent above the established subsidy base rate for each CCW child served during non-traditional hours. A non-traditional add-on rate was paid for 22,750 enrollments from October 1, 2022 through September 30, 2023.

Effective January 1, 2023, OCDEL began paying a registration fee to certified child care

providers for all CCW newly enrolled children. The registration fee, $75 for child care centers and $50 for group child care homes and family child care homes, is automatically added to the provider invoice for the service period in which the enrollment was effective, regardless of whether the provider charges a registration fee. A registration fee was paid for 59,969 enrollments from January 1, 2023 through September 30, 2023.

11.5 Provider Compensation and Benefit

Progress: Individual provider data is not available

OCDEL recognized the need for child care remained high, and providers continued to struggle in having the necessary staff complement to meet demand. Many providers continued to operate at a reduced operational capacity as more staff left the industry, resulting in a disruption to the availability of child care for all Pennsylvania families.

To address the ongoing child care work force crisis, OCDEL released the Work Force Support Grant (WFSG) 2.0. The focus of the grant was the retention and recruitment of child care staff. Eligible providers were able to request a grant on behalf of existing, eligible staff and for staff recruitment expenses. Assistance with the employer's portion of payroll taxes for eligible staff was also included in the award amount.

Eligible child care center programs and relative providers were funded using $90 million in additional ARPA funds made available through Act 54 of 2022 (Act 54), Section 162-C, which amended the Pennsylvania State Fiscal Code. Group child care homes (GCCH) and family child care homes (FCCH) were funded with $5.2 million in ARPA Discretionary funds. Categories of funding included Staff Retention, Payroll Tax Assistance, and Staff Recruitment.

12) Annual Report

Lead agencies must submit an annual report, as required at 45 CFR § 98.53(f) (4), describing any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on an annual review and assessment of serious child injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible.

12.1 Annual Report and Changes

12.1.1 Annual Report:

Describe the annual review and assessment of serious injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible. **OCDEL posts the monthly and annual statistics regarding serious injuries and fatalities in child care facilities. As defined in the report, serious injury is any occurrence which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of function of any bodily member or organ. OCDEL also posts the number of child deaths occurring in facilities operating unlawfully without a license.**

Childline makes the determination of a serious injury and the report is sent to the OCDEL regional office where injury/investigation occurred, via a CY-48 report. OCDEL then tracks the results for child care centers, group childcare homes, family childcare homes, and uncertified facilities and post to the web page.

This data is submitted to the Central Office on a monthly basis for review and to be posted on the web page.

The Child Protective Services Law (CPSL) requires the Pennsylvania Department of Human Services (DHS) to annually report to the governor and General Assembly on child abuse in the Commonwealth. The report provides information on the efforts to protect and help children who were reported as victims of suspected child abuse and neglect. The report is published annually in the spring of the following year. Licensed child care providers are included in the report as part of the aggregated child care services total. Beginning in 2021, child care statistics were included by license type.

12.1.2 Annual Report Changes:

Describe any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on the annual review and assessment. **No changes have been made to this policy.**

13) American Rescue Plan (ARP) Act Child Care Stabilization Grants

Goal: To ensure the lead agency implements an equitable stabilization grant program. The American Rescue Plan (ARP) Act included approximately $24 billion for child care stabilization grants, representing an important opportunity to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead agencies must spend most stabilization funds as subgrants to qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency. Section 13 should be used to report on ARP Stabilization Grants ONLY.

13.1 Multiple Grant Programs

13.1.1 ARP Act Stabilization multiple grant programs:

Did you run more than one grant program? If so, list the number of separate grant programs and describe their uses.

[x] Yes. Describe: **In December 2022 OCDEL issued the work force grant 2.0 opportunity. This grant opportunity was funded by OCDEL. OCDEL made payments to the ELRCs who directly made payments to eligible child care providers based on submission of an approved grant application to the ELRC. The purpose of this grant opportunity was to address the ongoing work force crisis. This grant was funded with Act 54 of 2022 funding and the remaining ARP funds. This grant was intended to provide funding to eligible certified child care providers for staff retention and staff recruitment purposes.**
[ ] No

13.2 ARP Act Stabilization Grants workforce compensation

13.2.1 ARP Act Stabilization Grant strategies for workforce compensation:

Which of the following methods were used to support workforce compensation (e.g., bonuses, stipends, increased base wages, or employee benefits) with stabilization grants? (check all that apply)

[x] Targeted grants to support workforce compensation (no other allowable uses)
[ ] Providing bonus funds to providers that increased child care staff compensation through stabilization grants

[ ] Requiring a specific percentage or amount of stabilization grant funding go toward child care staff compensation increases. Percent or amount for staff compensation:

[ ] Other (Describe):