Child Care and Development Fund (CCDF)

Plan for

State/Territory

FFY 2022 – 24

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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.

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Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

1. Define CCDF Leadership and Coordination with Relevant Systems and Funding Sources

2. Promote Family Engagement Through Outreach and Consumer Education

3. Provide Stable Child Care Financial Assistance to Families

4. Ensure Equal Access to Child Care for Low-Income Children

5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

6. Recruit and Retain a Qualified and Effective Child Care Workforce

7. Support Continuous Quality Improvement

8. Ensure Grantee Program Integrity and Accountability

These organizational categories reflect key goals of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements.

Citations

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions. Complete answers must include citations, responses, and descriptions.

CCDF Plan Submission

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.
(See http://www.section508.gov/ for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

1 Define Leadership and Coordination with Relevant Systems and Funding Sources

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of- effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

1.1.1. Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a. Lead Agency or Joint Interagency Office Information: Name of Lead Agency: Pennsylvania Department of Human Services, Office of Child Development and Early Learning (OCDEL)

b. *Street Address:* 333 Market St. 6th Floor.
City: Harrisburg
State: Pennsylvania
ZIP Code: *17126*
Web Address for Lead Agency: *www.dhs.pa.gov*

c. Lead Agency or Joint Interagency Official Contact Information:
Lead Agency Official First Name: Meg

d. Lead Agency Official Last Name: Snead

e. Title: Acting Secretary
Phone Number: *717-787-2600*
Email Address: msnead@pa.gov

1.1.2. Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more

than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

f. CCDF Administrator Contact Information:

CCDF Administrator First Name: Tracey

CCDF Administrator Last Name: Campanini

Title of the CCDF Administrator: Deputy Secretary

Phone Number: 717-346-9324
Email Address: trcampanin@pa.gov

g. CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: Jessica

CCDF Co-Administrator Last Name: Sands

Title of the CCDF Co-Administrator: Welfare Program Executive

Phone Number: 717-787-8082
Email Address: jsands@pa.gov

Description of the Role of the Co-Administrator: Primary point of contact for the CCDF plan, plan coordinator and cross-systems coordinator.

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(d)(1)). Check one.

☒ a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.

☐ b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

i. Eligibility rules and policies (e.g., income limits) are set by the:

☐ State or territory. Identify the entity.

☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the eligibility policies the local

entity(ies) can set. *Click or tap here to enter text.*

☐ Other. Describe: *Click or tap here to enter text.*

ii. Sliding-fee scale is set by the:

☐ A. State or territory. Identify the entity.

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set. *Click or tap here to enter text.*

☐ C. Other. Describe: *Click or tap here to enter text.*

iii. Payment rates and payment policies are set by the:

☐ A. State or territory. Identify the entity.

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set. *Click or tap here to enter text.*

☐ C. Other. Describe: *Click or tap here to enter text.*

iv. Licensing standards and processes are set by the:

☐ A. State or territory. Identify the entity.

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set. **Click or tap here to enter text.**

☐ C. Other. Describe. *Click or tap here to enter text.*

v. Standards and monitoring processes for license-exempt providers are set by the:

☐ A . State or territory. Identify the entity. *Click or tap here to enter text.*

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set. *Click or tap here to enter text.*

☐ C. Other. Describe:

vi. Quality improvement activities, including QRIS are set by the:

☐ A. State or territory. Identify the entity.

☐ B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of quality improvement activities the local entity(ies) can set. *Click or tap here to enter text.*

☐ C. Other. Describe: *Click or tap here to enter text.*

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

1.2.2   The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify

which entity(ies) implements or performs CCDF services.

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead agency	TANF agency	Local government agencies	CCR&R	Community-based organizations
Who conducts eligibility determinations?	☐	☐	☐	☒	☐
Who assists parents in locating child care (consumer education)?	☐	☐	☐	☒	☐
Who issues payments?	☐	☐	☐	☒	☐
Who monitors licensed providers?	☒	☐	☐	☐	☐
Who monitors license-exempt providers?	☒	☐	☐	☐	☐
Who operates the quality improvement activities?	☐	☐	☐	☒	☐

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities. In the implementation of quality building activities, OCDEL works in partnership with a community-based organization, the Pennsylvania Key, to manage statewide initiatives and to manage the Professional Development Registry. The Early Childhood Education Professional Development Organizations (PDOs) are responsible for supporting child care workforce with access to credit bearing coursework. The contracts for six regions were awarded to two lead agencies, both covering multiple regions. The first is Shippensburg University on behalf of three institutions of higher education partners and the second was awarded to Public Health Management Corporation (PHMC) on behalf of a consortium of colleges and universities.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and
1.2.2 (98.16(b)). In the description include:
Early Learning Resource Centers (ELRCs) on behalf of the Department of Human Services (DHS), OCDEL are responsible for the administration and implementation of the CCDF program. DHS awarded the ELRCs, through an application process, grants to complete all necessary responsibilities through written agreements. OCDEL monitors performance of the ELRCs as grantees, including completion of administrative and implementation responsibilities. ELRC monitoring takes place through reports, data analysis, program metrics and case file reviews. The written agreements are composed of a Technical Submittal, a Cost Submittal, various appendices,

and the grant signature page. The Technical Submittal is completed by the ELRC to document how it will meet the grant requirements, a statement of the problem, a summary of the organization's management, the organization's prior experience, personnel and training plans, the organization's financial capability, their work plan, and how they will manage reports and controls. The appendices to the agreement include lobbying certification and disclosure, domestic workforce utilization, Iran-free procurement certification, a corporate reference questionnaire, a trade secret confidential proprietary information notice form, a business associate addendum and a contract "standard terms and conditions" common to all contracts, grants and agreements secured by DHS. For the subsidized child care program, ELRCs are monitored on compliance with the eligibility requirements and operational performance standards. Compliance staff evaluates if the ELRC met the following objectives: The agency maintains and processes eligibility forms for all (Low Income, Former TANF and TANF) subsidy clients accurately and timely; The agency utilizes the correct regulations for all priority groups (TANF, Former TANF and Special Needs) and processes those cases correctly; The agency determines that the parent/caretaker is meeting the eligible definition of parent/caretaker; The agency determines that the parent/caretaker resides in Pennsylvania and the county of application; The agency determines that the child(ren) receiving child care is/are qualified based on the regulations for age and citizenship; The agency determines that the hours of care provided to the child(ren) are based on the parent/caretaker(s) work/education/training hours and their documented need for care; The agency determines that the parent/caretaker(s) meet the work/education/training requirement based on their documented circumstances and eligibility criteria; The agency utilizes the correct income calculation and determines eligibility correctly based on all verification provided by the parent/caretaker; The agency determines that the household income meets the state's family gross income within the specified FPIG guidelines; The agency determines the amount of subsidy payment authorized based on income, family size, the Maximum Child Care Allowance (MCCA) payment rate schedule, and assesses the correct co-pay; The agency determines that the child care services are provided by a center-based, group-based, family child care provider, relative provider, or in-home care provider that is legally operating and eligible to receive child care subsidies; The agency assures that all child care providers meet the regulatory requirements and are paid rates according to their specified regional MCCA rate scale and the rates are entered into the data base system correctly and paid timely.

There are nine standards under three categories for operational performance standards; they are Customer Service: Objective 1 - The agency provides comprehensive information on all agency services, provides timely response to all inquiries, and resolves complaints in a timely and professional manner. Objective 2 - The agency provides comprehensive and consistent Parent Education, Information, and Resource and Referral services regarding all OCDEL programs and community programs. Caseload Management: Objective 1 - The agency processes case actions for authorized cases within the timeframes established by OCDEL. Objective 2 - The agency processes case actions for redeterminations within the timeframes established by OCDEL. Objective 3 - The agency processes and manages information received in their inboxes and update inboxes within the timeframes established by OCDEL. Administrative Management: Objective 1 -The agency manages their service allocations in a manner that maximizes expenditures, available funds, and encumbrances. Objective 2 - The agency timely and accurately manages Family Support Services Expenditures. Objective 3 - The agency timely and accurately submits reports and other financial information as requested by OCDEL. Objective 4 - The agency timely and accurately manages the staff training plan. For the quality rating improvement system, ELRC performance is measured through the following objectives: Data is accurately entered and maintained in state-defined data

management systems in a timely manner. When coordinating Quality Keystone STAR work the ELRCs will define, collect, and analyze data-rich reports to inform the decision making of the Pennsylvania Key; Distribute reports to the Early Learning, School-Age, and stakeholder community; Respond to OCDEL report requests (both scheduled and special requests) within the established timeframes. The grantee plans, coordinates, implements, and assesses the status of state and agency deliverables/requirements within defined timeframes. Regional Leadership Council (RLC) is convened to ensure the ELRC is working in an integrated and collaborative way within the local early learning service community. They help build on the enhanced visibility of the ELRC as a hub for early learning resources by a diverse group of community stakeholders including early childhood programs, providers, families, school districts, higher education, businesses, and funders. RLCs help ELRCs assemble and strengthen strong, clear, and shared leadership at the local level by engaging a wide range of community stakeholders in the early learning agenda. RLCs are assessed considering the diversity of membership in terms of geography, ethnicity, language, disabilities, mental health, children in foster care, homelessness, OUD/SUD, existing services for families, etc. When convening the RLC, leveraging and/or incorporating existing community groups when convening the Local Leadership Council as well as strategies for including traditionally under represented, and or engaged groups, their ongoing engagement of the RLC and regional collaboration/partnerships.

1.2.4   Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states. *OCDEL uses two primary data systems for implementation of CCDF activities. In both cases, contracting documents for both agencies indicate that federal funds are used, and information must be shared upon request. Information about systems and technology supporting the CCDF program is made available upon request. Requestors, including other states, are directed to Pennsylvania's Project Management team at the Bureau of Information Systems (BIS). BIS coordinates the sharing of requested information. Pennsylvania has responded to requests from several other states, some of which received system coding information to support the development of their IT systems.*

1.2.5   Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information. *DHS holds all personally identifiable information about children and families receiving CCDF assistance confidential. Through ELRC grants and regulations for the CCDF program, DHS and OCDEL require ELRCs to keep case file information about children and families confidential and in a secure location. Data about families participating in the subsidized child care program that cannot be shared includes names, dates of birth, home addresses, work addresses, phone numbers, email addresses, and any other information that would enable unique identification of an individual. This information is held securely by ELRC grantees through secure files and information technology systems that can only be accessed by users with pre-approved, verified-need basis. Aggregate data about family participation in the subsidized child care program, such as numbers of families in a particular geography, numbers and ages of children enrolled in services, can be shared if the aggregate number is more than*

10. DHS prohibits sharing of aggregated data of 10 or less as low numbers for a particular geography may enable unique identification of an individual. Aggregate data must be formally requested in writing before it is shared. The requestor must specify the parameters of the request, the reason the data is needed, the intended use of the data, and the date by which they would like to receive the data. All data requests are logged and tracked for progress to ensure no information is released until the resulting data has been reviewed and approved by the Department's Data Governance protocol. Such requests are submitted by advocacy and research groups for the purposes of forwarding funding proposals and recommendations, making decisions about where to make investments and to answer research questions. Aggregate data is shared electronically using secure email and websites. Data about relative providers is maintained the same way family data is maintained. However, information about regulated providers, including those participating in the Keystone STARS program, is public and is made available through the Commonwealth of Pennsylvania Access to Social Services (COMPASS) provider search function at www.findchildcare.pa.gov and through a quarterly posting of all licensed child care facilities to the OCDEL research website at www.findchildcare.pa.gov. In addition, DHS maintains several interactive Early Learning Dashboards that provide aggregate numbers by user-selected geographic areas and other user-selected filter criteria.

1.3   Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1)   Appropriate representatives of units of general-purpose local government— (658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2)   The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3)   Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program as described in question 1.4.1.

1.3.1   Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. – c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

   a.   Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments. *OCDEL consulted with the Mayor's Office of Children and Families, City of Philadelphia. Staff had the opportunity to respond to the stakeholder*

meeting script. Additionally, of the 19 ELRCs, three represent county government. Those regions are 5, 15 and 17. All ELRCs were consulted in the development of the state plan.

b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body. *Pennsylvania's State Advisory Council is known as the Early Learning Council (ELC). OCDEL engaged ELC at the beginning of the development process with the Preprint of the CCDF State Plan FFY 22-24 on Oct. 9, 2020. An overview of the requirements was presented with small group break out occurring for discussion. OCDEL also presented the results of the Stakeholder listening sessions to ELC on Feb. 19, 2021.*

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place. *There are no federally recognized Tribal Governments in Pennsylvania.*

d. Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan. *Between November 2020 and February 2021, 27 stakeholder meetings were convened statewide. Due to prohibitions related to COVID-19, all stakeholder sessions were virtual meetings. Meetings were recorded and reviewed, and transcripts were analyzed for themes within and across stakeholder groups. Stakeholders engaged through this process were:*
   - *Family child care providers,*
   - *Group child care providers,*
   - *School-age child care providers,*
   - *Staff members of the ELRC including those responsible for subsidy and quality activities,*
   - *Staff of the Office of Income Maintenance (OIM), program office responsible for Temporary Assistance to Needy Families (TANF),*
   - *OCDEL licensing, policy and professional development and operations and monitoring staff,*
   - *Head Start State Collaboration Office Homeless Taskforce,*
   - *ECE Professional Development Organizations and their Higher Education Partners,*
   - *Regional organizations focused on equity in early childhood systems, and*
   - *Mayor's Office of Children and Families, City of Philadelphia.*

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a. Date of the public hearing. <mark>To be determined after DHS ERP completion.</mark>
   Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b. Date of notice of public hearing (date for the notice of public hearing identified in a. ==To be determined after DHS ERP==

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g., the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c. How was the public notified about the public hearing? Please include specific website links if used to provide notice. *OCDEL posted the document at www.dhs.pa.gov with instructions describing four ways the public could comment or register to testify at a hearing including email, submission through online portal or via USPS. OCDEL utilized the various listservs available such as OCDEL's Pennsylvania Early Education News, with more than 13,000 recipients; inclusion in the Secretary of Human Services weekly update to stakeholders, sharing through legislative offices; and seeking state-wide and regional member organizations to include it in their communications.*

d. Hearing site or method, including how geographic regions of the state or territory were addressed. *Due to ongoing concerns over the transmission of COVID-19, the public hearing was facilitated by virtual Zoom meeting.*

e. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.) *The CCDF State Plan FFY 22-24 was posted on www.dhs.pa.gov. Information about the posting, public comment period, and ability to sign up for a slot to provide public testimony in the virtual public hearing were distributed in the Pennsylvania Early Education News and distributed via OCDEL listservs.*

f. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? ==*To be determined based on comments submitted via the public hearing or comment period.*==

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found at https://www.acf.hhs.gov/occ/resource/pi-2009-01.)

a. Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed. *https://www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx*

b. Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

☒ Working with advisory committees. Describe: *OCDEL distributed the final draft for public comment to the Early Learning Council, the State Interagency Coordinating Council, the Pennsylvania Pre-K Counts and Head Start Advisory, the Early Learning Investment Commission (ELIC) Family and Group Child Care Providers' Group and the Head Start State Collaboration Office (HSSCO) Homelessness Stakeholder Taskforce.*

☒ Working with child care resource and referral agencies. Describe: *OCDEL shared with the 19 ELRCs to share with the members of their regional leadership councils.*

☒ Providing translation in other languages. Describe: *OCDEL created 2 summary*

documents outlining the plan in Spanish and Mandarin.

- ☒ Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe: *Through the Pennsylvania Key, OCDEL shared information via a Pennsylvania's Promise for Children and Families, a Facebook page targeting Pennsylvania families with young children that provides information on child development, ways to support children's learning, and how to access OCDEL services and programs at https://www.facebook.com/papromiseforchildren.*

- ☒ Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe: *OCDEL offers a family-focused website www.papromiseforchildren.com, the notice about the plan was posted on this website. Additionally, advocacy organizations such PennAEYC and its affiliates, Pennsylvania Partnerships for Children, Pennsylvania Child Care Association, and Pennsylvania Head Start Association and regional advocacy groups such as Trying Together in the Pittsburgh area and First Up in the Philadelphia region received communications as members of the ELC.*

- ☒ Working with statewide afterschool networks or similar coordinating entities f o r out-of- school time. *In coordination with the Pennsylvania Key's school-age providers workgroup, OCDEL provided the notice to the Pennsylvania School-Age Child Care Alliance (PennSACCA) and the Pennsylvania Statewide Afterschool Youth Development Network (PSAYD).*

- ☒ Other. Describe: *OCDEL shared with the two PDOs to share with their local and regional partners.*

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families.

- smoothing transitions for children between programs or as they age into school.

- enhancing and aligning the quality of services for infants and toddlers through school- age children.

- linking comprehensive services to children in child care or school-age settings.

- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.

    a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general-purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results: *OCDEL has ongoing collaboration with the largest local government agency, the Mayor's Office of Children and Families. Philadelphia county has additional health and safety requirements related to food safety, environmental lead hazards, and in making a sizeable investment in quality-building with local funds. The goal of this relationship is to maintain clear communication, leverage resources, and problem solve as needed. This was particularly important during the COVID-19 pandemic. An example of a successful coordinated effort was a small project to ensure all local and state officials received notification of confirmed cases of COVID-19. OCDEL Bureau of Certification and the Director of External Relations coordinated with the Mayor's Office, the Philadelphia Department of Health and the ELRC to create a JotForm that providers could complete, and all relevant parties were notified. This significantly reduced burden on the providers.*

OCDEL can request inclusion in an ongoing meeting with the commonwealth's county commissioners as needed. This standing meeting is facilitated by the Governor's Office of Intergovernmental Affairs. The goal is to ensure opportunity for communication and problem-solving.

At the state and local level, OCDEL coordinates with the offices responsible for building code enforcement. The goal of this collaboration is to have open lines of communication for processing Occupancy Permits which are a pre-requisite of licensing.

ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results: *OCDEL is the lead agency responsible for facilitating the ELC as the state advisory council is known in Pennsylvania. OCDEL meets a minimum of quarterly with the ELC to provide updates, allow members to share critical updates, and serve as a forum for stakeholder perspective to be shared. OCDEL offers members periodic, additional topic specific presentations throughout the year. The goals of ELC engagement are for members to provide insight to support program implementation and coordinate across the continuum of ECE services in Pennsylvania.*

☐ Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted: *Click or tap here to enter text.*

☒ Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results: *OCDEL is the lead agency for Part C for infants and toddlers and Part B, Section 619. The Bureau Director responsible for both Parts C and B had opportunity to review and comment. The IDEA Part C (Infant and Toddlers Early Intervention*

program) and IDEA Part 619 (Preschool Early Intervention program) are administered through OCDEL. Through the Bureau of Early Intervention Services and Family Supports, OCDEL coordinates with child care supported by CCDF funds and other child care and early learning programs. Stakeholders are brought together through a combined meeting of the IDEA-required State Interagency Coordinating Council and ELC. The Bureau contracts with counties to subcontract with service providers for the Infant Toddler Early Intervention (EI) program and monitor their performance.

OCDEL's goals for EI are early identification of all eligible children in need of service and support, coaching across all settings, ensuring smooth transition for children between EI, ECE settings and K-12, and increasing PD to support inclusion.

One of the performance measures for Preschool EI is to ensure EI services are delivered within the child with a disability's least restrictive environment, their child care program if enrolled. Through these measure EI programs are encouraged to provide all or most of the EI services in the child care. Improving social skills for children with disabilities is a priority for the Bureau. As a result, EI programs are encouraged and supported to partner with their ELRC so they can work collaboratively to support inclusion of children with disabilities within child care. OCDEL contracts with intermediate units (IUs), school districts and a private provider to provide Preschool EI services at the local level. As occurs at the state level, local programs are encouraged to coordinate child care services, EI, and behavioral and mental health services within their community through local interagency coordinating councils (LICC). Leadership from all EI programs are brought together at least six-times a year for updates from OCDEL, including efforts to support early learning programs, and coordination with ELRCs and behavioral health services. The Bureau monitors the EI programs to ensure they are partnering with child care, early learning programs and ELRCs. EI and early learning providers have opportunities to work to improve local collaboration through statewide PD opportunities and regionally based meetings.

OCDEL began work to reduce suspension and expulsion and increase inclusion in July 2017. This was in response to the U.S. Departments of Health and Human Services (HHS) and Education (ED) policy statement recommending that states develop policies and practices to increase the inclusion of infants, toddlers, and preschool children with disabilities in high-quality early childhood programs. OCDEL as the lead agency for both child care and EI has developed PD, technical assistance, and resources to support child care providers and enrolled children. Over the past year, the Bureau of Early Intervention Services and Family Supports has been supporting technical assistance targeting EI developmental teachers and therapists going into child care to decrease pull-out services; supporting improved strategies for coaching child care staff; and being responsive to screenings and referrals.

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results: *OCDEL is the lead agency for the Head Start State Collaboration Office (HSSCO). The HSSCO Director facilitated stakeholder groups to offer feedback and distribute the CCDF Plan to Head Start grantees via listserv when it was completed, making them aware of the public hearing and comment period. In Pennsylvania, Head Start (HS) agencies are exempt from child care licensure unless they are offering fee-for-service child care. The coordination goals with the HSSCO occurs primarily around capacity building for Early Head Start-Child Care Partnerships (EHS-CCP). This focused on supporting the implementation of EHS-CCP, which is described in the optional section below. In support of a shared goal to promote continuity of care, a capacity building effort for HS is the allowance that children eligible for Early Head Start (EHS) or HS do not need to complete the child care subsidy program*

redetermination as long as they remain enrolled in EHS or HS. As needed, the HSSCO director can access all supports and have input in to planning through participation on the ELC and direct access as needed to OCDEL leadership.

HS/EHS stand-alone programs are licensed-exempt in Pennsylvania as long as they are not operating wrap-around or blended child care services. Additional coordination occurs with the grantees regarding the quality rating and improvement system (QRIS), Keystone STARS. OCDEL has had a process in place for several years for HS to participate in STARS. In 2018-19 through the most recent revision to the STARS Standards, a grantee in good standing with its federal monitoring can be designated as STAR 4 in the QRIS.

    vi.   State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

On an annual basis, the OCDEL Bureau of Certification Services shares the facility report with the Department of Health (DOH). DOH then selects providers to visit to review immunization records for the children in care. DOH and OCDEL work jointly to ensure providers comply with immunization requirements for children. The goal for the relationship between OCDEL and DOH is to align policy and practice for ECE providers; establish and maintain sources of expert advice and recommendation; and when needed, access technical support. OCDEL and DOH coordinated and developed a Childhood Immunization Partnership Project which is a joint effort of evaluation of child care records of immunizations. In conjunction with DOH, OCDEL headquarters staff train Certification licensing staff to ensure the goal that all children in certified child care facilities are properly immunized.

During the COVID-19 pandemic, DOH assigned an epidemiologist as a point of contact to review and provide guidance around policy and training development. This ensured consistency with messaging coming from OCDEL and DOH related to procedures to mitigate the spread of the virus and share information in a consumer-friendly manner.

    vii.   State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results: *In the previous plan cycle, in partnership with the Department of Labor and Industry (L&I) and the Apprenticeship Office, Pennsylvania created a statewide ECE Apprenticeship model. OCDEL provides workforce development supports through contract with the PDOs, who partner and coordinate with local/regional workforce agencies (e.g. 1199C state ECE sponsored apprenticeship). The goal is to provide an alternative pathway for the child care workforce to obtain an advanced credential.*

DHS implements a Contractor Program Partnership (CCP) across its contracts to support employment. This program establishes expectations that agencies in receipt of grant funds have set targets to employ Temporary Assistance to Needy Families (TANF) clients within their organizations. ELRCs, as regional business partners, participate in CPP. The goal is to provide clients receiving TANF opportunity to move into the workforce.

    viii.   State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results: *In Pennsylvania's governance structure, OCDEL is a dual deputate, or office, with program funding and responsibilities to two state agencies, DHS, and the Pennsylvania Department of Education (PDE). As such, OCDEL is the lead agency for The Pennsylvania Pre-K Counts (PKC) and Head Start Supplemental Assistance Programs (HSSAP). PKC and HSSAP are Pennsylvania's high-quality, state-funded pre-kindergarten programs. Established by PDE and administered by OCDEL with the goal of ensuring access for children and families and coordination across Pennsylvania's*

mixed delivery system, these programs make quality pre-kindergarten opportunities available to children and families across the commonwealth. OCDEL is an integrated office that offers opportunities for coordination across programs for child care, EI, pre-kindergarten and family support services like home visiting.

Through Pennsylvania child care subsidy policy, there are two goals achieved in the implementation of the program. The first is child care stability. Child Care providers participating at the highest two levels of the state's quality rating system are eligible to receive grants funds that support operations. For enrolled families meeting the eligibility criteria for PKC, enrollment in the state's subsidy program is prioritized to afford children a full day of care, if needed.

- State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results: *Child care licensing in Pennsylvania is referenced as certification and is housed within OCDEL under the authority of the Bureau of Certification Services. Certification staff conduct inspections and certify all the child care facilities in Pennsylvania. The Bureau of Certification Services coordinates with the Division of Operations and Monitoring and the Bureau of Policy and Professional Development to ensure the goal is met that CCDF monies are afforded to programs that are in compliance with health and safety regulations. If a program fails to meet health and safety standards and is sanctioned or under investigation, the Bureau of Certification notifies the Division of Operations and Monitoring and the STAR status of the program is suspended, thereby cutting off the additional monies that are afforded to the program. Also, if there is imminent risk to children the Bureau of Certification will order that children be immediately removed from the program and notifies the Division of Operations and Monitoring, so monies are stopped.*

All licensing summaries are publicly posted on our consumer education website for parents and caregivers searching for information on a child care provider.

ix.   State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

CACFP is a program office within PDE. OCDEL coordinates with the CACFP by providing the agency a list of child care providers who have been sanctioned weekly. When a program is sanctioned by OCDEL, CACFP suspends payment and purposes to terminate the program from the CACFP. The goal is that the provider must be in good standing, meeting all the health and safety regulations and have a regular license to participate with CACFP. CACFP staff notify OCDEL of any suspected regulatory noncompliance, illegally operating facilities, or potential instances of fraud.

x.   McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

OCDEL continues to coordinate with the PDE McKinney-Vento Liaison to provide guidance for identifying children experiencing homelessness so that their access to quality early childhood programs under OCDEL can be improved. OCDEL works with PDE to identify the coordinators for services to families experiencing homelessness in each of the state's 500 school districts. Through this collaboration, OCDEL continues to identify families and how to best meet their child care needs as part of their broader plan to secure permanent, stable housing, and greater self-sufficiency.

To support families experiencing homelessness, OCDEL implemented waivers for certain

verification and immunization requirements. Under presumptive eligibility, families experiencing homelessness may receive up to 92 days of child care while seeking employment. Children from families experiencing homelessness are also prioritized for funding to ensure expedient connection to services. Head Start now has a 3 percent capacity they can hold to serve families experiencing homelessness. HSSCO continues to educate the field about this new rule and OCDEL continues to present its services at the Pennsylvania Education for Children and Youth Experiencing Homelessness State Conference.

xi. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

OCDEL works collaboratively with OIM, the office within DHS responsible for managing the TANF program. OCDEL and OIM work together to establish policies and rules for TANF child care that comply with federal requirements and that support, to the fullest extent possible, parents' efforts towards self-sufficiency, including families transitioning off TANF as a common, over-arching goal. Coordination processes include linkage of the information technology systems that support the TANF and child care programs, monthly meetings with staff, conducting mutual training for staff and subgrantees, and collaboration on the development of the regulations and policies.

xii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results: *OCDEL's subgrantees, the ELRCs, assist families applying for child care with applications for Medicaid and Pennsylvania's Children's Health Insurance Program (CHIP). ELRCs serve in the role of COMPASS Community Partners to assist families with using COMPASS, the DHS electronic portal to assistance programs, to apply for Medicaid and CHIP. Pennsylvania's CHIP offers health coverage to all children, up to the age of 18, regardless of income. Children from families qualifying for subsidized child care automatically qualify for CHIP. The goal is to provide access to health coverage to as many children as possible. Coordination processes include sharing of information from applications submitted by families for child care and medical coverage, access to data systems, and comprehensive resource and referral by the agencies responsible for both programs to ensure families are connected to services.*

xiii. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results: *The Office of Mental Health and Substance Abuse Services (OMHSAS) is the state agency responsible for mental and behavioral health services across the lifespan. OCDEL and OMHSAS have a consistent meeting to support collaboration at the local, regional, and state level between early childhood programs and the behavioral health system. Current coordination goals include cross-sector capacity building related to an infant and early childhood mental health competent workforce and increasing access to evidence-based prevention and intervention services. OMHSAS also provides psychological/psychiatric consultation to the Infant / Early Childhood Mental Health (IECMH) Consultation program. IECMH Consultation is a child-specific consultation model available to early learning programs across Pennsylvania who participate in Keystone STARS (QRIS). The project focuses on reducing the number of children expelled from child care due to behavior challenges, increasing understanding among ECE practitioners and families of social-emotional development and its impact on educational success, and linking and bridging systems and services on behalf of the child, family, and program.*

xiv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the

coordination goals, processes, and results: *In its role as a resource and referral agency, the ELRCs collaborate and coordinate services with other programs in the child care system, such as the Pennsylvania Key which is responsible for the PD Registry, and PA Promise for Children, which provides consumer education materials to the public. The ELRCs convene Regional Leadership Council meetings on a quarterly basis that include local agencies, community organizations, and groups concerned with improving the quality and capacity of child care services. The goal is to coordinate resource and referral services and identify any gaps. The ELRCs make every effort to support, not duplicate, services in the local community.*

xv. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results: *The goal of The Pennsylvania Key, along with the ELRCs, is to collaborate regularly with the Pennsylvania Child Care Association (PACCA), the Pennsylvania School Age Youth Development Network (PSAYDN), and Pennsylvania School Age Care Alliance to identify trends and needs across the state as they pertain to the needs of families. All three of these are member organizations and continually stay in connection with a multitude of providers including DHS certified programs, the federally funded 21st Century Learning Programs, and recreation-based programming. These processes include conducting needs surveys by PSAYDN and making them accessible to OCDEL, the Pennsylvania Key, and partnering PD organizations. Not all school age children in Pennsylvania have access to afterschool and summer programming. Therefore, another process in place includes PSAYDN collaborating with a legislative caucus to support access and quality care through legislation. Finally, The Pennsylvania Key is in the process of mapping existing programs and determining areas of need. Many programs are eligible to participate in Keystone STARS.*

xvi. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results: *Within Pennsylvania's governance structure, each agency is assigned responsibilities under the State's Emergency Operations Plan. As such, DHS is responsible for Emergency Support Function #6, Mass Care, Emergency Assistance, Housing, and Human Services which coordinates the delivery of federal mass care, emergency assistance, housing, and human services when local, tribal, and state response and recovery needs exceed their capabilities. DHS has an office of Disaster Human Services which serves as the liaison between local, regional, and state agencies, Pennsylvania Emergency Management Agency (PEMA), and federal offices. The coordination goals between OCDEL and Disaster Human Services has and will continue to involve communication strategies between offices, preparedness training for staff, and responsiveness in the event of an emergency. Disaster Human Services also coordinates the family reunification process during a disaster in collaboration with the Offices of Children, Youth, and Families (OCYF) and OCDEL. The primary goals of the coordination are mutual information sharing, support of preparedness at the local and state level, and the capacity building of local, regional, and state level systems to respond to disasters. Disaster Human Services and OCDEL meet a minimum of quarterly to discuss updates and needs.*

One specific area of coordination between OCDEL and PEMA is the sharing of all licensed child care provider locations. These locations are shared from OCDEL data system. PEMA populates the locations into a statewide map so all local emergency management agencies can access the information in the event of emergency.

PEMA also posts emergency planning and response resources that child care and other early learning providers can access from the pema.pa.gov website.

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

☒ i. State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: *OCDEL is one of Pennsylvania's EHS-CCP grantees. Pennsylvania was the first state-level grantee for EHS, funded under ARRA in 2009. Since then, OCDEL applied for expansion and was funded for 368 EHS-CCP slots. The coordination goals between OCDEL and EHS-CCP grantees are to fully meet the intent of this grant, provide continuity of care and offer more high-quality access to infants and toddlers. In order to accomplish these goals, OCDEL staff participate in direct communications with the regional and central Office of Head Start. In addition to the state-level grant, there are several traditional federal to local EHS-CCP grantees in Pennsylvania. In coordination with the HSSCO director, meetings are routinely convened between the EHS-CCP grantees and OCDEL staff to coordinate around issues related to child care subsidy, Keystone STARS, and PD. A positive development stemming from the EHS-CCP coordination is the full payment of child care subsidy funds in addition to the EHS funds. Prior to the implementation of this initiative, programs could not receive subsidies if they were receiving alternative funding for the same segment of the day from another source. This practice has allowed programs to focus on enhanced quality in infant/toddler settings.*

☒ ii. State/territory institutions for higher education, including community colleges. Describe: *ECE professionals work in a practice-based profession where they are responsible for helping all young children learn and supporting their healthy development. A goal of OCDEL is to create a PD framework that focuses primarily on achieving this through providing credit-bearing PD. Colleges and universities in Pennsylvania are required to be authorized to award degrees. PDE is the state authorization agency for post-secondary education. PDE exercises limited jurisdiction over colleges, universities, and community colleges. The Pennsylvania State System of Higher Education governs 14 State System universities. The State System has a twenty-member Board of Governors. The Chancellor is responsible for the operation of The State System. Each State System institution has its own president and Council of Trustees. Private colleges and universities appoint members to their boards of trustees in accordance with the provisions stated in their articles of incorporation. Pennsylvania has 14 public community colleges located throughout the commonwealth. Community college boards of trustees are appointed by the local sponsor (school district, county, etc.) and are required to be representative of the region to be served by the college. OCDEL and Institutions of Higher Education (IHEs) collaborate and streamline funding so higher education is positioned to develop the knowledge, skills, and capacities needed to improve early childhood teaching and learning, relevant for the ECE workforce. Working together on this goal means, coordination amongst IHEs, OCDEL and the Office of Postsecondary and Higher Education (OPHE). The coordination of these entities works to ensure seamless articulation between associate and bachelor's degree programs. This process is critical to ensure the success of our workforce in an achievable, cost effective way. To make this change, two-year and four-year IHEs must meet the needs of the 0-8 workforce in ways that early learning employers can help to manage. Responsive planning and communication on the part of IHEs and OCDEL is a must to make the process a collaborative success. Coordinating stakeholders to identify resources and supports will help increase access to higher education for the ECE workforce. To respond to regional needs, PDOs were established in January 2020 through a competitive Request for Application (RFA) process. As such, the awarded grantees work under contract with OCDEL*

to develop partnerships with Pennsylvania-based IHEs and community-based partners to provide credit-bearing professional preparation for ECE professionals working to provide high-quality early learning services to children and families. Credit-bearing coursework must align with Pennsylvania's Early Childhood Education Career Pathway. The pathway is best realized through a sequence of stackable, portable credentials that reflect developmentally and culturally appropriate content supporting ECE professionals in teaching practice, need to advance their individual career, and education attainment. PDOs address the broad needs of their regions while supporting the individual needs of professionals through partnerships that demonstrate a strong relationship between IHE and community-based organizations. Included in this work are plans for IHEs to offer high-quality learning opportunities and apprenticeships that allow the incumbent workforce to be rewarded for their experience, increase their understanding of child development, and extend learning and reflection to the children in their program.

☒ iii.   Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: *The Pennsylvania Family Centers, administered by OCDEL Bureau of Early Intervention Services and Family Supports, are funded by both state and federal funds received through the Safe and Stable Families grant. Pennsylvania Family Centers provide evidence-based home visiting using the Parents as Teachers (PAT) model to eligible families. Family Centers provide PAT evidence-based home visiting across Pennsylvania. OCDEL has brought together Family Centers with other home visiting programs such as the Maternal, Infant, Early Childhood Home Visiting (MIECHV) and IDEA Part C programs to better align their services and supports to families and their young children.*

☒   iv.   State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe: *OCDEL is the lead agency for federal MIECHV which is administered by OCDEL's Bureau of Early Intervention Services and Family Supports. The MIECHV program provides evidence-based home visiting using six evidence-based home visiting models: PAT, Nurse-Family Partnership (NFP), EHS, Healthy Families America (HFA), Family Check Up, and Safe Care Augmented to eligible families. Pennsylvania has invested additional funds in evidence-based home visiting and community-based Family Centers and Promoting Responsible Fatherhood programs administered by OCDEL's Bureau of Early Intervention Services and Family Supports. A shared goal between Pennsylvania's home visiting and CCDF programs is the support of vulnerable families as they move into the workforce, going back to school or job training to be connected to safe and stable child care that meets their needs.*

☒   v.   Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: *The DHS Office of Medical Assistance Programs (OMAP) is responsible for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program in Pennsylvania. Beyond screenings completed by physicians, child-serving programs also complete screenings, such as the OCYF, HS, home visiting programs, and IDEA Part C and Part B - 619 programs. In Pennsylvania, EPSDT services are available to all children with a disability based on the income of the child. OCDEL's subgrantees, the ELRCs, assist families applying for child care with applications for Medicaid and Pennsylvania's CHIP. Pennsylvania's CHIP offers health coverage to all children, up to the age of 18 years,*

regardless of income. Children from families qualifying for subsidized child care automatically qualify for CHIP. The goal is to provide access to health coverage to as many children as possible. Coordination processes include sharing of information from applications submitted by families for child care and medical coverage, access to data systems, and comprehensive resource and referral by the agencies responsible for both programs to ensure families are connected to services.

☒ vi. State/territory agency responsible for child welfare. Describe:

OCDEL collaborates with OCYF to prioritize child care for children in foster placement. County children & youth agencies receive funds in their needs-based budgets to provide child care to foster children while they are waiting for CCDF funding. OCDEL and OCYF issued a joint bulletin requiring child care programs serving these children to participate in the state's quality rating improvement system, Keystone STARS, at a STAR 2, 3, or 4 level. The goal of these joint policies is to ensure our most vulnerable children are receiving high-quality child care services in a timely manner.

☒ vii. Provider groups or associations. Describe:

OCDEL regularly convenes various stakeholder groups comprised of providers and staff from statewide, regional, and local provider group and associations. Groups typically meet quarterly providing input on OCDEL policy and feedback on implementation. Groups are staffed by OCDEL program staff with direct responsibility for program implementation and co-chaired by stakeholders. Program staff and cochairs work in coordination to develop meeting agendas, implement meeting activities and provide follow-up information to group members including member contact information, notes, and next steps. In addition to the program staff that coordinate with co-chairs, OCDEL's Director of External Relations is charged with coordination between stakeholder groups and overall stakeholder engagement. OCDEL convenes the following groups: Pennsylvania Pre-K Counts (PKC)/Head Start Supplemental Assistance Program (HSSAP) stakeholder group. The PKC/HSSAP stakeholder group establishes a feedback loop between OCDEL and program implementors with the goals of increasing coordination and smoothing transitions for children between child care, PKC and HSSAP and transitions to the public school system; enhancing and aligning the quality of services for pre-K aged children; developing the supply of quality care for vulnerable populations. The Keystone STARS Think Tank is a group of stakeholders involved in the implementation of Keystone STARS, Pennsylvania's QRIS system. This group provides ongoing feedback on the implementation of the newly re-visioned STARS program with the goals of smoothing transitions for children between programs and as they transition to the public schools; enhancing and aligning the quality of services for infants and toddlers through school-age children, developing the supply of quality care for children receiving CCW in child care and out-of-school time settings. In addition to child care, PKC and HSSAP providers, provider groups and associations that regularly participate in these stakeholder groups include the Pennsylvania Child Care Association (PACCA), a state-wide non-profit membership group representing certified family, group home and center based child care providers, the Pennsylvania Association for the Education of Young Children, Pennsylvania's AEYC affiliate representing high-quality early learning programs along with Trying Together (formerly the Pittsburgh AEYC) and First Up (formerly the Delaware Valley AEYC), the Pennsylvania Head Start Association (PHSA), the state wide membership association representing Head Start and Early Head Start grantees.

☒ viii.   Parent groups or organizations. Describe:

OCDEL has developed a variety of collaborative relationships with Parent Groups/Parent Organizations to support our Consumer Education and Resource and Referral processes. PA Promise for Children: The PA Promise for Children website and related resources allows parents and the greater public, to access information on OCDEL's early childhood programs in a user-friendly way. Through a website, social media, and an app (The Early Learning GPS, available in both English and Spanish), PA Promise for Children provides a multimodal way for families to access a variety of resources, information, and make connections to OCDEL's early learning programs. The primary goal of this website is to provide Consumer Education and support families' access to resource and referral information including, but not limited to, accessing quality ECE programs, child care subsidy, Keystone STARS, early childhood learning and development (including accessing Early Intervention and Home Visiting supports), and how to connect to other community resources and supports. OCDEL will coordinate with the PA Promise for Children website, social media platforms and related app The Early Learning GPS, to ensure that required Consumer Education information is accessible and maintained.

Over 20 years Pennsylvania's EI program worked in partnership with the Institute on Disabilities at Temple University, Pennsylvania's federally funded University Center for Excellence in Developmental Disabilities, Education, Research, and Service, to support the development of family leaders that have children receiving EI services. A primary goal of this partnership is to develop family leaders with deep knowledge of OCDEL programs and the tools to network and influence others in their community to support coordination of services and supports for families of young children with disabilities. Parents as Partners in Professional Development (P3D): P3D links family members to EI professional development and pre-service opportunities. Families share their insight and expertise in such roles as co-presenters, university guest lecturers, and publication reviewers. A goal of this network is to provides OCDEL with the ability to access family wisdom, stories, and expertise to inform communications related to consumer education, and promotion of accessibility and access to services. Parent to Parent of Pennsylvania: Parent to Parent of PA links families of children and adults with disabilities or special needs on a one-to-one basis with a peer supporter for purposes of support and information. A primary goal of Parent to Parent of PA is to ensure that families of children with disabilities, have access to support and information. A goal of the coordinated process with all of these entities that have a focus of supporting families of children with disabilities, is to ensure that this population has access to quality care, consumer education, resource and referral supports that meet their needs.

The Mid-Atlantic Equity Consortium Collaborative Action for Family Engagement (CAFE) is the federally funded Statewide Family Engagement Center for Pennsylvania and Maryland. CAFE continues to support the work started with the Family Engagement Coalition that developed the Pennsylvania Birth through College, Career, Community Ready Family Engagement Framework to continue to promote, expand and enhance family engagement from early childhood through K-12. The work of CAFE is guided by an advisory body that includes family members, early childhood, school age and out of school time stakeholders. OCDEL will leverage the variety of stakeholders involved in CAFE to support access to consumer education for families, and to inform OCDEL on consumer education and resource and referral needs. OCDEL will provide additional information related to efforts to support continuity of care and access to high-quality care.

☒ ix. Other. Describe: *The Early Learning Investment Commission (ELIC) - Founded in 2007, ELIC is a network of senior business leaders working as knowledgeable, effective advocates to build awareness and support for increased public investments in high-quality early learning programs. ELIC is a unique partnership among the Governor's Office, which established the Commission and appoints its members; OCDEL, and Team Pennsylvania Foundation, which serves as the Commission's fiscal agent. The purpose of the Commission is to secure support for public investment in early learning by focusing on educationally, economically, and scientifically sound practices. The larger Commission is made of regional groups that identify strengths and goals for geographic regions within the state and develop an action plan for Commissioners. OCDEL staff regularly coordinates with ELIC staff to provide Commission members with data around the reach of OCDEL programs and unmet need for services across the state and within specific regions to inform their work, conduct research and analysis, create reports, and host events including visits to quality early learning programs to strengthen relationships with local providers and help members better understand the impact of OCDEL programs on children and families. The coordination of work between OCDEL and ELIC staff and members is done with the goals of increasing awareness of the connection between quality early childhood investment (social, intellectual, physical, and emotional development) and a strong Pennsylvania economy; building a public-private partnership of leaders from all sectors at the state, regional, and local levels to advocate for quality early learning investment; and expanding access to high-quality early learning opportunities in local communities for at-risk children.*

1.5 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Optional Use of Combined Funds: States and territories have the option to combine CCDF funds with any required program in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)).

Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory Prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive

services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

☐ No (If no, skip to question 1.5.2)

☒ Yes. If yes, describe at a minimum:

a. How you define "combine"? *OCDEL combines funding by blending multiple streams.*

b. Which funds you will combine? *Funds that are combined consist of TANF, Social Services Block Grant (SSBG) and state funds. OCDEL also combines state funding for HSSAP and Pennsylvania Pre-K Counts. CCDF funds are layered to support EHS-CC Partnership programs.*

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1. *Funds are combined to provide extended day for children needing care. PA Pre-K Counts and HSSAP enrolled children whose families need child care are prioritized for enrollment for before or after care to allow their families to participate in work or job training.*

d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level? *The method of funding allocation consists of incorporating the various funding streams into a master budget/coding sheet for OCDEL. The allocations are derived from two primary sources: the DHS budget and the U.S. Department of Health and Human Services, Administration for Children and Families (CCDF appropriation). This master coding sheet is used to load allocation information into the technology systems that support Pennsylvania's CCDF program, Pennsylvania's Enterprise to Link Information about Children across Networks (PELICAN). Pennsylvania also allocates state funding to support Pennsylvania Pre-K Counts and HSSAP slots.*

e. How are the funds tracked and method of oversight *Funds are tracked with the aid of PELICAN-CCW's automated accounting system for subgrantees and provider payments. PELICAN-CCW allocates expenditures to appropriate funding sources based on the pre-loaded information for each subgrantee. Pennsylvania also uses the Systems, Applications, and Products (SAP) system to manage all state finances. SAP is an Enterprise Resource Management solution which allows for a multi-step process of checks and balances among all the state's departments involved in payment processing, contract and grant management, and fund accounting.*

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)? Check all that apply.

Note: Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds. Use of PreK for Maintenance of Effort: The CCDF Final Rule clarifies that public PreK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate PreK and child

care services to expand the availability of child care while using public Prekindergarten funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for PreK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

☐ a. N/A—The territory is not required to meet CCDF matching and MOE requirements.

☒ b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state-/territory-specific funds (tobacco tax, lottery), or any other public funds.

  i. If checked, identify the source of funds: *Pennsylvania uses state-funds to fulfill all MOE and matching requirements.*

☐ c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

  i. If checked, are those funds:

    ☐ A. Donated directly to the state?
    ☐ B. Donated to a separate entity(ies) designated to receive private donated funds?

  ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: *Click or tap here to enter text.*

☐ d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent): *Click or tap here to enter text.*

  i. If the percentage is more than 10 percent of the matching fund requirement, describe how the state will coordinate its Prekindergarten and child care services:
  Click or tap here to enter text.

  ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
  Click or tap here to enter text.

☐ e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

  i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6). *Click or tap here to enter text.*

  ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs

meet the needs of working parents: *Click or tap here to enter text.*

    iii.   Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):
Click or tap here to enter text.

    iv.   If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care: *Click or tap here to enter text.*

☐ f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

    i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements? *Click or tap here to enter text.*

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1   Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic. *Pennsylvania's early childhood sector benefits because of strong philanthropic organizations. There are four foundations, The William Penn Foundation, The Heinz Foundation, The Grable Foundation, and Vanguard. Each has prioritized funding to support quality-building activities in child care in targeted communities across the commonwealth. OCDEL periodically meets to provide updates to the principal members. In the past, OCDEL has benefited from financial support for critical activities such as program evaluation, funding to support health and safety mini-grants, shared services, and leadership development.*

1.7 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care

providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality
  (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.

- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the state.

- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits states from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1   Does the Lead Agency fund local or regional CCR&R organizations?

☐   No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

☒   Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined   above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated: OCDEL contracts with 19 regional entities known as Early Learning Resource Centers (ELRCs) to administer enhanced resource and referral services, conduct subsidized child care eligibility and to support child care providers' participation in the Quality Rating Improvement System (QRIS). ELRCs facilitate Regional Leadership Councils and bring together key stakeholders within each region. ELRCs are overseen by the OCDEL Bureau of Early Learning Resource Operations, who provide support, technical assistance, and program monitoring to the ELRCs. The bureau routinely convenes ELRC directors and their key staff to coordinate implementation of policies and initiatives. During COVID-19 and through the American Rescue Plan activities, the ELRCs support providers within their region by providing information, professional development, and serve as a payor to move funds to providers quickly. Day-to-day activity examples of services include, responding to a family's need for information on how to locate and choose child care, maintaining consumer education materials, educating families on the importance of choosing a quality ECE program, informing of and referring clients to other DHS and PDE programs

including PA Pre-K Counts, EI, HS, EHS-CCP, WIC, CHIP, and evidence-based home visiting. Based on education, experience, and training, staff understand child development, quality child care characteristics, types of care, and how ECE programs works together to support families and children. Examples also include encouraging clients to become familiar with the requirements of a regulated child care program and encouraging clients to visit regulated child care programs, observe child care activities, and use of steps and checklists before choosing a setting for their child(ren); collecting data and providing information on the supply of and demand for child care services in local areas, or regions of the state, and submitting such information to the state; ensuring staff is knowledgeable of local community and state services that may benefit families served; understanding the importance of cross-referring families to programs to support the blending and braiding of funding streams; and maintaining information on how to file a complaint online or with OCDEL's Regional Child Care Certification Office regarding a certified child care provider. ELRC staff understand the process of directing clients to contact the regional office if they have a complaint about or regarding a program's violation of the regulations or if the client would like to request a complaint history for a particular provider. Clients can view complaints at www.findchildcare.pa.gov. Provision of resource and referral services also includes referring clients to COMPASS, a web-based resource and referral site, to gather information about other benefits for which they may apply, such as TANF, SNAP, LIHEAP, CHIP, WIC, etc. The ELRC supplies clients with information on how to obtain copies of relevant DHS regulations for child care providers, upon request. Provision of resource and referral services also includes maintaining information on how to file a suspected child abuse complaint through ChildLine, the statewide Child Abuse Hotline. Information regarding ChildLine can be found at www.keepkidssafe.pa.gov. ELRCs coordinate services with other state programs in the child care system, such as OCDEL Regional Child Care Certification Offices, while ensuring coordinated efforts to support families' needs through County Assistance Offices (CAO), Employment, Advancement and Retention Network (EARN) Centers, PA Career Link offices and other local Employment and Training services within each ELRC region. It also works with local groups concerned with improving the quality and capacity of child care services such as early learning advocate groups, shared services networks, community engagement groups, Association of Education for Young Children (AEYC) partners/chapters and other community-based organizations and businesses.

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

☐ No

☐ Yes. If yes, describe the elements of the plan that were updated: *Revised May 20, 2021*

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

☒ a. The plan was developed in collaboration with the following required entities:

☒ All are yes.

☒ i. State human services agency

☒ ii. State emergency management agency

☒ iii. State licensing agency

☒ iv. State health department or public health department

☒ v. Local and state child care resource and referral agencies

☒ vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body

☒ b. The plan includes guidelines for the continuation of child care subsidies. *Yes*

☒ c. The plan includes guidelines for the continuation of child care services. Yes

☒ d. The plan includes procedures for the coordination of post-disaster recovery of child care services. Yes

☒ e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place: Yes to all

☒ i. Procedures for evacuation

☒ ii. Procedures for relocation

☒ iii. Procedures for shelter-in-place

☒ iv. Procedures for communication and reunification with families

☒ v. Procedures for continuity of operations

☒ vi. Procedures for accommodations of infants and toddlers

☒ vii. Procedures for accommodations of children with disabilities

☒ viii. Procedures for accommodations of children with chronic medical conditions

☒ f. The plan contains procedures for staff and volunteer emergency preparedness training.

☒ g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:
https://www.dhs.pa.gov/Services/Children/Documents/Child%20Care%20Early%20Learning /2020_CC_Emerg._Plan-%20FINAL.pdf

2 Promote Family Engagement Through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

2.1 Outreach to Families with Limited English Proficiency and Persons with Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1   Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

    ☒   X   a.   Application in other languages (application document, brochures, provider notices)

    ☒   X   b.   Informational materials in non-English languages

⊠ X   c.   Website in non-English languages

⊠ X   d.   Lead Agency accepts applications at local community-based locations

⊠ X

⊠ X   e.   Bilingual caseworkers or translators available

⊠ X   f.   Bilingual outreach workers

⊠

    X   g.   Partnerships with community-based organizations

    X   h.   Collaboration with Head Start, Early Head Start, and Migrant Head Start

⊠ X   i.   Home visiting programs

☐   j.   Other. Describe: *Click or tap here to enter text.*

2.1.2   Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

☐   a.   Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities

⊠   b.   Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)

⊠   c.   Caseworkers with specialized training/experience in working with individuals with disabilities

⊠   d.   Ensuring accessibility of environments and activities for all children

⊠   e.   Partnerships with state and local programs and associations focused on disability-related topics and issues

⊠   f.   Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers

⊠   g.   Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies

⊠   h.   Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children

☐   i.   Other. Describe: *Click or tap here to enter text.*

2.2   Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

2.2.1   Describe the Lead Agency's hotline or similar reporting process through which parents can   submit complaints about child care providers, including a link if it is a Web-based process: *The COMPASS website contains a link through which the public may submit a complaint or incident at https://www.compass.state.pa.us/Compass.Web/ProviderSearch/Home#/BasicSearch (www.findchildcare.pa.gov). The public may contact the regional Certification offices to report complaints. All regional offices maintain a toll-free number. Contact information for the regional offices is available online at https://www.dhs.pa.gov/contact/Pages/Regional-Child-Development-Offices.aspx   The public may submit a complaint through Provider Self Services via PELICAN at https://www.pelican.state.pa.us/provider/default.aspx The public may contact the Childline hotline to report complaints by calling 1-800-932-0313. All substantiated complaints and inspections of child care centers, group and family child care homes are maintained online on the COMPASS website at https://www.compass.state.pa.us/Compass.Web/ProviderSearch/Home#/BasicSearch . Substantiated parental complaints have been maintained electronically since 2008.*

2.2.2   For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers: *The process for complaints is the same for licensed providers regardless of CCDF funding. All complaints of regulatory non-compliance are first reviewed by supervisors at the OCDEL Bureau of Certification Services, to assess the risk level, then assigned to a certification representative for investigation. Timelines are based on risk assessments. Licensed providers have 3 risk levels: High risk (5 calendar days); Medium risk (10-15 days dependent upon the allegations); Lesser risk (25 days). Non-licensed providers have 2 risk levels: High risk (5 days), and Medium risk (15 days). The certification representative has 40 days to submit documentation of the results of their complaint investigation to their supervisor.*
When a complaint is substantiated on licensed provider, OCDEL takes legal action against the facility's certificate of compliance which includes monitoring component. These findings are shared with the complainant. When a complaint is substantiated on non-licensed provider, OCDEL takes legal action against the uncertified facility which includes a monitoring component. Furthermore, all records of substantiated complaints and inspections of child care centers, group and family child care homes are maintained in the COMPASS website located at https://www.compass.state.pa.us/Compass.Web/ProviderSearch/Home#/BasicSearch . If a certification supervisor and/or certification representative learns the complaint is on a license-exempt provider, a non-licensed provider risk assessment is completed, and a referral is made to the appropriate entity. The certification representative also provides information on how to become a licensed provider.

2.2.3   Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers: *All substantiated parental complaints for CCDF and non-CCDF providers are maintained publicly online on the COMPASS website at https://www.compass.state.pa.us/Compass.Web/ProviderSearch/Home#/BasicSearch. If a certification supervisor and/or certification representative learns the complaint is on a license-exempt provider, a non-CCDF provider risk assessment is completed, and a*

referral is made to the appropriate entity. The certification representative also provides information on how to become a CCDF provider.

2.2.4   Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3: *Pennsylvania's consumer education website is www.dhs.pa.gov; Embedded in this website is a link to COMPASS. The public can access the substantiated complaint information via the COMPASS website at https://www.compass.state.pa.us/Compass.Web/ProviderSearch/Home#/BasicSearch or* www.findchildcare.pa.gov.

2.2.5   Provide the citation to the Lead Agency's policy and process related to parental complaints: *Articles IX and X of the Pennsylvania Human Services Code*

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1   Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.): OCDEL's consumer education website, www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx, can be translated into many different language and is ADA compliant. The website includes information about Child Care Works (CCW), Keystone STARS, child care licensing and disabilities and developmental delays. The website is simple to navigate and is written in plain language. It provides links to additional information and resources such as Pennsylvania's provider search website, www.findchildcare.pa.gov, which allows consumers to search for early learning providers in multiple ways including provider name, distance from a specific address, by county, and by municipality. Consumers can also filter using a variety of criteria such as

STARS rating, hours of operations, provider type, and languages spoken/taught. The website provides tips that offer additional information and explanation, as needed, as well as frequently asked questions. The consumer has the ability to create both summary and detailed reports, in PDF or EXCEL, that include providers that meet specific criteria based on the consumers' search criteria. Information about the provider's licensing history is written in clear, understandable language. The website is available in both English and Spanish, is ADA compliant and mobile friendly.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): OCDEL's consumer education website can be translated into more than 90 different languages. The provider search website is accessible on the COMPASS website and is available in English and Spanish. The COMPASS website has an instructional tagline also available in a variety of languages including Vietnamese, Russian, and Cambodian.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities: The website is compliant with requirements of the ADA. The online application offers TTY/TTD numbers that are toll-free for persons that are hearing impaired. The online application is mobile-friendly.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a)(1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2:
www.dhs.pa.gov/providers/Child-Care/Pages/Child-Care-Regulations.aspx

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:
www.dhs.pa.gov/providers/Child-Care/Pages/Child-Care-Regulations.aspx

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.
www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/default.aspx

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:
www.legis.state.pa.us/cfdocs/legis/LI/consCheck.cfm?txtType=HTM&ttl=23&div=0&chpt=63&sctn=44&subsctn=0

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on

its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

   a. Provide the website link to the list of child care providers searchable by ZIP code: www.findchildcare.pa.gov

   b. In addition to the licensed providers that are required to be included in your searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers (please check all that apply)?
- ☐ i. License-exempt center-based CCDF providers
- ☐ ii. License-exempt family child care (FCC) CCDF providers
- ☒ iii. License-exempt non-CCDF providers
- ☐ iv. Relative CCDF child care providers
- ☒ v. Other. Describe: Head Start, EHS, PA Pre-K Counts, state or federally funded home visiting programs, and private academic schools licensed by PDE.

   c. Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All Licensed Providers	License-Exempt CCDF Center-based Providers	License-Exempt CCDF Family Child Care Home Providers	License-Exempt Non-CCDF Providers	Relative CCDF Providers
Contact Information	☒	☐	☐	☒	☐
Enrollment capacity	☒	☐	☐	☒	☐
Hours, days and months of operation	☒	☐	☐	☒	☐
Provider education and training	☐	☐	☐	☐	☐
Languages spoken by the caregiver	☒	☐	☐	☐	☐
Quality information	☒	☐	☐	☐	☐
Monitoring reports	☒	☐	☐	☐	☐
Willingness to accept CCDF certificates.	☒	☐	☐	☐	☐
Ages of children served	☒	☐	☐	☒	☐

d. Other information included for:
☒   i. All Licensed providers. Languages served, schedule, directions to facility, school district(s) served, fee schedule, discounts, financial programs accepted, meal options, accreditations, special accommodations, transportation.
☐   ii. License-exempt CCDF center-based providers. *Click or tap here to enter text.*
☐   iii. License-exempt CCDF family child care providers. *Click or tap here to enter text.*
☒   iv. License-exempt, non-CCDF providers. Hours of operation (includes days of operation), school(s) served, number and ages of children in attendance.
☐   v. Relative CCDF providers. *Click or tap here to enter text.*

2.3.6   Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research- based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?
☒   i. Quality rating and improvement system
☒   ii. National accreditation
☐   iii. Enhanced licensing system
☒   iv. Meeting Head Start/Early Head Start Program Performance Standards
☒   v. Meeting Prekindergarten quality requirements
☐   vi. School-age standards, where applicable
☐   vii. Other. Describe: *Click or tap here to enter text.*

b. For what types of providers are quality ratings or other indicators of quality available?
☒   i. Licensed CCDF providers. Describe the quality information:
Keystone STARS, national accreditations, meeting HS, EHS, or PA Pre-K Counts requirements.
☒   ii. Licensed non-CCDF providers. Describe the quality information:
Keystone STARS, national accreditations, meeting HS, EHS, or PA Pre-K Counts requirements.
☐   iii. License-exempt center-based CCDF providers. Describe the quality information:
Click or tap here to enter text.
☐   iv. License-exempt FCC CCDF providers. Describe the quality information:
Click or tap here to enter text.
☐   v. License-exempt non-CCDF providers. Describe the quality information:
Click or tap here to enter text.
☐   vii. Relative child care providers. Describe the quality information:
Click or tap here to enter text.
☒   viii. Other. Describe: HS, EHS, Pre-K Counts

2.3.7   Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety

requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

a. Certify by responding to the questions

below: Does the Lead Agency post?

(check one):

☐　　i. Full monitoring reports that include areas of compliance and non-compliance.

☒　　ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance. If checked, provide a direct URL/website link to the website where a blank checklist is posted. The consumer education site www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx contains a link to the checklist under "Additional Resources: Child Care Regulations and Forms".

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

☒　　Date of inspection

☒　　Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: Use www.findchildcare.pa.gov to search for child care provider locations. Click appropriate link on a location record to view the available reports. Links to the report can be found on the initial search results under "Inspections". Reports can also be viewed by clicking "View History" from the Provider Details page for a selected location.

☒　　Corrective action plans taken by the state and/or child care provider. Describe: Use www.findchildcare.pa.gov to search for child care provider locations. Click appropriate link on a location record to view the available reports. Links to the report can be found on the initial search results under "Inspections". Reports can also be viewed by clicking "View History" from the Provider Details page for a selected location. The provider's plan of correction is provided. If the state sanctions the program, it is indicated *and issued a provisional certificate of compliance.*

☒　　A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days

after an inspection or corrective action is taken.

    i.   Provide the direct URL/website link to where the reports are posted. Use www.findchildcare.pa.gov to search for child care provider locations. Click appropriate link on a location record to view the available reports. Links to the report can be found on the initial search results under "Inspections". Reports can also be viewed by clicking "View History" from the Provider Details page for a selected location.

    ii.   Describe how the Lead Agency defines timely posting of monitoring reports. W*hile Lead Agencies define 'timely,' we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.* Upon the completion of monitoring and inspection reports, all reports are posted to CLS. As soon as the reports are finalized in CLS, they are immediately available for public viewing in the provider search at www.findchildcare.pa.gov.

d.   Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

    i.   Provide the Lead Agency's definition of plain language. Plain language is defined as writing all monitoring and inspection reports and/or the summaries at an eighth-grade reading level. It is designed to ensure the reader understands as quickly, easily, and completely as possible.

    ii.   Describe how the monitoring and inspection reports or the summaries are in plain language. The monitoring and inspection report summaries are written in plain language at an eighth-grade reading level.

e.   Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).
Any inaccuracies discovered in monitoring and inspection reports may be amended in CLS. CLS is the internal web-based system used by child care certification staff to manage the certification process, reporting and to maintain history. CLS is linked to the provider search website to support public display of the inspection results. Upon being finalized in CLS, the reports are immediately available at www.findchildcare.pa.gov.

f.   Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:
- filing the appeal
- conducting the investigation
- removal of any violations from the website determined on appeal to be unfounded.

The 30-day appeal period does not begin until the provider has received the negative sanction via first class mail and/or certified mail (we mail these both ways simultaneously).

After an inspection is completed, the certification representative has 15 days to get the license inspection summary to the provider. The provider then has 10 days to submit a plan of correction, from the date that they received the license inspection summary.

DHS notifies providers in writing of any sanction, and information on appeal rights. Providers must present written notice of appeal within 30 days from the date of the DHS determination.

g.   Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)). Use www.findchildcare.pa.gov to search for child care provider locations. Click appropriate link on a location record to

2.3.8   Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a.   Certify by providing:

i.   The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity. Licensed child care providers must report incidence of serious injury or fatality to their certification representative and ChildLine representatives. For purposes of creating the Child Death or Serious Injury report, certification headquarters staff reviews report and verifies the event was caused by a health and safety violation. This report is posted in aggregate for the previous two program years and monthly for the current program year.

ii.   The definition of "substantiated child abuse" used by the Lead Agency for this requirement.
In Pennsylvania, "substantiated child abuse" is referred to as an "Indicated Report" or founded report (Title 23 § 6303) of abuse which is defined in the DHS regulations at 55 Pa. Code 3490.4 as a child abuse report made under the Child Protective Services Law (CPSL) and in this chapter, if an investigation by the county agency or DHS determines substantial evidence of the alleged abuse exists based on any of the following: Available medical evidence; The child protective service investigation; or An admission of the acts of abuse by the perpetrator.

The definition of "serious injury" used by the Lead Agency for this requirement.
Effective July 1, 2018, OCDEL began to utilize the definition of "serious bodily injury" as prescribed in the Child Protective Services Law (CPSL) "Bodily injury 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."

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
☒ i. the total number of serious injuries of children in care by provider category/ licensing status
☒ ii. the total number of deaths of children in care by provider category/licensing status
☒ iii. the total number of substantiated instances of child abuse in child care settings
☒ iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted. www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information: www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx contains contact information for various resources, includes links to the ELRC contact information under the headings of "Help with child care expenses" and "Additional Resources". In addition, www.findchildcare.pa.gov includes a "contact us" page that includes information about how to find the ELRC that serves each zip code and their contact information.

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information: www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx contains contact information for various resources including a general "contact us" link, CCW Helpline, ELRCs, OCDEL Regional Certification Offices, and the EI CONNECT helpline. In addition, www.findchildcare.pa.gov includes a "contact us" page that provided information to contact DHS, including address, phone number and a link to submit information electronically.

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes. www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1   How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences. ELRCs provide resource and referral information to educate parents how to choose child care and identify quality child care. ELRCs conduct a face-to-face meeting with the parent and provide written information to help promote informed choices. ELRC resource and referral services are available to all parents, including those that do not receive CCDF assistance. ELRCs provide parents help with finding a provider and provider lists based on the stated needs. Parents can also conduct online provider searches at: www.findchildcare.pa.gov . Pennsylvania's consumer website offers information on financial assistance, Keystone STARS, PA Pre-K Counts, HS, and EHS.

In addition, the PA Promise for Children website and related resources allows parents and the greater public, to access information on OCDEL's early childhood programs in a user-friendly way. Through a website, social media, and an app (The Early Learning GPS, available in both English and Spanish) provides a multimodal way for families to access a variety of resources, information, and make connections to OCDEL's early learning programs. The primary goal of this website is to provide consumer education and support families' access to resource and referral information including, but not limited to, accessing quality ECE programs, child care subsidy, Keystone STARS (TQRIS), early childhood learning and development (including accessing Early Intervention and Home Visiting supports), and how to connect to other community resources and supports.

2.4.2   How does the Lead Agency provide the required information about the following program and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program: Parents may use the DHS public portal, COMPASS, to apply for TANF benefits. ELRCs also provide information on how to apply for benefits and community resources where parents can find more information. ELRCs post community resources and services in office waiting rooms, making the information readily available to the public.

b. Head Start and Early Head Start programs: ELRCs provide information on how to apply for HS and EHS directly to potentially eligible families and provide information about local enrollment opportunities for their children. The provider search portal provides parents with the ability to search for HS and EHS programs located in their area. The paper application for the subsidized child care program includes a checklist that asks the parent if they want more information on certain topics, including HS and EHS.

c. Low Income Home Energy Assistance Program (LIHEAP): Parents may use COMPASS to apply for LIHEAP benefits. ELRCs also provide information on how to apply for benefits and on community resources where parents can find more information. ELRCs post community resources and services in office waiting rooms making the information readily available to the public. The paper application for the subsidized child care program includes a checklist

that asks the parent if they want more information on certain topics, including LIHEAP.

d. Supplemental Nutrition Assistance Program (SNAP): Parents may use the COMPASS to apply for SNAP benefits. ELRCs also provide information on how to apply for benefits and on community resources where parents can find more information. ELRCs post community resources and services in office waiting rooms making the information readily available to the public. The paper application for the subsidized child care program includes a checklist that asks the parent if they want more information on certain topics, including SNAP.

e. Women, Infants, and Children Program (WIC) program: ELRCs provide information on how to apply for WIC benefits and on community resources where parents can find more information. ELRCs post community resources and services in office waiting rooms making the information readily available to the public. The paper application for the subsidized child care program includes a checklist that asks the parent if they want more information on certain topics, including WIC.

f. Child and Adult Care Food Program (CACFP): The Bureau of Certification address CACFP at child care provider orientations. The ELRCs have brochures available for families as part of their resource and referral activities. The CACFP lists on their website if a child care provider participates in the program.

g. Medicaid and Children's Health Insurance Program (CHIP): Parents may use COMPASS to apply for Medicaid and CHIP benefits. ELRCs provide information on how to apply for benefits, including the potential to receive Medical Assistance under Pennsylvania's expanded Medicaid programs, and on community resources where parents can find more information. The ELRC post community resources and services in office waiting rooms making the information readily available to the public. The paper application for the subsidized child care program includes a checklist that asks the parent if they want more information on certain topics, including CHIP.

h. Programs carried out under IDEA Part B, Section 619 and Part C:
EI supports and services are designed to meet the developmental needs of children with a disability and the needs of the family related to enhancing the child's development in one or more areas of development: physical , including vision and hearing, cognitive , communication, social and emotional, and adaptive development. Parents with questions about their child's development may contact the CONNECT Helpline. The CONNECT Helpline assists families in locating resources and providing information regarding child development for children ages birth to age five. In addition, CONNECT can assist parents by making a direct link to their county Infant Toddler Early Intervention program or local Preschool Early Intervention program. If families are unable to connect with their local EI program, or have difficulty starting services, they can email the Bureau of Early Intervention Services and Family Supports at: ra-ocdintervention@pa.gov. All local EI programs are required to engage in community outreach and child find initiatives to ensure parents of infants, toddlers, and preschool children have access to EI services. Local school districts are responsible for ensuring special education services for children, kindergarten through age 21. All school districts engage in child find initiatives to ensure families have access to EI services.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
  - parents
  - providers
  - the general public
- Any partners in providing this information Description:

The Pennsylvania Family Engagement Birth through College, Career, Community Ready Framework is a tool to guide the implementation of effective practices, use of shared language, and a family engagement continuum for families across their child's educational lifespan. Developed in 2019, this framework was co-created with the guidance, input, and support of a group of over 100 stakeholders.

The framework begins with a definition of family engagement: Effective family engagement in the birth through college, career, community ready educational system is intentional, meaningful, and impactful. Learning Communities (including child care providers) value and support families in their role as a child's first teacher. It is essential to leverage the expertise, knowledge, and leadership of families and community partners to shape the educational environment at the program, classroom, school, state, and national level. These partnerships are strengths based, inclusive, culturally, and linguistically responsive and focus on the shared goal of positive learning and developmental outcomes for children.

The framework includes these components: Definitions of key terms used in the framework; Foundational Practices that provide the necessary conditions for successful implementation of family engagement; Standard Statements that support the creation of shared language and expectations; Support Practices that represent some of the great strategies provided by stakeholders; Policy Background that provides the foundational context of family engagement; and Resources.

A copy of the Framework was mailed to child care programs and is posted here: https://www.education.pa.gov/Teachers%20-%20Administrators/Federal%20Programs/ParentFamily/Pages/default.aspx. The Framework was designed with the primary audience of professionals who have a responsibility of support family engagement efforts in their programs and schools. A companion guide for families was developed in 2020 and can be found here: https://www.education.pa.gov/Documents/Early%20Learning/Family%20Engagement%20Framework%20-%20Companion%20Guide%20for%20Families%20FINAL.pdf.

An introductory training on Pennsylvania's Family Engagement Framework is available on the PD registry. Additional training for those in roles of supporting programs family engagement efforts is planned for FY 2021-2022. In 2020, OCDEL partnered with the Fred Rodgers Center to develop a series of resources and materials to link the Simple Interactions approach with Pennsylvania's family engagement framework. This series included a webinar and a series of videos and resources available and free for use. Videos were developed for targeted audiences including: Helpers (professional in the ECE field, including child care providers) and family members. Specific videos were developed to address the role of grandparents and families of children with disabilities/developmental delays. These resources are available on the Early Intervention

Technical Assistance (EITA) portal at www.eita-pa.org.

The Pennsylvania Key, on behalf of OCDEL, provides information on infant/early childhood mental health (a.k.a. social emotional development) via the IECMH Consultation Program staff and a variety of resources available on the program webpage (https://www.pakeys.org/iecmh/). A new brochure is being disseminated to better inform both child care programs and families the purpose of consultation. Additionally, informational resources, documents and messaging on infant/early childhood mental health is in development that will target families, professionals and policy makers and will be released before the end of the 2021 calendar year. This includes a new Focus on IECMH Newsletter that will be disseminated quarterly in its inaugural year.

Additionally, The Pennsylvania Key operates a website on behalf of OCDEL, developed intentionally for families, of young children, PA Promise for Children https://papromiseforchildren.com/. Here families can sign-up for newsletters, receive information on developmentally appropriate milestones, and locate strategies to foster learning and prepare children for school. This website also offers resources for families seeking support from agencies such as home visiting, postpartum support organizations and the ELRCs. Finally, if it is financial assistance a family seeks, they will find links to subsidized child care resources, SNAP, Pennsylvania Children's Health Insurance Program (CHIP), Housing Assistance, WIC and much more.

EITA, on behalf of OCDEL, provides the following family engagement and parent education initiatives:

- Parent Support Programs
  - Parent to Parent of PA—Matching parents with parents in similar situations with each other
  - Family Connections: Language and Learning for Children who are Deaf/Hard of Hearing: supporting families with infants and toddlers with hearing loss
- Parent Education Programs
  - Competence and Confidence: Partners in Policy Making (C2P2), through a grant to Temple University: A training program for parents of children with developmental disabilities to be leaders in policy making
  - Strengthening Families: Parent Café's
  - Parents as Partners in Professional Development (P3D): A training program for parents of children with developmental disabilities to be leaders in providing professional development

In addition, EITA has a parent page on the EITA portal www.eita-pa.org . EITA also maintains a data base of the number of parents who attend EITA professional development.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,

- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this

information. Description:

On September 2020, OCDEL released a policy announcement, "Inclusion of All Children in Early Childhood Education Programs in Pennsylvania" as an intentional companion policy announcement to the "Reduction of Expulsion and Suspension in Early Childhood Programs in Pennsylvania." This policy announcement provides guidance on strategies that promote inclusion for all children, set an expectation from OCDEL that high-quality ECE programs are inclusive of children with disabilities, and identifies resources available to local ECE programs. This policy announcement provides OCDEL's response to the federal policy issued in 2015.

The Pennsylvania Key, on behalf of OCDEL, implements statewide Infant / Early Childhood Mental Health (IECMH) Consultation services. IECMH is available by request for any program participating in QRIS, not including HS/EHS programs. Consultants are regionally located and available to provide child-specific and classroom focused consultation to adult caregivers related to the social emotional development and relational health of infants/toddlers and young children in the early learning environment. The program focuses on reducing the number of children expelled from child care due to behavior challenges, increasing understanding among ECE practitioners and families of social-emotional development and its impact on educational success, and linking and bridging systems and services on behalf of the child, family, and program. Consultants also provide targeted professional development to programs that focuses on universal screening efforts, supporting social emotional development, Pyramid Model practices, and other content areas as identified collaboratively with the child care program or regional partner(s). Consultants also direct child care professionals to available professional development and topic-oriented resource as able.

EITA has several online courses/resources to address children's social emotional development and Positive Behavior Supports (PBS): www.eita-pa.org
- Social Emotional Development within the Context of Relationship: The purpose of this course is to assist in the process of accurately identifying children who are experiencing challenges in their social-emotional development.
- The Meaning of Behavior and Appropriate Responding: This provides a foundation for the understanding of social and emotional development in infants and toddlers. It looks at individualized interventions for infants and toddlers through determining the meaning of behavior and developing appropriate responses. Identifying unmet needs, behavior as communication and responding to challenging behaviors are highlighted.
- Pyramid Model Module 1—Preschool: This module introduces participants to the Pyramid Model and the practices within the foundation of this framework. Practices that will be reviewed include building relationships with children, families and colleagues, personal reflection on challenging behavior, the physical and emotional environment and its impact on children's behaviors and providing clear directions and ongoing monitoring and positive attention throughout the day
- Prevent Teach Reinforce for Young Children: Manualized functional behavior assessment and behavior plan process for use with early childhood teams, especially those involved with children in group settings.
- Prevent Teach Reinforce for Families: This is a detailed model and research-based strategy for helping families to resolve their children's serious challenging behaviors in

home and community settings.

In addition, EITA on behalf of OCDEL, offers grants to preschool special education programs to implement PBS with early childhood programs.

2.4.5   Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

On July 1, 2017, OCDEL issued a state policy announcement "Reduction of Expulsion and Suspension in Early Childhood Programs in Pennsylvania." The purpose of this policy announcement is to:

- Raise awareness of HHS and ED policy statements.
- Provide guidance to OCDEL funded programs regarding appropriate behavior support practices and the reduction of expulsion and suspension of young children.
- Provide guidance to OCDEL funded programs in how to support family engagement in an inclusive manner that respects the cultural and individual preferences of families.
- Identify resources available to local programs to support staff and prevent expulsion
- Specify implementation steps to be taken at the local and state level.

OCDEL promoted practices that support the implementation of appropriate and positive behavior support practices and reduce and eventually eliminate the incidence of suspension and expulsion by providing individualized site coaching and consultation.

Local programs, in collaboration with program staff and families, develop and implement a written program policy and procedure to reduce the incidence of suspension and expulsion. The program policy and procedures were created to be culturally sustaining practices, such as hiring diverse staff and training staff to be culturally and linguistically responsive. The policies and procedures were to be shared with families and have them sign to indicate their receipt of the information. A statewide referral system was implemented for early childhood programs to request support if they were serving a child who is at risk for expulsion or to request training to avoid suspensions and expulsions.

The Pennsylvania Key, on behalf of OCDEL, implements a statewide Infant / Early Childhood Mental Health (IECMH) Consultation services. IECMH consultation is available by request for any program participating in QRIS, not including HS/EHS programs. Consultants are regionally located and available to provide child-specific and classroom focused consultation to adult caregivers related to the social emotional development and relational health of infants/toddlers and young children in the early learning environment. The program focuses on reducing the number of children expelled from child care due to behavior challenges, increasing understanding among ECE practitioners and families of social-emotional development and its impact on educational success, and linking and bridging systems and services on behalf of the child, family, and program. Consultants also provide targeted professional development to programs that focuses on universal screening efforts, supporting social emotional development, Pyramid Model practices, and other content areas as identified collaboratively with the child care program or regional partner(s). Consultants also direct child care professionals to available professional development and topic-oriented resource as able.

EITA has several on line courses/resources to address children's social emotional development and Positive Behavior Supports (PBS): www.eita-pa.org

- Social Emotional Development within the Context of Relationship: The purpose of this course is to assist in the process of accurately identifying children who are experiencing challenges in their social-emotional development.
- The Meaning of Behavior and Appropriate Responding: This provides a foundation for the understanding of social and emotional development in infants and toddlers. It looks at individualized interventions for infants and toddlers through determining the meaning of behavior and developing appropriate responses. Identifying unmet needs, behavior as communication and responding to challenging behaviors are highlighted.
- Pyramid Model Module 1—Preschool: This module introduces participants to the Pyramid Model and the practices within the foundation of this framework. Practices that will be reviewed include building relationships with children, families and colleagues, personal reflection on challenging behavior, the physical and emotional environment and its impact on children's behaviors and providing clear directions and ongoing monitoring and positive attention throughout the day
- Prevent Teach Reinforce for Young Children: Manualized functional behavior assessment and behavior plan process for use with early childhood teams, especially those involved with children in group settings.
- Prevent Teach Reinforce for Families: This is a detailed model and research-based strategy for helping families to resolve their children's serious challenging behaviors in home and community settings.

In addition, EITA on behalf of OCDEL, offers grants to preschool special education programs to implement PBS with early childhood programs

An executive committee from OCDEL meets monthly to review data and make further recommendations.

2.5   Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include:

- Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance.

- Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)).

This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training

and education

(98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

    a. How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

OCDEL works collaboratively with the Pennsylvania Department of Health (DOH) to ensure children in child care and other early learning settings receive periodic screenings and immunizations as recommended by the American Academy of Pediatrics. This is achieved through periodic monitoring and on-site visits by DOH nurses at child care facilities to review immunization records. Parents may call the CONNECT Hotline offered by EITA to find resources and have questions answered about a child's development and be connected to screening and EI information. Through evidence-based home visiting programs, OCDEL provides information and support to young parents, including information about the importance of early screening and immunization as part of a child's healthy development. The American Academy of Pediatrics' Bright Futures guidelines inform this work. Developmental screenings, within 45 days of a child's program enrollment, is a required STAR 2 indicator in the Keystone STARS performance standards. Programs must utilize a research-based developmental screening tool and then continue to follow the tools required periodicity. Programs must communicate the results of any developmental screening to families and refer children for additional screening as appropriate. Additionally, all STAR 2, 3, and 4 programs must offer families a minimum of one conference per year to discuss their child(ren)'s progress and behavioral, social, and physical needs.

    b. The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). ELRCs discuss children's health and development with the parent during a face-to-face interview. Referral information is provided upon request. If there are concerns about the child's development the CONNECT Hotline phone number and email are shared for EI.

    c. How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work. The application for subsidized child care asks if the parent/caretaker would like information about a child's developmental stages and if there is concern about their child's development. If the parent/caretakers indicate an interest in receiving information about these topics, it is addressed at the face-to-face interview or information is sent to the family.

    d. How CCDF families or child care providers receiving CCDF can use the available

resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays. ELRCs provide referral information to parents at the face-to-face meeting.

e. How child care providers receive this information through training and professional development. Professional Development (PD) is provided to practitioners on the use of research-based screening tools and information around how to determine if follow-up support services are needed. CCDBG has been used to support state approved training on the ASQ/ASQ:SE with the provision of screening kits (developmental and social emotional) for non-duplicated programs who send staff to the PD session(s). Information on connecting with IECMH to support children at risk of program suspension or expulsion due to challenging behavior is also regularly disseminated through the Pennsylvania Key and the ELRCs. Early childhood education providers are encouraged to work closely with local EI programs to ensure families can access services and support children receiving services in their care setting.

f. Provide the citation for this policy and procedure related to providing information on developmental screenings. 55 Pa. Code Chapters 3270, 3280, and 3290 require age-appropriate health assessments be conducted and be on record no later than 60 days following enrollment. (See § 3270.131 (relating to health assessment), § 3280.131 (relating to health assessment), and § 3290.131 (relating to health assessment). Keystone STARS performance standards EC.2.3 (required developmental screening within 45 days of program enrollment).

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:
a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.
At the face-to-face meeting, the ELRC provides the parent or caretaker with a consumer statement which provides links to the consumer education website, www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx and www.findchildcare.pa.gov. The consumer education website links to the Child Care Regulations and www.findchildcare.pa.gov provides information about a provider's inspection reports and quality rating.

A provider's health and safety record are available at www.findchildcare.pa.gov. At the face-to-face meeting, ELRCs discuss provider options with parents/caretakers. ELRCs help parents/caretakers to find a provider that meets their needs, by helping them to complete and review the information at www.findchildcare.pa.gov, if requested or by providing the website to the parent if they want to do their own search.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- ☒ Health and safety requirements met by the provider

- ☒ Licensing or regulatory requirements met by the provider

- ☒ Date the provider was last inspected

- ☒ Any history of violations of these requirements

- ☒ Any voluntary quality standards met by the provider

- ☒ How CCDF subsidies are designed to promote equal access

- ☒ How to submit a complaint through the hotline

- ☒ How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

The consumer statement is provided in hard copy or can be emailed to the parent or caretaker. It provides links to our consumer education website www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx, which provides licensing and health and safety requirements, www.findchildcare.pa.gov, which provides inspection reports and information about the provider's quality rating and http://files.constantcontact.com/3e3d36fe201/46f78a7b-2a60-49c6-ba2c-9256fc80e963.pdf, which provides information about how to file a provider complaint. There is also a statement about equal access and how to contact the ELRC.

The provider search website gives parents information about each regulated provider including the status of the provider's license, the status history of the provider's license, inspection dates and results, and complaint dates and results. The provider search website can be found at www.findchildcare.pa.gov. This site has a link for parents to register a complaint about a provider. It also has a link to explain how child care providers are regulated, healthy child development, and parenting tips.

3   Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity

for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the   child care payment.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the state's median income for a family of the same size and whose family assets do not exceed $1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a) (658P(4); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

a. The CCDF program serves children from one week (weeks/months/years) through 12 years (under age 13). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?

☐ No

☒ Yes, and the upper age is 18 years (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical and/or mental incapacity: A child who is incapable of caring for themself due to physical, mental, and/or developmental disabilities as determined by a licensed physician or psychologist.

c. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision ((658P(3); 658E(c)(3)(B))?

☒ No

☐ Yes, and the upper age is *Click or tap here to enter text.* (may not equal or exceed age 19).

d. How does the Lead Agency define the following eligibility terms?
   i. "residing with": For non-TANF families, a family includes the child(ren) for whom subsidized child care is requested and the following individuals who reside with the child(ren): The parent of the child(ren) (biological, adoptive or stepparent). A caretaker. The spouse of a parent or caretaker. The biological, adoptive, foster child or stepchild of the parent or caretaker who is under 18 years of age. An unrelated child who is under 18 years of age and is under the care and control of the parent or caretaker. A child who is 18 years of age or older but under 22 years of age and is enrolled in high school or a high school equivalency program, or a post -secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent upon the income of the parent or

caretaker or the spouse of the parent or caretaker. For TANF families, a family is defined as the "budget group" composed of all individuals who live together, as defined in accordance with the TANF eligibility regulations.

ii. "in loco parentis": For non-TANF families, a "caretaker" is defined as a person who has legal custody of the child, a foster parent, a grandparent, an aunt or uncle who lives with and exercises care and control of a child. For TANF families, this refers to a person who is not the parent of the child but meets the requirements of a specified relative in accordance with the TANF eligibility regulations.

3.1.2   Eligibility criteria: Reason for care

a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

i. Define what is accepted as "Working" (including activities and any hour requirements): For non-TANF families, parents must work an average of 20 hours a week or work at least 10 hours a week and attend a training program for at least 10 hours a week. Work is employment or self-employment. Employment is working for another individual or entity for income. Self-employment is operating one's own business, trade, or profession for profit. For TANF families, parents and caretakers are not required to be employed to receive child care. Parents and caretakers must participate in a training program or complete job search requirements. The TANF eligibility agent determines the employment and training requirements for families receiving TANF benefits.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):
For non-TANF families, training includes adult basic education, English as a second language, a two-year or four-year postsecondary degree program, an internship, clinical placement, apprenticeship, lab work, or field work required by the training institution. For TANF families, parents and caretakers must participate in a training program or complete job search requirements. The TANF eligibility agent determines the employment and training requirements for families receiving TANF benefits.

iii. Define what is accepted as "Education" (including activities and any hour requirements):
Education is defined as "an elementary school, middle school, junior high, or high school program including a general educational development program." Teen parents are eligible if they attend a full-time education program.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework): Teen parents must be attending an education program full-time as certified by the education institution. All others must meet the work requirement of working 20 hours per week. Attending a training program may be used to substitute for up to 10 hours of work time. Travel time is included in the number of hours of care authorized, but not as part of the 20-hour work requirement.

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

☐ Yes

☒ No. If no, describe the additional work requirements. Parent or caretakers, other than teen parents, must work at least 10 hours per week, in additional to the time they are in an education or training program. Teen parents do not have a work requirement in addition to their education.

c. Does the Lead Agency provide child care to children who receive, or need to receive, protective services?

☐ No

☒ Yes. If yes:

    i. Provide the Lead Agency's definition of "protective services": Foster children who are in the legal custody of a local children and youth agency may receive subsidized child care if the foster parent(s) meet the work requirements and there is a need for care. If a foster family meets the work requirements, the income of the foster parent is not included in the eligibility determination and the family pays the minimum co-payment of $5 per week. Also, in a two parent or caretaker household, if there is a court order that states one parent or caretaker is not allowed to care for the child or be alone with the child, only one of the parents or caretakers must meet the work requirement.

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the protective services definition above.

    ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

        ☐ No
        ☒ Yes

    iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

        ☐ No
        ☒ Yes

    iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

        ☒ No
        ☐ Yes

    v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

        ☒ No

☐ Yes

3.1.3   Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8   and 3.2.5.

a. How does the Lead Agency define "income" for the purposes of eligibility at the point of
   initial determination? For non-TANF families, income includes earned income including gross wages from work, cash and in-kind payments received by an individual in exchange for services, and income from self-employment; unearned income including cash and contributions received by an individual for which the individual does not provide a service; and unearned benefits received periodically by an individual, such as unemployment compensation, worker's compensation, or retirement benefits. For TANF families, income is the total (gross) countable monies available to a budget group on a monthly basis as defined by TANF eligibility requirements.

b. Provide the CCDF income eligibility limits in the table below **at the time of initial determination.** Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

Family Size	(i) 100% of SMI ($/Month)	(ii) 85% of SMI ($/Month) [Multiply (a) by 0.85]	(iii) (IF APPLICABLE) ($/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(iv) (IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	$4,194	$3,565	$2,147	51%
2	$5,484	$4,661	$2,903	53%
3	$6,776	$5,758	$3,660	54%
4	$8,065	$6,855	$4,417	55%
5	$9,355	$7,952	$5,173	55%

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across

the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)). Income limits are statewide. At application, the income limit is 200 percent of the 2020 FPIG.

d. SMI source and year. 2020 NCSIA State Median Income and Federal Poverty Income Calculation Tool

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-   for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss .

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b. N/A, income limits are the same across the commonwealth.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? May 3, 2021

g. Provide the citation or link, if available, for the income eligibility limits. https://www.dhs.pa.gov/Services/Children/Pages/Child-Care-Works-Program.aspx

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed $1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a. Describe how the family member certifies that family assets do not exceed $1,000,000 (e.g., a checkoff on the CCDF application). On the application, the parent or caretaker checks "yes" or "no" to the question: Do you have assets over one million dollars? Parents and caretakers must sign an affidavit swearing that everything on the application is true.

b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No

☒ Yes. If yes, describe the policy or procedure and provide citation: A foster child is counted as a family of one. We do not count income and assets for a foster child. Chapter 3041.31(d) relating to family size.

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.
Families experiencing homelessness, not meeting the work requirements at application, may be eligible to complete a job search for up to 92 days.

b. eligibility redetermination. Families not meeting the work requirements at redetermination but have a job to return to within 92 days, may be eligible for 92 days of presumptive eligibility. If the parent or caretaker has returned to work, education or training by 92 days, eligibility will continue for the remainder of the 12-month redetermination period. If the parent or caretaker has not returned to work, education, or training by day 92, eligibility will end for the family.

3.1.6   Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

☒ a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules

☒ b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)

☒ c. Establishing minimum eligibility periods longer than 12 months

☒ d. Using cross-enrollment or referrals to other public benefits

☐ e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services

☐ f. Working with entities that may provide other child support services.

☐ g. Providing more intensive case management for families with children with multiple risk factors

☐ h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities

☐ i. Other. Describe: *Click or tap here to enter text.*

3.1.7   Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II) and 98.21(c)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of state median income (SMI) (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments (98.21(c)). Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

☐ a. Average the family's earnings over a period of time (e.g. 12 months).
☐ b. Request earning statements that are most representative of the family's monthly income.
☐ c. Deduct temporary or irregular increases in wages from the family's standard income level.

☒ d. Other. Describe: Families do not have to report a change in income between redetermination periods. Families must report if the family's annual income increases to 85 percent of the state median income (SMI). The ELRC will work with the family to review income information when the family reports income in excess of 85 percent SMI to ensure that it is not just a temporary increase over the limit.

3.1.8   Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

Required at Initial Determination	Required at Redetermination	Information and Description
☒		a. Applicant identity. Describe: Verification of identity is required one time only, at application. Acceptable verification of applicant identity includes a photo-ID or two non-photo-ID documents such as Social Security card, birth certificate, or voter registration card.
☒		b. Applicant's relationship to the child. Describe: Relationship to child is required one time only, at application or upon adding a new child to the case. Acceptable verification of the applicant's relationship to the child includes a birth certificate, custody order, medical or school records.
☒		c. Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: This verification is required one time at application or upon adding a new child to the case. Acceptable verification of the child's eligibility information includes a birth certificate, medical or school records.
☒	☒	d. Work. Describe: This verification is required at application, redetermination, or any time a parent is requesting an increase in the number of authorized child care hours based on changes in the number of work hours. Acceptable verification of work includes any document that indicates the employer's name, address, telephone number, and the number of hours worked, a work schedule, or OCDEL's employment verification form signed by the employer.

Required at Initial Determination	Required at Redetermination	Information and Description
☒	☒	e. Job training or educational program. Describe: This verification is required at application, redetermination, or any time a parent is requesting an increase in the number of authorized child care hours based on changes in the number of training hours. Acceptable verification for training and education includes a copy of the class or training schedule signed by the education or training representative, or OCDEL's training or education form signed by the education or training representative.
☒	☒	f. Family income. Describe: This verification is required at application, redetermination, or any time the parent is requesting a reduction in co-payment based on decreased income. Acceptable verification of family income includes pay stubs, OCDEL's employment form, tax returns, a written statement signed by the employer, a benefit award letter, a copy of benefit check, a bank statement, a court order, or Domestic Relations office records.
☒		g. Household composition. Describe: This verification is required one time at application or upon adding a new person to the case. Acceptable verification of household composition includes a birth certificate, custody order, medical or school records.
☒		h. Applicant residence. Describe: This information is required at application and whenever a parent reports a new address. Acceptable verification of residence includes mail received by the parent or caretaker, a copy of a lease, a utility bill, a deed, a driver's license, or rental agreement.

Required at Initial Determination	Required at Redetermination	Information and Description
☒		i. Other. Describe: Care and control: This verification is required at application or when a new child enters the family. Acceptable verification includes a court order, medical or school records, social service records, religious records, or Domestic Relations office records. Former TANF eligibility: This verification is required one time at application. Acceptable verification of the transfer of TANF benefits includes documentation by the CAO indicating that TANF benefits ended within Pennsylvania or another state within the past 183 days.

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

☒ a. Time limit for making eligibility determinations. Describe length of time: For non-TANF families, the ELRC must determine eligibility no later than the 30th calendar day following receipt of a signed and dated application for subsidized child care. For TANF families, the County Assistance Office (CAO) must determine eligibility no later than the 30th calendar day following receipt of a signed and dated application for TANF benefits. Following the determination of eligibility for TANF families, the CAO refers the family to the ELRC for subsidized child care benefits. The ELRC must contact the family no later than five calendar days from the receipt of the referral and must determine eligibility for enrollment no later than 15 calendar days from the receipt of the referral.

☒ b. Track and monitor the eligibility determination process

☒ c. Other. Describe: *Click or tap here to enter text.*

☒ d. None

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a. Identify the TANF agency that established these criteria or definitions:
OIM Bureau of Policy in conjunction with OCDEL Bureau of Policy and Professional Development

b. Provide the following definitions established by the TANF agency:

i. "Appropriate child care": Child care operating in accordance with the Pennsylvania state child care regulations and meeting the CCDBG regulations. This includes regulated child care centers, group child care homes, family child care homes, and unregulated care provided by a relative of the child(ren). Informal care is primarily provided in the caregiver's home. Informal care may be provided in the child's home when care outside of the child's home presents a risk to the child's health as documented by a licensed physician or psychologist, or when care occurs between the hours of 9:00 P.M. and 6:00 A.M. while the parent or caretaker is working.

ii. "Reasonable distance": Travel time to and from the work, education, or training site that includes travel time to the child care provider, which is one hour or less each way (two hours roundtrip), by reasonably available public or private transportation.

iii. "Unsuitability of informal child care": Any child care is unsuitable or inappropriate if it is reasonably expected to result in physical or serious emotional harm to the child.

iv. "Affordable child care arrangements": Child care that costs less than or equal to the DHS-established child care daily maximum allowances for payment of child care services.

c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

☒ i. In writing

☒ ii. Verbally

☐ iii. Other. Describe: *Click or tap here to enter text.*

d. Provide the citation for the TANF policy or procedure: 55 Pa. Code Chapter 165 Road to Economic Self-Sufficiency through Employment and Training (RESET) Program at § 165.21 (relating to exemptions from RESET participation requirements.

3.2   Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may

NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)). Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.4 addresses co-payments during the graduated phase-out period.

3.2.1 Provide the CCDF co-payments in the chart below according to family size for **one** child in care.

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

Family size	*(a)* Lowest initial or First Tier Income Level where family is first charged co-pay (greater than $0)	*(b)* What is the monthly co-payment for a family of this size based on the income level in (a)?	*(c)* What percentage of income is this co-payment in (b)?	*(d)* Highest initial or First Tier Income Level before a family is no longer eligible.	*(e)* What is the monthly co-payment for a family of this size based on the income level in (d)?	*(f)* What percentage of income is this co-payment in (d)?
1	$1	$22.00	3.00%	$25,760	$217.00	8.00%
2	$1	$22.00	3.00%	$34,840	$290.00	8.00%
3	$1	$22.00	3.00%	$43,920	$368.00	8.00%
4	$1	$22.00	3.00%	$53,000	$442.00	8.00%
5	$1	$22.00	3.00%	$62,080	$516.00	8.00%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. ☒ N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.
Philadelphia

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).
N/A

c. What is the effective date of the sliding-fee scale(s)? May 3, 2021

d. Provide the link(s) to the sliding-fee scale:
https://www.pabulletin.com/secure/data/vol49/49-24/908.html

3.2.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply under a. or b.

☒ a. The fee is a dollar amount and (check all that apply):

☐   i. The fee is per child, with the same fee for each child.

☐   ii. The fee is per child and is discounted for two or more children.

☐   iii. The fee is per child up to a maximum per family.

☐   iv. No additional fee is charged after a certain number of children.

☒   v. The fee is per family.

☐   vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: *Click or tap here to enter text.*

☐   vii. Other. Describe: *Click or tap here to enter text.*

☐   b. The fee is a percent of income and (check all that apply):

☐   i. The fee is per child, with the same percentage applied for each child.

☐   ii. The fee is per child, and a discounted percentage is applied for two or more children.

☐   iii. The fee is per child up to a maximum per family.

☐   iv. No additional percentage is charged after a certain number of children.

☐   v. The fee is per family.

☐   vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: *Click or tap here to enter text.*

☐   vii. Other. Describe: *Click or tap here to enter text.*

3.2.3   Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder: Lead Agencies may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)).

☒ No

☐ Yes. If yes, check and describe those additional factors below.

☐ a. Number of hours the child is in care. Describe: *Click or tap here to enter text.*

☐ b. Lower co-payments for a higher quality of care, as defined by the state/territory. Describe: *Click or tap here to enter text.*

☐ c. Other. Describe: *Click or tap here to enter text.*

3.2.4   The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

☐ No, the Lead Agency does not waive family contributions/co-payments.

☒ Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

☐   a. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the

policy citation. *Click or tap here to enter text.*

☐   b.   Families who are receiving or needing to receive protective services on a case-by- case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation. *Click or tap here to enter text.*

☒   c.   Families meeting other criteria established by the Lead Agency. Describe the policy. Families experiencing homelessness and families experiencing domestic violence may have their co-payment waived to the lowest co-payment, which is $5 per week. Foster parents' income is waived, and they are charged the lowest co-payment, which is $5 per week. TANF families that are in an unpaid work activity do not pay a co-payment.

3.2.5   Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

(i)   85 percent of SMI for a family of the same size.
(ii)   An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
     (A)   Takes into account the typical household budget of a low-income family.
     (B)   Provides justification that the second eligibility threshold is:
        (1)   Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability.
        (2)   Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-pay amounts for families whose

children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

a. Check and describe the option that best identifies the Lead Agency's policies and procedures
regarding the graduated phase-out of assistance.

☐ N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

☐ The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

    A. Describe the policies and procedures. *Click or tap here to enter text.*
    B. Provide the citation for this policy or procedure. *Click or tap here to enter text.*

☒ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

    A.   Provide the income level for the second tier of eligibility for a family of three: $51,606

    B. Describe how the second eligibility threshold:
        1. Takes into account the typical household budget of a low-income family: Parents remain eligible for a full 12-month period unless the family's annual income reaches 85 percent of the state median income. The upper income limits permit parents to receive raises and income increases without losing eligibility.
        2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: Income is stabilized during the 12-month eligibility period. The 235 percent FPIG limit is only imposed at redetermination. The difference between the two limits permits the family's annual income to increase approximately 17 percent before the family becomes ineligible for the program.
        3. Reasonably allows a family to continue accessing child care services without unnecessary disruption: Income is stabilized, and families remain eligible until the 12-month eligibility period expires, even if the family's annual income exceeds 235 percent of the FPIG.
        4. Provide the citation for this policy or procedure related to the second eligibility threshold: 55 Pa. Code Chapter 3041 Subsidized Child Care Eligibility. Graduated phase-out is addressed at § 3041.41(a), (b), and (c).

b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

    ☒ No
    ☐ Yes
    i. If yes, describe how the Lead Agency gradually adjusts co-payments for

families   under a graduated phase-out: *Click or tap here to enter text.*

    ii.   If yes, does the Lead Agency require additional reporting requirements during the   graduated phase-out period? (Note: Additional reporting requirements are also   discussed in section 3.4.3 of the Plan.)

    ☐ No
    ☐ Yes. Describe: *Click or tap here to enter text.*

3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes, and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination. Other ways to give priority may include the establishment of a waiting list or the ranking of eligible families in priority order to be served.

Note: CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.3.1   Describe how the Lead Agency defines:

    a.   "Children with special needs": "Children with special needs" are defined as children between the ages of birth and 13 with physical, mental, and/or developmental disabilities. A child between the ages of 13 years, but younger than 19 years and who is incapable of caring for him/herself may continue to receive child care until the child no longer has the disability or turns 19 years of age. Children ages birth to 19 with developmental ages that are less than their chronological age are paid at their developmental age rate rather than their chronological age rate. The developmental rate is usually a higher rate, as our rates tend to decrease as the child ages.

    b.   "Families with very low incomes": "Families with very low incomes" are defined as families receiving TANF or are transitioning off TANF. Children residing in TANF and former TANF families are not subject to the waiting list and are enrolled immediately.

3.3.2   Identify how the Lead Agency will prioritize or target child care services for the following   children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information   in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and   using grants or contracts to reserve spots is addressed in 4.1.6.

    a.   Complete the table below to indicate how the identified populations are prioritized or targeted.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots

Children with special needs	☐	☐	☐	☐	☐
Families with very low incomes	☒	☒	☒	☐	☐
Children experiencing homelessness, as defined by the CCDF	☒	☐	☒	☐	☐
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	☒	☒	☒	☐	☐

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted. Children with special needs: Children with a developmental delay are paid at the developmental age, not the chronological age. This payment is usually higher.

3.3.3   List and define any other priority groups established by the Lead Agency.
Foster children – defined as a child in the legal custody of a children and youth agency, which maintains that custody while paying a licensed foster parent to care for the child;
Children who are enrolled in PA Pre-K Counts, Head Start, or Early Head Start who need wrap-around child care at the beginning and/or end of the program day;
Newborn siblings of children who are already enrolled and whose parent needs timely care so he/she can return to work; Teen parents – defined as children under the age of 18 who are attending high school or participating in a GED program on a full-time basis; children 18 through 22 years of age who are attending high school or a cyber school as approved by the child's school district, on a full-time basis.

3.3.4   Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3. These children are placed on a priority waiting list and receive child care funding first before other children on the waiting list.

3.3.5   Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving children and   families experiencing homelessness (addressed in section 6), and (3) conduct specific outreach   to families experiencing homelessness(658E(c)(3); 98.51).

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. For families experiencing homelessness, a non-working parent is provided presumptive eligibility for 92 days, during which the parent may conduct a job search, at application and redetermination. Verification of eligibility requirements may be waived for up to 92

days; however, the following eligibility requirements may not be waived: child's age; income limits; Pennsylvania residency; child's citizenship. Children experiencing homelessness are placed on a prioritized waiting list and receive funding sooner than others on the waiting list.

b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

☐ Lead Agency accepts applications at local community-based locations
☒ ii. Partnerships with community-based organizations
☒ iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
☐ Other: *Click or tap here to enter text.*

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.3.6 Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note: Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a. Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

i. Children experiencing homelessness (as defined by the CCDF Final Rule). OCDEL allows all families, if needed, a 90-day period from the date the family is determined eligible to receive subsidy, to get immunizations if the child does not have them. Immunizations are not required if the child has a medical reason or the parent has religious reasons for not obtaining immunizations. Immunizations are self-certified, meaning the parent self-attests the child is properly immunized; this is accepted as sufficient proof of the child's immunization status. Provide the citation for this policy and procedure. 55 Pa. Code Chapter 3041 Subsidized Child Care Eligibility at § 3041.46 (relating to immunization); and § 3041.63(b)(3) (relating to self-certification).

ii. Children who are in foster care. OCDEL allows all families, if needed, a 90-day period from the date the family is determined eligible to receive subsidy, to get immunizations if the child does not have them. Immunizations are not required if the child has a medical reason or the parent has religious reasons for not obtaining immunizations. Immunizations are self-certified, meaning the parent self-attests the child is properly immunized; this is accepted as sufficient proof of the child's immunization status. Provide the citation for this policy and procedure. 55 Pa. Code Chapter 3041 Subsidized Child Care Eligibility at § 3041.46 (relating to immunization); and § 3041.63(b)(3) (relating to self-certification).

b. Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)). The ELRCs provide referral information to families related to immunizations, as needed. Regulated providers allow families up to 60 days to get children immunized and accept the religious and medical exemption. Regulated providers will not be cited for children who are not immunized based on exemption. Children eligible for subsidy are given up to 90 days to acquire age-appropriate immunizations for their children unless there is a medical or religious reason to not do so. An additional 30 days is given beyond the 60 days that regulated providers allow because, once determined eligible for subsidy, families have 30 days to enroll the child with a provider.

c. Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

☐ No

☒ Yes. Describe: OCDEL allows all families, if needed, a 90-day period from the date the family is determined eligible to receive subsidy, to get immunizations if the child does not have them. Immunizations are not required if the child has a medical reason or the parent has religious reasons for not obtaining immunizations. Immunizations are self-certified, meaning the parent self-attests the child is properly immunized; this is accepted as sufficient proof of the child's immunization status.

3.4 Continuity for Working Families

3.4.1   Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

- regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).
- regardless of temporary changes in participation in work, training, or educational   activities (658E(c)(2)(N)(i) and (ii)).

The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

1. any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness

2. any interruption in work for a seasonal worker who is not working

3. any student holiday or break for a parent participating in a training or educational program

4. any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program

5. any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency

6. a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)

7. any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12- month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

Families are eligible for no less than 12 months of continued eligibility before eligibility is redetermined, regardless of a temporary change in the ongoing status of the parent or caretaker's employment, job training or educational program, and increases in the family's annual income as long as the family income does not exceed 85 percent of the state median income for the family size. Families are not subject to termination based on temporary job, training, or education loss such as summer/semester breaks, maternity leave, temporary disability or breaks in seasonal work. Families will not be ineligible for subsidy payments when experiencing a loss of work, training, or education between redeterminations. Families may become ineligible at redetermination if the parent/caretaker is not meeting the work requirement. Children who turn 13 years of age during the 12-month eligibility period remain eligible until the next redetermination date. As of the submission date of this plan, revisions to Pennsylvania's subsidized child care eligibility regulations are not final. Until the regulation is published as final, all changes are being implemented through policy chapters.

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

Minimum Required Element	Citation
☒ i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness. Describe or define your Lead Agency's policy: The family remains eligible until the next redetermination. At redetermination, a family can remain eligible if the parent or caretaker has a job to return to and will return to work within 92 days.	Low Income Policy Chapter: 404.9.5 Subsidy Continuation; 404.10.5 P/C Disability; Proposed Regulations: §3042.37(a) Eligibility of households including a parent or taker with a disability; §3042.101(a) Eligibility redetermination. §3042.143 Leave periods at redetermination.

Minimum Required Element	Citation
☒ ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency's policy: The family remains eligible until the next redetermination. At redetermination, a family can remain eligible if the parent or caretaker has a job to return to and will return to work within 92 days.	Low Income Policy Chapter: 404.9.5 Subsidy Continuation; 404.10.4 Seasonal & Temporary Work Proposed Regulations: §3042.101(a) Eligibility redetermination. §3042.143 Leave periods at redetermination.
☒ iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency's policy: The family remains eligible until the next redetermination. At redetermination, a family can remain eligible if the parent or caretaker has a job to return to and will return to work within 92 days.	Low Income Policy Chapter: 404.9.5 Subsidy Continuation Proposed Regulations: §3042.101(a) Eligibility redetermination. §3042.143 Leave periods at redetermination.
☒ iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy: The family remains eligible until the next redetermination. At redetermination, a family can remain eligible if the parent or caretaker has a job to return to and will return to work within 92 days.	Low Income Policy Chapter: 404.9.5 Subsidy Continuation Proposed Regulations: §3042.101(a) Eligibility redetermination. §3042.143 Leave periods at redetermination.
☒ v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency's policy: The family remains eligible until the next redetermination. At redetermination, a family can remain eligible if the parent or caretaker has a job to return to and will return to work within 92 days.	Low Income Policy Chapter: 404.9.5 Subsidy Continuation Proposed Regulations: §3042.101(a) Eligibility redetermination. §3042.143 Leave periods at redetermination.

Minimum Required Element	Citation
☒ vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency's policy: Eligibility will continue until the family's next scheduled annual redetermination when a child turns 13 years of age between redeterminations.	Low Income Policy Chapter: 404.11.1 Age Requirement Proposed Regulations: §3042.11(c) Provision of subsidized child care; §3042.101(a) Eligibility redetermination.
☒ vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency's policy: The family remains eligible until the next redetermination. A case transfer is completed if the family moves to a new address, within Pennsylvania, but outside of the region served by the current ELRC.	Proposed Regulations: §3042.32 Residence §3042.101(a) Eligibility redetermination.

    c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation. N/A

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

    a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

        ☐ No
        ☒ Yes. If yes, describe the policy or procedure (including any differences in eligibility

at initial eligibility determination vs. redetermination of eligibility):
At application and redetermination, a family experiencing homelessness is eligible for 92 days while competing a job search.

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

☒ No, the state/territory does not discontinue assistance during the 12-month eligibility due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program.

☐ Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's *no* period *n-temporary* loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change: *Click or tap here to enter text.*

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation: *Click or tap here to enter text.*

iii. How long is the job-search period (must be at least 3 months)?
Click or tap here to enter text.

iv. Provide the citation for this policy or procedure. *Click or tap here to enter text.*

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

☐ i. Not applicable

☒ ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

a. Define the number of unexplained absences identified as excessive:
The eligibility agency shall terminate subsidy for excessive unexplained absences after the subsidy has been suspended for a minimum of 60 consecutive days and the eligibility agency's repeated attempts to contact the parent or caretaker regarding the child's absences are unsuccessful and following proper notification to the family. As of the submission date of this plan, revisions to Pennsylvania's subsidized child care eligibility regulations are not final. Until the regulation is published as final, all changes are being implemented through policy.

b. Provide the citation for this policy or procedure: Low Income Policy Chapter: 404.9.6 Subsidy Suspension; Proposed Regulations: §3042.20(c) Subsidy suspension.

☒ iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure: 55 Pa. Code Chapter 3041 Subsidized Child Care

Eligibility at §3041.42 (related to residence).

☒ iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.
Pennsylvania's defines fraud as "the intentional act of a parent or caretaker that results in obtaining, continuing or increasing child care subsidy for which the family is not eligible and that involves either a false or misleading statement or the failure to disclose information. 55 Pa. Code Chapter 3041 Subsidized Child Care Eligibility at §3041.3 (related to definitions).

3.4.3   Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

☒   No
☐   Yes

b. Any additional reporting requirements during the minimum 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of state median income (SMI)) or that impact the Lead Agency's ability to contact the family or   pay the child care providers (e.g., a family's change of address, a change in the parent's   choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the minimum 12-month eligibility period. Check all that apply.

☒ i. Additional changes that may impact a family's eligibility during the minimum 1 2 - month period. Describe: The family's gross monthly income exceeds 85 percent of the state median income (SMI), the child(ren) no longer has a need for care or is no longer residing in the household, A parent or caretaker in the family becomes an owner or director of a child care facility, A foster child(ren) in the household is adopted by a parent or caretaker.

☒ ii. Changes that impact the Lead Agency's ability to contact the family. Describe: Change of address, change of phone number

☒ iii. Changes that impact the Lead Agency's ability to pay child care providers. Describe: Change in provider, change in the number of days or hours care is needed.

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- ☒ i. Phone
- ☒ ii. Email
- iii. Online forms
- ☒ iv. Extended submission hours
- ☒ v. Postal mail
- ☒ vi. Fax
- ☒ vii. In-person submission
- viii. Other. Describe: *Click or tap here to enter text.*

d. Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report. Families may report changes that allow their copayment to be lowered, including a loss or reduction of income and a change in family size or composition. As of the submission date of this plan, revisions to Pennsylvania's subsidized child care eligibility regulation are not final. Until the regulation is published as final, all changes are being implemented through policy.

ii. Provide the citation for this policy or procedure. Low Income Policy Chapter: 404.16 Processing Reported Changes, Proposed Regs: §3042.86 (related to processing reported changes)

3.4.4   Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents

working non-traditional hours).

    a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

☒   i. Advance notice to parents of pending redetermination
☐   ii. Advance notice to providers of pending redetermination
☒   iii. Pre-populated subsidy renewal form
☒   iv. Online documentation submission
☒   v. Cross-program redeterminations
☐   vi. Extended office hours (evenings and/or weekends)
☒   vii. Consultation available via phone
☐   viii. Other: *Click or tap here to enter text.*

4   Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1   Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require

higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1   Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)). The child care certificate is issued once a parent selects a provider and the enrollment begins. The certificate is sent to the provider and the parent and provides the date the enrollment begins for the child, the unit of care, hours of care each day and the amount of the co-pay

4.1.2   Identify how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

☐ a. Certificate provides information about the choice of providers

☐ b. Certificate provides information about the quality of providers

☐ c. Certificate is not linked to a specific provider, so parents can choose any provider
☒ d. Consumer education materials are provided on choosing child care
☒ e. Referrals provided to child care resource and referral agencies
☒ f. Co-located resource and referral staff in eligibility offices
☒ g. Verbal communication at the time of the application
☒ h. Community outreach, workshops, or other in-person activities

☐ i. Other. Describe: *Click or tap here to enter text.*

4.1.3   A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

☐ Describe how parents have access to the full range of providers eligible to receive CCDF:
All regulated providers are eligible to receive CCDF, including Child Care Centers, Family Child Care Homes (FCCHs) and Group Child Care Homes (GCCHs). Families also have the option of choosing a relative provider, as defined by CCDF. In certain circumstances, a relative provider can provide in-home care for children meeting the criteria.

☐ Describe state data on the extent to which eligible child care providers participate in the CCDF system: As of the time of completion, 89 percent of licensed child care providers have an active CCW Subsidy agreement with one or more ELRC. 73 percent have CCW enrollments and there are 1,840 relative-providers.

☐ Identify any barriers to provider participation, including barriers related to payment rates and practices – including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:
Although all regulated providers are eligible to receive CCDF, some providers choose not to accept subsidy payments, because they are often lower than their private pay rates. OCDEL does allow providers to charge families the difference between the subsidy payment rate and the provider's private pay rate, to encourage providers to participate.

4.1.4   Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF

funds (658E(c)(2)(B); 98.16(t)). Pennsylvania child care regulations for all regulated providers state, providers need to give a parent access to their child(ren) at all times. This requirement is reviewed with providers during provider orientation meetings through the regional child care certification offices. It is also stated in the CCW Provider Agreement, which is reviewed with and signed by unregulated providers at the face-to-face meeting with their ELRC.

4.1.5   The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

☐   No

☒   Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

☐   a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: *Click or tap here to enter text.*

☒   b. Restricted based on the provider meeting a minimum age requirement. Describe: Must be a relative provider at least 18 years of age.

☒   c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: In-home care may only be used by a parent or caretaker between the hours of 9:00p.m. and 6:00 a.m.

☒   d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)). Describe: Relatives as defined in the Child Care and Development Block Grant.

☒   e. Restricted to care for children with special needs or a medical condition. Describe: In-home care is permitted at any time where care outside the home is a risk to the child's health. The child's health condition and risk to health must be documented by a licensed physician or psychologist and explain the necessity for in-home care for reasons related to the child's health.

☐   f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: *Click or tap here to enter text.*

☒   g.   Other. Describe: While Pennsylvania does not restrict in-home care to a minimum number of children to meet the minimum wage requirement, if the ELRC payment and parent's co-payment do not equal the minimum hourly wage, the parent is required to pay the provider the additional amount necessary to meet the minimum wage requirement. The parent must also agree to pay applicable federal and state taxes per the IRS Household Employers Tax Guide.

4.1.6   Child care services available through grants or contracts.

a. In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check "yes" if every provider is simply required to sign an agreement to be paid in the certificate program.

☐   No. If no, skip to 4.1.7

☐   Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions   use grants or contracts for child care slots. *I*

☒   Yes, statewide. If yes, describe:

    i.   How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: In 2018-2019, $2 million of CCDF funding was used to fund a pilot program serving CCW eligible infants and toddlers via contracted slots. The Infant Toddler Contracted Slots (ITCS) Program was expanded in the 2019-2020 budget which included an additional $15 million to serve more eligible children. Contracted slots are an alternative to the traditional voucher system. Instead of having funding follow the child, as in the traditional voucher system, the ITCS program, awards funding to a provider. If a child leaves the funded provider, the provider continues to be paid for the slot and is responsible to fill the slot with a different child eligible for CCW. In state fiscal year 2020-2021, just over $14 million of CCDF funding was used in eighteen of Pennsylvania's nineteen ELRC regions to provide the ITCS program. Region 8, covering Centre, Juniata, Mifflin, Northumberland, Snyder, and Union counties did not have interested programs and does not currently participate. The program provides funding for 872 slots through ELRC contracts with 56 eligible Keystone STAR 3 or 4 providers. The eligibility for ITCS follows the same eligibility criteria for CCW funding. At the time eligibility is determined, families are provided information on the ITCS program (if slots are available). Eligible families may choose to enroll in either ITCS program or traditional subsidy funding. The limited availability of the ITCS program currently does limit the number of available slots for the program, which is one reason Pennsylvania may consider expanding the program in the coming years.

    ii.   The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency: ITCS program slots are awarded through competitive Request for Application (RFA) processes at each ELRC when expansion funding is available. RFAs took place in SFY 2018-2019 (pilot year 1) and SFY 2019-2020 (pilot expanded). There was no competitive RFA for SFY 2020-2021, however SFY 2019-2020 contracts were continued into SFY 2020-2021. Contracts are continued from each year as long as providers maintain eligibility and are meeting the program policies which are monitored annually by Infant Toddler Specialists. Eligible entities must meet the following criteria at time of application and throughout the entire grant period: 1) have a regular certificate of compliance issued by DHS 2) be a STAR 3 or STAR 4 center or group home in Pennsylvania's QRIS system. 3) currently serve Pennsylvania Pre-K Counts (the state-funded pre-K program) children at the location where the ITCS program slots will be served, and 4) have the capacity to serve infants and toddlers.

    iii.   How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments. The goals of the ITCS program include providing fiscal stability for high-

quality child care providers serving CCW eligible infants and toddlers, and establishing a continuum of care for children and families in high-quality child care settings with a focus on strengthening the link between high-quality child care programs and high quality pre-kindergarten programs. The rates for ITCS range from $14,000 per slot to $20,000 per slot and are regionalized based on consideration of the annualized CCW rates (effective Jan. 1, 2020) for Infants and Toddlers plus an annualized STAR 4-tiered rate. OCDEL then compared the total average annual revenue a provider would collect serving CCW children over a 3-year period to the proposed Infant/Toddler Slot rates. OCDEL also compared the annualized private pay rates for Infants and Toddlers to the proposed Infant/Toddler Slot rates. Across all regions, the proposed Infant/Toddler Slot rates are approximately 30-36 percent higher than the annualized CCW rates. In addition, for most providers, the proposed Infant/Toddler Slot rates are higher, in varying percentages, than annualized private pay rates.

b. Will the Lead Agency use grants or contracts for direct child care services to increase the supply or quality of specific types of care?

☐ No

☒ Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

Grants or Contracts are used in Child Care Programs that Serve	*To increase the supply of care*	*To increase the quality of care*
i. Children with disabilities	☐	☐
ii. Infants and toddlers	☒	☒
iii. School-age children	☐	☐
iv. Children needing non-traditional hour care	☐	☐
v. Children experiencing homelessness	☐	☐
vi. Children with diverse linguistic or cultural backgrounds	☐	☐
vii. Children in underserved areas	☐	☐
viii. Children in urban areas	☐	☐
ix. Children in rural areas	☐	☐
x. Other populations, please specify *Click or tap here to enter text.*	☐	☐

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of

tracking progress to support equal access and parental choice (98.16(x).

    a.   In child care centers. OCDEL identified shortages in the supply of child care in 27 of 67 counties by comparing licensed capacity of providers to census data on the number of children in need of care. To estimate supply, the licensed capacity of regulated providers operating within a county was aggregated. To establish demand in each county, OCDEL used U.S. Census Bureau data on the number of children under six years of age with all available parents/guardians in the workforce. Dividing the number of children under six years of age in need of care within a county by the county's aggregated licensed capacity produces a ratio. The higher the ratio, the more demand exceeds supply. 11 counties are deemed to have acute capacity issues and 16 are deemed to have moderate capacity issues.

    b.   In child care homes. OCDEL identified shortages in the supply of child care in 27 of 67 counties by comparing licensed capacity of providers to census data on the number of children in need of care. To estimate supply, the licensed capacity of regulated providers operating within a county was aggregated. To establish demand in each county, OCDEL used U.S. Census Bureau data on the number of children under six years of age with all available parents/guardians in the workforce. Dividing the number of children under six years of age in need of care within a county by the county's aggregated licensed capacity produces a ratio. The higher the ratio, the more demand exceeds supply. 11 counties are deemed to have acute capacity issues and 16 are deemed to have moderate capacity issues.

    c.   Other. *Click or tap here to enter text.*

4.1.8   Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

    a. Children in underserved areas. Check and describe all that apply.

    ☐   i.   Grants and contracts (as discussed in 4.1.6). Describe:
Click or tap here to enter text.

    ☐   ii.   Targeted Family Child Care Support such as Family Child Care Networks. Describe: *Click or tap here to enter text.*

    ☐   iii.   Start-up funding. Describe: *Click or tap here to enter text.*

    ☒   iv.   Technical assistance support. Describe: ELRCs are instructed to target STAR 1 and STAR 2 programs serving high numbers of children accessing CCW to ensure vulnerable children have access to high-quality care. In addition, this targeting ensures children accessing CCW funding have high-quality options in their home communities.

    ☐   v.   Recruitment of providers. Describe: *Click or tap here to enter text.*

    ☒   vi.   Tiered payment rates (as discussed in 4.3.3). Describe:
Keystone STARS tiered add-ons incentivize programs to increase their quality and STAR level and help to off-set the higher costs of providing high-quality child care.

The STARS add-ons begin at STAR 2 and increase through STAR 4 among all program types and care levels.

☒ vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: Pennsylvania supports the shared services concept, particularly as such services strengthen the business practices of small programs, and consideration of shared services models is reflected in the Keystone STARS performance standards and supported through outside funding opportunities to seed innovation. Programs can earn points in the Leadership and Management Performance Standard category through participating in shared services that support cost savings, greater efficiencies related to operations, and/or program quality enhancements.

☐ viii. Accreditation supports. Describe: *Click or tap here to enter text.*

☒ ix. Child care health consultation. Describe: Child care health consultants are placed at the ELRCs and intended to provide rapid response where necessary while also providing general best practice and professional development to providers. This model allows providers to maintain a child(ren)'s enrollment if they have a special need (like medication administration) and supports providers in building a high-quality environment for all children.

☒ x. Mental health consultation. Describe: Infant/Early Childhood Mental Health (IECMH) Consultation is available by request for any program participating in QRIS, not including HS/EHS programs. Consultants are regionally located and available to provide child-specific and classroom focused consultation to adult caregivers related to the social-emotional development and relational health of infants/toddlers and young children in the early learning environment. The program focuses on reducing the number of children expelled from child care due to behavior challenges, increasing understanding among ECE practitioners and families of social-emotional development and its impact on educational success, and linking and bridging systems and services on behalf of the child, family, and program.

☐ xi. Other. Describe: *Click or tap here to enter text.*

b. Infants and toddlers. Check and describe all that apply.

☒ i. Grants and contracts (as discussed in 4.1.6). Describe:
In SFY 2018-2019, $2 million in CCDF funding was used to fund a pilot program serving CCW eligible infants and toddlers via contracted slots. The Infant Toddler Contracted Slots (ITCS) Program was expanded in the 2019-2020 budget which included an additional $15 million to serve more eligible children. Contracted slots are an alternative to the traditional voucher system. Instead of having funding follow the child, as in the traditional voucher system, the ITCS program, awards funding to a provider. If a child leaves the funded provider, the provider continues to be paid for the slot and is responsible to fill the slot with a different CCW eligible child. In SFY 2020-2021, just over $14 million of CCDF funding was used in eighteen of Pennsylvania's nineteen ELRC regions to provide the ITCS program. Region 8, covering Centre, Juniata, Mifflin, Northumberland, Snyder, and Union counties did not have interested programs and does not currently participate. The program provides funding for 872 slots through ELRC

contracts with 56 eligible providers. The eligibility for ITCS follows the same eligibility criteria for CCW funding. At time eligibility is determined, families are provided information on the ITCS program (if slots are available). Eligible families may choose to enroll in either ITCS program or traditional subsidy funding. The limited availability of the ITCS program currently does limit the number of available slots for the program, which is one reason Pennsylvania would expand the program in the coming years. The goals of the ITCS program include providing fiscal stability for high-quality child care providers serving CCW eligible infants and toddlers and establishing a continuum of care for children and families in high-quality child care settings with a focus on strengthening the link between high-quality child care programs and high-quality pre-kindergarten programs. The program also has a focus of increasing the quality of infant-toddler programming, but this goal was a secondary focus of the pilot evaluation, with program fiscal stability being the primary focus of the pilot evaluation. The evaluation process was completed in June 2020; however, the evaluation was impacted by program implementation during COVID-19. Studying the impact on program quality is a goal in upcoming years.

☒ ii. Family Child Care Networks. Describe: *Click or tap here to enter text.*

☒ iii. Start-up funding. Describe: *Click or tap here to enter text.*

☒ iv. Technical assistance support. Describe: Infant Toddler Specialists are available to providers for targeted technical assistance on developmentally appropriate practices for infants and toddlers, and other areas of need specific to physical health and development of children 0-3 years old.

☒ v. Recruitment of providers. Describe: *Click or tap here to enter text.*

☒ vi. Tiered payment rates (as discussed in 4.3.3). Describe:
Keystone STARS tiered add-ons incentivize programs to increase their quality and STAR level and help to off-set the higher costs of providing high-quality child care. The STARS add-ons begin at STAR 2 and increase through STAR 4 among all program types and care levels which include higher rates paid for infants and toddlers.

☒ vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: Pennsylvania supports the shared services concept, particularly as such services strengthen the business practices of small programs, and consideration of shared services models is reflected in the Keystone STARS performance standards as well as supported through outside funding opportunities to seed innovation. Programs can earn points in the Leadership and Management Performance Standard category through participating in shared services that support cost savings, greater efficiencies related to operations, and/or program quality enhancements.

☒ viii. Accreditation supports. Describe: *Click or tap here to enter text.*

☒ ix. Child care health consultation. Describe: Child care health consultants are placed at the ELRCs and are intended to provide rapid response where necessary while also providing general best practice and professional development to providers. This model allows providers to maintain child enrollment if they have a special need (like medication administration) and supports providers in building a high-quality environment for all children.

☒ x. Mental health consultation. Describe: *Click or tap here to enter text.* Infant/Early Childhood Mental Health (IECMH) Consultation is available by request for any program participating in QRIS, not including HS/EHS programs. Consultants are regionally located and available to provide child-specific and classroom focused consultation to adult caregivers related to the social emotional development and relational health of infants/toddlers and young children in the early learning environment. The program focuses on reducing the number of children expelled from child care due to behavior challenges, increasing understanding among ECE practitioners and families of social-emotional development and its impact on educational success, and linking and bridging systems and services on behalf of the child, family, and program.

☐ xi. Other. Describe: *Click or tap here to enter text.*

c. Children with disabilities. Check and describe all that apply.

☐ i. Grants and contracts (as discussed in 4.1.6). Describe: *Click or tap here to enter text.*

☐ ii. Family Child Care Networks. Describe: *Click or tap here to enter text.*

☐ iii. Start-up funding. Describe: *Click or tap here to enter text.*

☒ iv. Technical assistance support. Describe: ELRCs are instructed to target STAR 1 and STAR 2 programs serving high numbers of children accessing CCW to ensure vulnerable children have access to high-quality care. In addition, this targeting ensures children accessing CCW funding have high-quality options in their home communities.

BEISFS has prioritized the development of coaching supports for caregivers in the natural environment in which eligible children are enrolled. When developmental or therapeutic supports are authorized for a child, there is intentional work to include the child care staff in coaching to assure ongoing supports are available to the child beyond there designated units of EI service.

☐ v. Recruitment of providers. Describe: *Click or tap here to enter text.*

☐ vi. Tiered payment rates (as discussed in 4.3.3). Describe: *Click or tap here to enter text.*

☒ vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: Pennsylvania supports the shared services concept, particularly as such services strengthen the business practices of small programs, and consideration of shared services models is reflected in the Keystone STARS performance standards and supported through outside funding opportunities to seed innovation. Programs can earn points in the Leadership and Management Performance Standard category through participating in shared services that support cost savings, greater efficiencies related to operations, and/or program quality enhancements.

☐ viii. Accreditation supports. Describe: *Click or tap here to enter text.*

☒ ix. Child care health consultation. Describe: Child care health consultants are placed at the ELRCs and are intended to provide rapid response where necessary while also providing general best practice and professional development to providers. This model allows providers to maintain child enrollment if they have a special need

(like medication administration) and supports providers in building a high-quality environment for all children.

☒ x. Mental health consultation. Describe: Infant/Early Childhood Mental Health (IECMH) Consultation is available by request for any program participating in QRIS, not including HS/EHS programs. Consultants are regionally located and available to provide child-specific and classroom focused consultation to adult caregivers related to the social emotional development and relational health of infants/toddlers and young children in the early learning environment. The program focuses on reducing the number of children expelled from child care due to behavior challenges, increasing understanding among ECE practitioners and families of social-emotional development and its impact on educational success, and linking and bridging systems and services on behalf of the child, family, and program. The program does collect data relative to children served who are also concurrently receiving Early Intervention services.

☐ xi. Other. Describe: *Click or tap here to enter text.*

d. Children who receive care during non-traditional hours. Check and describe all that apply.

☐ i. Grants and contracts (as discussed in 4.1.6). Describe: *Click or tap here to enter text.*

☐ ii. Family Child Care Networks. Describe: *Click or tap here to enter text.*

☐ iii. Start-up funding. Describe: *Click or tap here to enter text.*

☐ iv. Technical assistance support. Describe: *Click or tap here to enter text.*

☐ v. Recruitment of providers. Describe: *Click or tap here to enter text.*

☐ vi. Tiered payment rates (as discussed in 4.3.3). Describe: *Click or tap here to enter text.*

☒ vii. Support for improving business practices for providers, such as management training, and shared services. Describe: Pennsylvania supports the shared services concept, particularly as such services strengthen the business practices of small programs, and consideration of shared services models is reflected in the Keystone STARS performance standards and supported through outside funding opportunities to seed innovation. Programs can earn points in the Leadership and Management Performance Standard category through participating in shared services that support cost savings, greater efficiencies related to operations, and/or program quality enhancements.

☐ viii. Accreditation supports. Describe: *Click or tap here to enter text.*

☒ ix. Child Care health consultation. Describe: Child care health consultants are placed at the ELRCs and are intended to provide rapid response where necessary while also providing general best practice and professional development to providers. This model allows providers to maintain child enrollment if they have a special need (like medication administration) and supports providers in building a high-quality environment for all children.

☒ x. Mental health consultation. Describe: Infant/Early Childhood Mental Health (IECMH) Consultation is a child-specific consultation model available to early learning programs across Pennsylvania who participate in Keystone STARS (QRIS). The project focuses on reducing the number of children expelled from child care due to behavior challenges, increasing understanding among ECE practitioners and families of social-emotional development and its impact on educational success,

and linking and bridging systems and services on behalf of the child, family, and program.

☐ xi. Other. Describe: *Click or tap here to enter text.*

e. Other. Check and describe all that apply.

☐ i. Grants and contracts (as discussed in 4.1.6). Describe: *Click or tap here to enter text.*

☐ ii. Family Child Care Networks. Describe: *Click or tap here to enter text.*

☐ iii. Start-up funding. Describe: *Click or tap here to enter text.*

☐ iv. Technical assistance support. Describe: *Click or tap here to enter text.*

☐ v. Recruitment of providers. Describe: *Click or tap here to enter text.*

☐ vi. Tiered payment rates (as discussed in 4.3.3). Describe: *Click or tap here to enter text.*

☐ vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: *Click or tap here to enter text.*

☐ viii. Accreditation supports. Describe: *Click or tap here to enter text.*

☐ ix. Child Care health consultation. Describe: *Click or tap here to enter text.*

☐ x. Mental health consultation. Describe: *Click or tap here to enter text.*

☐ xi. Other. Describe: *Click or tap here to enter text.*

4.1.8   Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a. How does the Lead Agency define areas with significant concentrations of poverty and unemployment? OCDEL reviews the CCW waitlist on a weekly basis to determine areas of potential poverty or unemployment which would be evidenced in a higher waitlist and longer waitlist times. This analysis is discussed with the ELRCs for potential outreach during regularly scheduled ELRC Director calls and as needed. Data comparisons take place minimally on a monthly basis and OCDEL reports out to the Governor's office on the ratio of high-quality child care programs within each ELRC region.

b. Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. OCDEL, in partnership with the ELRCs and other connecting agencies, prioritize increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment through the analysis of data collected and reviewed in the PELICAN system. Areas where access to high-quality programs needs additional outreach are a focus for OCDEL and the ELRCs. Details on closings, low capacity and limited access are a focus of ongoing strategic planning with the ELRCs.

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to child care for children receiving child care assistance; and (2) ensure parental choice by offering a full range of child care

services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a market rate survey or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health, safety, quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08) . Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.

- Describe what information the Lead Agency will obtain from an alternative methodology that could not be obtained from the required narrow cost analysis.

- Describe how the Lead Agency will consult with the State Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.

- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.

- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care, such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.

- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.

- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location, and quality.
- Describe how the alternative methodology will use current data.
- What metrics the Lead Agency will use to set rates based on the alternative methodology.
- Describe the estimated reporting burden and cost to conduct the approach.

A Market Rate Survey (MRS) or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1   Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

    ☒ Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

        ☒ a. MRS. When was your data gathered (provide a date range, for instance, September – December 2019)? October 7 through December 31, 2019

        ☐ b. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology: *Click or tap here to enter text.*

    ☐ No, a waiver is being requested in Appendix A.

      a.   Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

    i.   MRS. If checked, describe the status of the Lead Agency's implementation of the MRS.

        ☐ ii. ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology: *Click or tap here to enter text.*

      b.   If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2-4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2–4.5.2. Click or tap here to enter text.

4.2.2   Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers,

teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a. State Advisory Council or similar coordinating body: OCDEL's Deputy Secretary and External Relations Director announced the upcoming Market Rate Survey (MRS) to members of Pennsylvania's Early Learning Council (ELC) and State Interagency Coordinating Council at a joint meeting. Members of the ELC and Council publicized the availability and importance of the MRS to their members. These entities fulfill the requirements of the State Advisory Council and consists of various child providers and membership-based advocacy organizations that represent the industry.

b. Local child care program administrators: Program administrators are represented on ELC. All regulated providers were sent a letter from their respective ELRC explaining the need to update or confirm private pay rates in Provider Self Service (PSS) to participate in the MRS. The letter included detailed instructions for PSS and a help desk telephone number for technical assistance. In addition, several e-communications were sent to various list serves for providers, advocates and stakeholders maintained by OCDEL.

c. Local child care resource and referral agencies: ELRCs are represented on ELC. OCDEL worked directly with ELRCs to coordinate communications to child care providers. OCDEL staff worked with the ELRCs to update instructions on how a provider could update private pay tuition rates using PSS. In addition, OCDEL provided ELRCs with instructions to assist providers who chose not to use PSS but wanted to participate in the MRS.

d. Organizations representing caregivers, teachers, and directors: OCDEL's External Relations Director presented at the Pennsylvania Child Care Association's (PACCA) Education and Policy Committee and the South Eastern Pennsylvania Early Childhood Coalition (SEPECC).

e. Other. Describe: *Click or tap here to enter text.*

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509).   To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- o represents the child care market
- o provides complete and current data
- o uses rigorous data collection procedures
- o reflects geographic variations
- o analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: The final MRS data included 6,702 operating child care providers with at least one reported private pay rate in PSS. This represents 95 percent of the approximately 7,000 providers operating at the end of the 2019 calendar year.

ii. Provide complete and current data: Following the expiration of the MRS on December 31, 2020, OCDEL requested a PELICAN query that captured all open and regulated child care providers with at least one reported private pay rate in PSS. The data from the query was then cleaned and checked to insure daily private pay rates were accurately captured for each provider.

iii. Use rigorous data collection procedures: OCDEL developed a comprehensive communications strategy to notify providers of the importance of MRS participation and the impact on MCCA rate setting. Providers were encouraged to update rates in PSS or contact the ELRC for assistance.

- OCDEL's External Relations Director presented at the Child Care Providers Network (CCPN) policy meeting.

- At the October 2019 Early Childhood Education Summit:

    o OCDEL's Deputy Secretary included details about the MRS in her opening remarks and presentation.

    o A power point was on display in the main hall of the summit for three days providing information about the MRS.

    o The OCDEL Leadership break-out session included information about the MRS and how providers could update private pay rates in PSS.

    o OCDEL established a computer lab for providers to log onto PSS and update their program rates. Support staff were available for technical assistance. The computer lab was marketed throughout the summit's three-day schedule.

- OCDEL participated in a PACCA webinar on educating providers about the MRS and how to update private pay rates in PSS.

- Five separate email notifications were sent to subscribers of the Pennsylvania Key's Early Ed News; reminding child care providers of the upcoming deadline to update rates in PSS. The notifications were also posted on two Pennsylvania Key social media sites.

- OCDEL's Bureau of Certification Services included an MRS announcement via the licensed child care provider listserv.

- The Pennsylvania Key website included MRS notifications on the "What's New?" homepage on two separate occasions during the survey timeframe.

iv. Reflect geographic variations: The county-based rate model includes 2,010 rates representing all 67 counties, 10 care level categories per county, and 3 provider types per county. Of the 2,010 geographic rates, 92.4 percent could be measured with a percentile calculation.

v. Analyze data in a manner that captures other relevant differences: OCDEL considered care level, provider type and STAR level in various analyses.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

☐ No

☒ Yes. If yes, why do you think the data represents the child care market? Continued regular communications with advocacy organizations indicates that the pricing information collected through Dec. 31, 2020, does represent the current market as providers were unable to increase rates while experiencing low enrollments.

4.2.4   Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

a. Geographic area (e.g., statewide or local markets). Describe: Private Pay rates reported by providers are distinguished at the county level within PSS.

b. Type of provider. Describe: Private Pay rates reported by providers are distinguished by provider type within PSS.

c. Age of child. Describe: Private Pay rates reported by providers are distinguished by care level within PSS.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level. OCDEL completed analysis that considered Keystone STAR level (Pennsylvania's Quality Rating System) at the statewide level; however, analysis of percentile rank considered only base rates.

4.2.5   Has the Narrow Cost Analysis been completed for the FY 2022 – 2024 CCDF Plan?

☐   No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis. *Click or tap here to enter text.*

☒   Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)). OCDEL engaged Dr. Phillip M. Sirinides of The Pennsylvania State University of Harrisburg to complete a study aimed at understanding the cost of providing child care services in Pennsylvania. In October 2020, *The Cost of Child Care in Pennsylvania* study was issued. OCDEL is using this study to meet the Narrow Cost Analysis requirement.

The study was conducted in the Fall of 2019 and used the ingredients method to calculate the economic cost of providing child care in Pennsylvania. This included collecting detailed data on the necessary resources to operate child care program and applying a market price to those resources. Examples of resources include personnel, facilities, equipment, consumable supplies and other services. Data was collected from a statewide survey and on-site visits and staff interviews with a representative sample of 30 providers. Providers varied in type, geographic location, size, and quality rating.

b. How the methodology addresses the cost of child care providers' implementation of

health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A). The study considered Keystone STAR Level. STAR 1 providers are required to meet minimum health and safety standards per Pennsylvania regulation.

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)). The study considered Keystone STAR Level. STAR 2, 3 and 4 providers are required to meet minimum health and safety standards in addition to specific indicators to achieve increasing levels of quality in Pennsylvania.

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.
Per the narrow cost analysis, MCCA rates cover approximately half of provider costs depending on geography, care level and provider type. Actual costs covered ranges from 40 to 66 percent. It is important to note the study did not factor in additional payments or incentives such as Keystone STARS quality add-ons, education retention awards, merit awards, etc.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.
a. Date the report containing results was made widely available—no later than 30 days after the completion of the report. The report was completed in mid-November 2020 and was published in mid-December 2020.
b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. OCDEL's MRS report, including links to Penn State's University's *The Cost of Child Care in Pennsylvania*, representing the narrow cost

analysis, is published at: https://www.dhs.pa.gov.

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report. From December 2020 to January 2021, OCDEL advertised an online survey for child care providers, child care workers, advocates, and the general public to express their opinions on the 2019 MRS results. Over 32,000 email notifications advertising the survey were sent by OCDEL. Members of ELC and Early Learning PA (a consortium of advocacy organizations) were also asked to contact their members and encourage them to respond. The survey specifically asked child care providers what barriers currently exist that prevent or curb participation in the CCW subsidy program. OCDEL considered feedback to inform the initiative to restructure base rates across Pennsylvania.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1   Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below. Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing   requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on   a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might   exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest   number of CCDF children) to report base payment rates below.

d. Fill in the table below based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state   by state payment rates, provide the full-time weekly base payment rates in the table below.   If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
Infant (6 months) Center care	$45/day	$225/week	43.12%	
Toddler (18 months) Center care	$43/day	$215/week	46.40%	
Preschooler (4 years) Center care	$36/day	$180/week	43.78%	
School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer.)	$30/day	$$150/week	41.46%	
Infant (6 months) Family Child Care	$36/day	$180/week	42.52%	
Toddler (18 months)	$35/day	$175/week	47.42%	

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
Family Child Care				
Preschooler (4 years) Family Child Care	$30/day	$150/week	41.26%	

School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer.)	$28/day	$140/week	42.58%	

a. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? Daily rates were multiplied by 5.

b. Describe how the Lead Agency defines and calculates part-time and full-time care.

c. Part-time care is defined as 4 hours and 59 minutes or less per day.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). March 1, 2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above. Philadelphia County

f. Provide the citation, or link, if available, to the payment rates *https://www.dhs.pa.gov/Services/Children/Documents/Child%20Care%20Early%20Learning/CCW%20Rates%20effective%203-1-2021%20by%20Region.pdf* .

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)). N/A

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

☒ a. Geographic area. Describe: Rates are specific to each ELRC region.

☒ b. Type of provider. Describe: Rates are specific to each provider type – Family, Group, Center, Relative.

☒ c. Age of child. Describe: Rates are specific for 5 levels of care including infant, young toddler, older toddler, pre-school, and school-age.

☒ d. Quality level. Describe: Daily add-on rates are available for providers achieving a STAR 2, 3 or 4 designation. Quality add-on rates are not considered when calculating percentile rank to determine equal access.

e. Other. Describe: *Click or tap here to enter text.*

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

1. No

☒ Yes, If yes, identify below any tiered or differential rates, and at a minimum, indicate the

process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

a. a. Tiered or differential rates are not implemented. *Click or tap here to enter text.*

b. b. Differential rate for non-traditional hours. Describe: *Click or tap here to enter text.*

c. c. Differential rate for children with special needs, as defined by the state/territory. Describe: *Click or tap here to enter text.*

☒ d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe: Daily add-on rates are available for providers achieving a STAR 2, 3 or 4 designation for providers serving infants and toddlers.

☒ e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe: Daily add-on rates are available for providers achieving a STAR 2, 3 or 4 designation for providers serving school-aged children.

☒ f. Differential rate for higher quality, as defined by the state/territory. Describe: Daily add-on rates are available for providers achieving a STAR 2, 3 or 4 designation.

d. g. Other differential rates or tiered rates. Describe: *Click or tap here to enter text.*

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result. Beginning March 1, 2021, the county-based CCW rate structure was replaced with an ELRC regionalized rate structure. To regionalize, all counties are grouped into ELRC regions and rates are equalized within each region by matching the highest paid rate for that particular provider type and care level. Single county ELRCs would not be impacted by this part of the initiative. The regionalization of base rates provides several distinct advantages:

2. The problem of accurately measuring CCW base rates against private pay rates charged by providers (see Section III) is significantly reduced. OCDEL estimates that all regional rates now have at least three providers represented, and 95 percent of regional rates are represented by at least 10 providers.

After the county structure was replaced, regional rates were increased to reach a 40th percentile floor of private pay rates as reported in the 2019 MRS. Regionalization and setting a new minimum floor of support (40th percentile) is a strong foundation to meet health and safety guidelines set in regulation.

a. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, including any increased costs and provider fees because of COVID-19, and how such costs may be modified after the pandemic subsides.

OCDEL used a tool built by a third-party vendor to model the regionalization and increase of rates to meet a 40th percentile floor based on the most recent MRS. The new base rate structure did not consider COVID-19 related costs. Instead, OCDEL used federal stimulus dollars to give direct support to child care providers to address COVID-19 related impacts. In addition, OCDEL reimbursed providers for their pre-COVID enrollment from March through August of 2020.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures). The Cost of Child Care in Pennsylvania study conducted by Penn State University indicates a strong correlation between quality and increased child care costs. STAR 3 and 4 providers generally had higher costs compared to STAR 1 and 2 providers. As such, half of the STARS 3 and 4 providers had per-child costs greater than the maximum cost of STAR 1 and 2 providers in the study. In prior years, OCDEL prioritized increasing tiered reimbursement rates for higher Keystone STAR designations. As a result of the 2019 MRS, OCDEL prioritized increasing base rates to ensure all providers have adequate funding to meet health and safety guidelines and have opportunity to pursue higher levels of quality. Tiered reimbursement for STAR 2, 3, and 4 providers remains unchanged and ranges from $0.45 to $13.20.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting. None.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking

provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1   Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a.   Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

☐ i. Paying prospectively prior to the delivery of services. Describe the policy or procedure. *Click or tap here to enter text.*

☒ ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure. Child care providers submit to the ELRC the receipt of attendance invoices for the previous month by the fifth of each following month. The ELRC ensure payment to the child care providers by the 20th of each month.

b.   To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is to choose at least one of the following:

☐ i. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure. *Click or tap here to enter text.*

☐ ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure. *Click or tap here to enter text.*

☒ iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure. According to OCDEL Policy if an ELRC discovers ten consecutive absences on the child care provider invoice for a child but the provider did not report these absences, the action is to mark the child with five absences on the invoice and the child's enrollment is suspended on the sixth day. If a child is absent for five or fewer days in the month full payment is made. This applies for up to 45 days of absences in the year.

☐ iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach. *Click or tap here to enter text.*

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). According to OCDEL Policy, child care providers report payment on a part-time or a full-time basis, not in smaller increments of time. Full-time is considered care provided for five or more hours per day and part-time is considered care provided for any amount of time less than five hours per day.

ii. Paying for reasonable mandatory registration fees that the provider charges to private- paying parents. Describe the policy or procedure. The ELRCs will pay a provider the reasonable mandatory registration fee if this is identified. Providers who charge such fees are instructed to account for those when reporting payment rates on their provider agreement or entering them in the Provider Self Service system. Any mandatory registration fees that are not accounted for may be accommodated through a one-time adjustment to a provider's payment using the PELICAN-CCW system.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe: OCDEL ensures child care providers are paid in accordance with their written payment agreement with the ELRC. The provider agreement serves as an authorization for services including information regarding provider payment policies, rates, schedules, and any fees charged by providers. Throughout the COVID-19 pandemic the ELRCs have updated providers on any COVID-19 related policy and payment details and appeal and dispute-resolution processes.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe: E L R C s e n s u r e prompt notice is sent through automatic letters within PELICAN of any changes to the family's eligibility status that could impact payments. Such notice is sent no later than the day the ELRC becomes aware such a change will occur. The ELRCs have checks and balances in place to ensure this action takes place in accordance to their contract with OCDEL.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: OCDEL works with the ELRC and uses the DHS Bureau of Hearings and Appeals statute timelines to ensure a timely appeal and resolution process for any

payment inaccuracies and disputes.

g. Other. Describe: Click or tap here to enter text.

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

☒ No, the practices do not vary across areas. Payment practices are uniform across the state, but the actual method of payment such as direct deposit or payment by check may vary. This is based on provider preference, not based on ELRC preference.

☐ Yes, the practices vary across areas. Describe: *Click or tap here to enter text.*

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers. When child care facilities are initially licensed, their information is immediately shared with the ELRC through the PELICAN system. The ELRC contacts newly licensed providers, which include child care centers, group child care facilities and family child care homes, to offer participation in the subsidized child care program – CCW. The ELRC explains the full range of benefits of participating in the subsidized child care program, including participation in Keystone STARS, technical assistance, and the ability to receive more robust payment. Providers willing to accept subsidized children into enrollment sign a contract with the ELRC. Providers may also be identified by the subsidy family; if so, the same process is followed to engage the provider in a contract to serve subsidy children. In both cases, ELRCs make information available about the full range of care options to families. Currently, 89 percent of licensed providers are accepting CCW children and families. This information is also publicly available at www.findchildcare@pa.gov.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply.

☒ a. Limit the maximum co-payment per family. Describe: For families at or below 100 percent FPIG, co-payments cannot exceed 8 percent of annual income. For families at or below 235 percent FPIG, co-payments cannot exceed 11 percent of annual income.

☒ b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe. An individual co-payment is not assessed for each child accessing CCW. Instead, a single co-payment is assessed for all children within a family accessing CCW based on family size and income.

☒ c. Minimize the abrupt termination of assistance before a family can afford the full

cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe: Families are eligible for CCW at or below 200 percent FPIG. Co-payments gradually increase as income increases until eligibility is phased out at 235 percent FPIG.

☐ d. Other. Describe: *Click or tap here to enter text.*

4.5.2 Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

☐ No
☒ Yes. If yes:

    i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families. If a parent or caretaker selects a provider whose published rate exceeds the subsidy rate, which includes any quality tiered reimbursement, the provider may charge the parent or caretaker the difference between these two amounts, in addition to the weekly copayment. Providers cannot charge subsidy families more than they charge private pay families. This regulation was established to encourage providers who otherwise would not participate with the subsidized child care program because the reimbursement rates are lower, to serve subsidy families.

    ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.
It is currently not required for providers to inform OCDEL if they charge families the difference between the subsidy payment rate and their private pay rates. Providers do have the option of indicating if they charge the difference between the subsidy payment rate and their private pay rate by entering the information in PSS or completing the information in a provider survey. If the provider completes the information, it is available to the public through www.findchildcare.pa.com. Data pulled from PSS indicates approximately five percent of providers charge the difference between the subsidy payment rate and their private pay rate.

Effective July 1, 2021, the provider agreement will be updated to require providers to indicate whether they charge the difference between the subsidy payment rate and their published rates. If a provider does charge the difference, the provider will be required to indicate the average amount of the difference and the frequency at which they collect it. Providers will be required to update this information, at a minimum, on an annual basis.

    iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees.
OCDEL continues to work towards increasing the base payment rates. As these rates get closer to the 75th percentile, OCDEL may re-evaluate the regulation that allows providers to charge the difference between the subsidy payment rate and their private pay rates. Eliminating this regulation before our base payment rates are sufficient may reduce the number of providers who are willing to accept subsidy payments for CCW participating children and families.

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable t o all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development o f CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license- exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead

Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1   To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below. Check, identify, and describe all that apply, and provide a citation to the licensing rule.

☒ a. Center-based child care.

   i.   Identify the providers subject to licensing: Pennsylvania defines a child care center as the premises in which care is provided at any one time for seven or more children unrelated to the operator. Pennsylvania also certifies facilities it calls Group Child Care Homes. A Group Home is the premises in which care is provided at one time for more than six but fewer than 16 older school-age level children or more than six but fewer than 13 children of another age level who are unrelated to the operator. A group home may operate in a residence or another premises.

   ii. Describe the licensing requirements: Prior to licensure, a provider must attend an orientation session and submit a complete application. An initial or renewal inspection must be conducted prior to issuance of a certificate of compliance. Provider must maintain compliance with DHS regulations for child care providers.

   iii. Provide the citation: The regulations for child care centers reside at 55 Pa. Code 3270, et. seq. The regulations for group child care homes reside at 55 Pa. Code 3280, et. seq. The regulations related to licensure or approval of facilities and agencies reside at 55 Pa. Code 20.

☒ b. Family child care. Describe and provide the citation:

   i.   Identify the providers subject to licensing: Pennsylvania defines a family child care home as any home in which child care is provided simultaneously for four, five, or six children who are not relatives of the caregiver.

   ii. Describe the licensing requirements: Prior to licensure, a provider must attend an orientation session and submit a complete application. An initial or renewal inspection must be conducted prior to issuance of a certificate of compliance. Provider must maintain compliance with SDHS regulations for child care providers.

   iii. Provide the citation: The regulations for family child care homes reside at 55 Pa. Code 3290, et. seq. The regulations related to licensure or approval of facilities and agencies reside at 55 Pa. Code 20.

☒ c. In-home care (care in the child's own) (if applicable):

   i.   Identify the providers subject to licensing: *Pennsylvania does not regulate in-home care providers.*

   ii. Describe the licensing requirements:

   iii. Provide the citation:

5.1.2   Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in

Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

   i.   Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption: N/A. Pennsylvania does not have any CCDF-eligible licensed exempt providers.

   ii. Provide the citation to this policy: N/A

   iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. N/A

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

   i.   Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption: N/A. Pennsylvania does not have any CCDF-eligible licensed providers.

   ii. Provide the citation to this policy: N/A

   iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. N/A

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

   i.   Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Pennsylvania does not utilize in-home care providers that do not meet the definition of relative defined by CCDF.

   ii. Provide the citation to this policy: N/A

   iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. N/A

5.2   Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1   Describe how the state/territory defines the following age classifications. For instance, Infant:

0-18 months.

- h. Infant. Describe: *A child from birth to 1 year of age.*
- i. Toddler. Describe: *A child from 1 to 2 years of age is defined as a young toddler. A child from 2 to 3 years of age is defined as an older toddler.*
- j. Preschool. Describe: A child from 3 years of age to the date the child enters kindergarten in a public or private school system.
- k. School-Age. Describe: A child who attends kindergarten to the date the child enters the 4th grade of a public or private school system is defined as a young school-age child. A child who attends the 4th grade of a public or private school system through 15 years of age is defined as an older school-age child.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

- a. Licensed CCDF center-based care:
    - i. Infant
        - A. Ratio: *4:1.*
        - B. Group size: *8.*
    - ii. Toddler
        1. Ratio: *5:1 for young toddlers and 6:1 for older toddlers.*
        2. Group size: *Maximum group size for young toddlers is 10, while the maximum group size for older toddlers is 12.*
    - iii. Preschool
        - A. Ratio: *10:1.*
        - B. Group size: *The maximum group size for preschoolers is 20.*
    - iv. School-Age
        - A. Ratio: *12:1 for young school-agers and 15:1 for older school-agers.*
        - B. Group size: *The maximum group size for young school-agers is 24 and the maximum group size for older school-ages is 30.*
    - v. Mixed-Age Groups (if applicable)
        - A. Ratio: When children are grouped in mixed age levels, the age of the youngest child in the group determines the staff: child ratio.
        - B. Group size: When children are grouped in mixed age levels, the maximum group size is in accordance with the group size for similar age level, which is based on the youngest child in the group.
    - vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.
        N/A. Child care centers are not license-exempt providers.
- b. Licensed CCDF family child care home providers:

  Mixed-Age Groups
    - A. Ratio: When children are grouped in mixed age levels, the age of the youngest child in the group determines the staff: child ratio.
    - B. Group size: 6 or maximum group size is in accordance with the group size for similar age

i. Infant (if applicable)

    A. Ratio: The operator may provide care to no more than five related and unrelated infants and toddlers at any one time. No more than two related and unrelated infants may receive care at any one time. The following numbers of infants and toddlers are permitted in a family child care home: (1) If no infants are in care, five toddlers are permitted. (2) If one infant is in care, four toddlers are permitted. (3) If two infants are in care, three toddlers are permitted.

    B. Group size: The number of children in care may not exceed six children at any one time who are unrelated to either the legal entity or the staff person. At any one time, the related children of either the legal entity or the staff person, but not both, may be excluded in determining compliance with this section.

ii. Toddler (if applicable)

    A. Ratio: *6:1.*
    B. Group size: *6.*

iii. Preschool (if applicable)

    A. Ratio: *6:1.*

    B. Group size: *6.*

iv. School-Age (if applicable)

    A. Ratio: *6:1*

    B. Group size: *6.*

v. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers. N/A. Pennsylvania does not exempt family child care home providers.

c. Licensed in-home care (care in the child's own home):

    i. Mixed-Age Groups (if applicable)

    A. Ratio:
    B. Group size:

    ii. Infant (if applicable)

    A. Ratio:
    B. Group size:

    iii. Toddler (if applicable)

      A. Ratio:
      B. Group size:

    iv. Preschool (if applicable)

      A. Ratio:
      B. Group size:

v. School-Age (if applicable)

    A. Ratio:

    B. Group size:

vi. Describe the ratio and group size requirements for license-exempt in-home care.
3:1 unless they are grandchildren. A grandparent may care for up to six grandchildren, or up to five infants and toddlers, as long as no other children are present.

5.2.3   Provide the teacher/caregiver qualifications for each category of care.

a.   Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care: The lead teacher is known in Pennsylvania's system as "Group Supervisor". The qualifications are age 18 and:

- *A bachelor's degree from an accredited college or university in early childhood education, child development, special education, elementary education, or the human services field.*

- *A bachelor's degree from an accredited college or university, including 30 credit hours in early childhood education, child development, special education, elementary education, or the human services field and 1 year of experience with children.*

- *An associate degree from an accredited college or university in early childhood education, child development, special education, elementary education or the human services field and 2 years of experience with children; or*

- *An associate degree from an accredited college or university, including 30 credit hours in early childhood education, child development, special education, elementary education or the human services field and 3 years of experience with children.*

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: The qualification is a*ge 18 and:*

- A bachelor's degree from an accredited college or university in early childhood education, child development, special education, elementary education, or the human services field and 1 year of experience with children, or

- A bachelor's degree from an accredited college or university, including 30 credit hours in early childhood education, child development, special education, elementary education or the human services field and 2 years of experience with children, or

- An associate degree from an accredited college or university in early childhood education, child development, special education, elementary education or the human services field and 3 years of experience with children, or

- An associate degree from an accredited college or university, including 30 credit hours in early childhood education, child development, special education, elementary education or the human services field and 4 years of experience with children.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers: *N/A*

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications. 55 PA Code §3270.31 , §3270.34 and §3270.35

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: Age 18, have a high school diploma or GED.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes: *N/A*

iii. If applicable, provide the website link detailing the family child care home provider qualifications: 55 Pa. Code § 3290.31

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care: *N/A In-home care providers are license-exempt providers.*

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers: *N/A Pennsylvania does not utilized in-home care providers who do not meet the definition of relative* as defined by CCDF.

5.3   Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii).   Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety **standards** for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 – 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1   Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

   a.   Standard(s)

   i.   Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. All health reports require a statement that the child is free from contagious disease and a record of the child's immunizations. The facility also must adhere to the Pennsylvania DOH regulations relating to immunizations. Prevention of infectious disease results from the regulatory requirement that children receive the proper immunizations pursuant to the recommendations of the Advisory Committee on Immunization Practices (ACIP). Control for infectious disease results from the regulatory requirements that parents be notified when there is a suspected outbreak of a communicable disease or an outbreak of an unusual illness that represents a public health emergency; as well, facility persons must report suspected cases of communicable disease or group expression to the appropriate division of the Department of Health as specified in 28Pa Code Chapter 27.

   ii.   Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
   Health reports must be completed every 6 months for an infant and young toddler; every 12 months for older toddler and preschool child. School health reports are accepted for older children.

   iii.   The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

   55 Pa. Code 3270.131(d)(7) & (e) and (e)(3), and 3270.136; 3270.137

   55 Pa. Code 3280.131(d)(7) & (e) and (e)(3), and 3280.136; 3280.137

   55 Pa. Code 3290.131(d)(7) & (e) and (e)(3), and 3290.136

   b.   Pre-Service and Ongoing Training

   i.   Provide the citation(s) for these training requirements, including citation for

both licensed and license-exempt providers.

55 Pa. Code 3270.31(f) (1-10) and 3270.31(e)

55 Pa. Code 3280.31(f) (1-10) and 3280.31(e)

55 Pa. Code 3290.31(g) (1-10) and 3290.31(f)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? No variations in training requirements as per category of care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☐ Orientation within three (3) months of hire.

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

e. No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
Better Kid Care will have updated refresher modules made available to all child care staff to meet the twelve (12) professional development hours. OCDEL will provide updates to the provider community through announcements, listserv messages, website updates, and/or email communications from regional office staff to providers.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)
i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. Infants must be placed in the sleeping position recommended by the American Academy of Pediatrics, and all cribs must be free of toys, bumper pads, and pillows. In addition, individual, clean, age-appropriate rest equipment shall be provided to preschool, toddler, and infant children as agreed to by operator and parent.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations in the standards as per category of care or age of children

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

b. Pre-Service and Ongoing Training

    i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

    55 Pa. Code 3270.31(f) (1-10) and 3270.31(e)

    55 Pa. Code 3280.31(f) (1-10) and 3280.31(e)

    55 Pa. Code 3290.31(g) (1-10) and 3290.31(f)

    ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? No variations in training requirements as per category of care.

    iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

      ☒ Pre-Service
      ☐ Orientation within three (3) months of hire

    iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

      ☒ Yes
      ☐ No

    v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. Better Kid Care will have updated refresher modules made available to all child care staff to meet the twelve (12) professional development hours. OCDEL will provide updates to the provider community from through announcements, listserv messages, website updates, and/or email communications from regional office staff to providers.

5.3.3 Administration of medication, consistent with standards for parental consent.

    a. Standard(s)

      i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. All medications must be administered pursuant to current regulations, including but not limited to mandatory signed, written parental consent to administer medication. As a matter of practice, regulations require that medication be accepted only in an original container; is administered by staff pursuant to parental consent; is identified on the label by its name; identifies the name of the child for whom the medication is intended; that medication is stored in a locked area of the facility or in an area that is out of reach of children ,in accordance with the manufacturer's/health professional's instructions; and that medication, once administered, is recorded in a medication log established and

maintained by the operator.

    ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. No variations in the standards as per category of care or age of children.

    iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.133 and 3270.182.

55 Pa. Code 3280.133 and 3280.182.

56 a. Code 3290.133 and 3290.182.

b. Pre-Service and Ongoing Training

    i. Provide the citation(s) for the training requirement(s), including citations for both licensed   and license-exempt providers.

55 Pa. Code 3270.31(f) (1-10) and 3270.31(e)

55 Pa. Code 3280.31(f) (1-10) and 3280.31(e)

55 Pa. Code 3290.31(g) (1-10) and 3290.31(f)

    ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? No variations in training requirements as per category of care.

    iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
☒ Pre-Service
☐ Orientation within three (3) months of hire

    iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes
☐ No

    v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
Better Kid Care will have updated refresher modules made available to all child care staff to meet the twelve (12) professional development hours. OCDEL will provide updates to the provider community from through department announcements, listserv messages, website updates, and/or email communications from regional office staff to providers.

5.3.4   Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. All facility phones must list phone numbers for the nearest hospital, police department, fire department, ambulance, and poison control center. All health reports must list the child's allergies, and regulations require that one or more facility persons be competent in first aid. Emergency contact information for the child includes information on the child's special needs, as specified by the child's parent, physician, physician's assistance or CRNP, which is needed in an emergency. During an emergency, a staff person must accompany and stay with the child and document the emergency. A written plan identifying the means of transporting a child to emergency care and staffing provisions in the event of an emergency shall be displayed conspicuously in every child care space and accompany a staff person who leaves on an excursion with children. Prevention is contemplated in the requirement for providers to establish and regularly update child(ren)s' health reports to specifically include information about allergies. If emergency medical care is needed for a child, the child(ren)'s parent must be contacted per Department regulation as soon as possible by a staff person.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
No variations in the standards as per category of care.
Health reports and updated health reports, which is required to list any allergies, varies by age of child: initial health report for infants must be dated no more than 3 months prior, for young toddlers no more than 6 months prior, older toddlers no more than 12 months prior to enrollment and school age children according to requirements for school attendance in 28 Pa. Code §23.2. Updated health reports vary by age of child: every 6 months for infants and young toddlers, and every 12 months for older toddler or preschool age child.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.33(d), 3270.74, 3270.124(b)(5), 3270.131(a) (1,2,3,4), 3270.131(d)(2) and (d)(3), 3270.132, and 3270.133

55 Pa. Code 3280.33(c), 3280.74, 3280.124(b)(5), 3280.131(a) (1,2,3,4) 3280.131(d)(2) and (d)(3), 3280.132, and 3280.133

55 Pa. Code 3290.32(d), 3290.72, 3290.124(b)(5), 3290.131(a) (1,2,3,4) 3290.131(d)(2) and (d)(3), 3290.132, and 3290.133

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.31(f) (1-10) and 3270.31(e)

55 Pa. Code 3280.31(f) (1-10) and 3280.31(e)

55 Pa. Code 3290.31(g) (1-10) and 3290.31(f)

ii. Describe any variations in training requirements for the standard(s). Do training

requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? No variations in training requirements as per category of care.

    iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

      ☒ Pre-Service
      ☐ Orientation within three (3) months of hire

    iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

      ☒ Yes
      ☐ No

    v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
Better Kid Care will have updated refresher modules made available to all child care staff to meet the twelve (12) professional development hours. OCDEL will provide updates to the provider community from through department announcements, listserv messages, website updates, and/or email communications from regional office staff to providers.

5.3.5   Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

  a. Standard(s)

    i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. As a condition precedent for certification, the facility must provide a certificate of occupancy per Pennsylvania Department of Labor and Industry regulations concerning child care facilities. Physical site regulations further address safety, including but not limited to outdoor space, outside walkways, electrical covers, toxics, sanitation, smoking, water, hot water pipes, paint, glass, and ventilation. Regulations have been promulgated that require all building surfaces be free from visible hazards; that require operators to notify parents and local authorities about vehicular routes, pickup, and drop off points around the facility; that require operators to secure and store toxics such that they are made inaccessible to children and do not contaminate food areas or play surfaces; that require operators to ensure hot water temperatures do not exceed 110° F and that hot water pipes accessible to children be insulated; that require operators to ensure that protective receptacle covers are used in all electrical outlets accessible to children; that require operators to render inaccessible to children access to any in-ground (via fencing with a locked gate), above-ground, and indoor swimming pools; and that require operators to otherwise use fencing or natural barriers to restrict children from unsafe areas or conditions in or near outdoor play spaces.

    ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
There are variations in the requirements in the Department of Labor and Industry standards

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

34 Pa. Code 403.23.

55 Pa. Code 3270.15, 3270.61 - 82; 3270.171.

55 Pa. Code 3280.15, 3280.61 - 81; 3270.171.

55 Pa. Code 3290.14, 3290.61 - 78.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.31(f) (1-10); 3270.31(e); 3270.31(e)(4)(ii); 3270.31(e)(4) (iii-iv)

55 Pa. Code 3280.31(f) (1-10) and 3280.31(e); 3280.31(e)(4) (iii-iv)

55 Pa. Code 3290.31(g) (1-10) and 3290.31(f); 3290.31(f)(4) (ii-iii)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? No variations in training requirements as per category of care.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
☒ Pre-Service
☐ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes
☐ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
Better Kid Care will have updated refresher modules made available to all child care staff to meet the twelve (12) professional development hours. OCDEL will provide updates to the provider community from through department announcements, listserv messages, website updates, and/or email communications from regional office staff to providers.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. Staff may not use any

form of physical discipline, including spanking a child; they may not single out a child for ridicule or otherwise degrade or threaten a child or the child's family; they may not use harsh, demeaning or abusive language in the presence of children; they may not restrain a child by using bonds, ties or straps to restrict a child's movement nor may staff enclose a child in a confined space, closet, or locked room. Additionally, staff must obtain training regarding child abuse and mistreatment as required by the child protective services law.

ii.   Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. No variations in the standards as per category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.113

55 Pa. Code 3280.113

56 Pa. Code 3290.113

b. Pre-Service and Ongoing Training

i.   Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.31(f) (1-10) and 3270.31(e)

55 Pa. Code 3280.31(f) (1-10) and 3280.31(e)

55 Pa. Code 3290.31(g) (1-10) and 3290.31(f)

ii.   Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? No variations in training requirements as per category of care.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service
☐ Orientation within three (3) months of hire

iv.   Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes
☐ No

v.   How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
Better Kid Care will have updated refresher modules made available to all child care staff to meet the twelve (12) professional development hours. OCDEL will provide updates to the provider community from through department announcements, listserv messages, website

5.3.7   Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i.   Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. It is a regulatory requirement that all facilities must provide an emergency plan that contains emergency procedures for sheltering all children during emergency at a shelter in the facility including lock-down, shelter in place at the facility and shelter at locations away from the facility premises; that provides for the evacuation of all children from the facility and to a location away from the facility premises; it requires a facility persons to contact parents as soon as possible in the event of an emergency and a method to inform parents when an emergency ends with instruction on how to safely reunite with their children.   Accommodations must be made for infants, toddlers, children with disabilities and children with chronic medical conditions. Emergency drills shall be conducted annually. Annual emergency drills shall be documented and on file at the facility. As well, the emergency plan must be completed and on file prior to the operation of the facility, and it must be posted conspicuously in the facility, with a copy sent to the county emergency management agency along with any and all subsequent updates to the plan. The operator shall provide to the parent of each enrolled child a letter explaining the emergency procedures described above. The operator shall also provide to the parent of each enrolled child a letter explaining any subsequent update to the plan. Staff must be trained in the facility's emergency plan within one week of initial employment, on an annual basis, and at the time of each plan update, with all such training documented in writing and kept on file at the facility.

ii.   Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. There are no variations in the standards as per category of care. Accommodations must be made for infants, toddlers, children with disabilities and children with chronic medical conditions.

iii.   The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.27

55 Pa. Code 3280.26

55 Pa. Code 3290.24

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.31(f) (1-10) and 3270.31(e)

55 Pa. Code 3280.31(f) (1-10) and 3280.31(e)

55 Pa. Code 3290.31(g) (1-10) and 3290.31(f)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? No variations in training requirements as per category of care.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
☒ Pre-Service
☐ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes
☐ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
Better Kid Care will have updated refresher modules made available to all child care staff to meet the twelve (12) professional development hours. OCDEL will provide updates to the provider community from through department announcements, listserv messages, website updates, and/or email communications from regional office staff to providers.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. The Department's regulations require operators to secure and store toxics (with the contents listed) such that they are made inaccessible to children and do not contaminate food areas or play surfaces. As well, trash must be removed from the facility at least once a day, and trash shall be removed from the facility grounds at least once per week. Trash that has been contaminated by human secretions or excrement shall be contained in closed, plastic-lined receptacles. And finally, Department regulations require that when children are diapered, the facility must use disposable diapers, a diaper service, or arrange for a daily diaper supply with the parent. All soiled diapers must be disposed of in accordance with requirements depending on whether the diapers are disposable or not. As well, diaper changing surfaces must be cleaned after each use by wiping it with a sanitizing solution or by changing any surface covering, and such surfaces may not be used for food preparation or food service. Staff must check a child's diaper at least every two hours and whenever there is indication of a soiled diaper, and staff must change a child's diaper when the diaper is soiled.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. There are no variations in the standards as per category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.66, and 3270.67 and 3270.135

55 Pa. Code 3280.66 and 3280.67 and 3280.135

55 Pa Code 3290.64 and 3290.65 and 3290.135

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.31(f) (1-10) and 3270.31(e)

55 Pa. Code 3280.31(f) (1-10) and 3280.31(e)

55 Pa. Code 3290.31(g) (1-10) and 3290.31(f)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? No variations in training requirements as per category of care.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
☒ Pre-Service
☐ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes
☐ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
Better Kid Care will have updated refresher modules made available to all child care staff to meet the twelve (12) professional development hours. OCDEL will provide updates to the provider community from through department announcements, listserv messages, website updates, and/or email communications from regional office staff to providers.

5.3.9   Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. Department regulations require a facility to notify local traffic authorities as well as parents in writing of its location, the use of

pedestrian and vehicular routes around the facility, all pick-up and drop-off points, bike routes, and crossways. All transportation by the facility requires written parental consent, and there shall be written notification of safe routes posted conspicuously by the operator in the facility. When transporting children, regulations require that specific staff-child ratios be used by the operator to ensure the proper supervision of children, with the driver considered a part of such ratio only when school-age children are being transported. When children are being transported, all safety restraints installed in the vehicle at the time of manufacturing must be used by all occupants, with instructions for their use to be always kept in the vehicle. As well, children 7 years of age or younger must be transported pursuant to the Pennsylvania vehicle code as it relates to requirements for all parents and guardians. Regulations further require that all vehicles used to transport children must be insured; the doors locked when in motion; with no more than three persons in the front seat. There is also a regulatory prohibition against the use of the back of pick-up trucks or the cargo areas of station wagons to transport children; as well as against the use of 11-15 passenger vans. Finally, a first-aid kit that meets Department requirements must be stored in any vehicle with children being transported.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. 55 Pa. Code 3270.171-178. There is a variation in the standards by category, as Center and Group Child Care Home regulations require pick up and drop off points and have transportation ratios; family child care home operators are not required to comply with those standards.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.124; and 3270.171-178.

55 Pa. Code 3280.124; and 3280.171-178

55 Pa. Code 3290.124 and 3290.171-176

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirements, including citations for both licensed and license-exempt provider

55 Pa. Code 3270.31(f) (1-10) and 3270.31(e)

55 Pa. Code 3280.31(f) (1-10) and 3280.31(e)

55 Pa. Code 3290.31(g) (1-10) and 3290.31(f)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? No variations in training requirements as per category of care.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
☒ Pre-Service
☐ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes
☐ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
Better Kid Care will have updated refresher modules made available to all child care staff to meet the twelve (12) professional development hours. OCDEL will provide updates to the provider community from through department announcements, listserv messages, website updates, and/or email communications from regional office staff to providers.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. All staff persons are required to obtain certification in pediatric first aid and pediatric CPR within 90 days of hire and shall renew their certification every 2 years, on or before the expiration of the most current certification. One or more facility persons competent in pediatric first aid and pediatric cardiopulmonary resuscitation techniques shall be at the facility when one or more children are in care. Competence is the completion of training by a professional in the field of first aid and cardiopulmonary resuscitation (CPR).

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. There are no variations in the standards as per category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.33(d)

55 Pa. Code 3280.33(d)

56 Pa. Code 3290.31(f)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

55 Pa. Code 3270.31(f) (1-10); 3270.31(e); 3270.31(e)(4)(I)

55 Pa. Code 3280.31(f) (1-10); 3280.31(e); 3280.31(e)(4)(I)

55 Pa. Code 3290.31(g) (1-10); 3290.31(f); 3290.31(f)(4)(I)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? No variations in training requirements as per category of care.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☐ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
OCDEL will provide updates to the provider community through announcements, listserv messages, website updates, and/or email communications from regional office staff to providers. Recertification is required every two years prior to expiration of the most current certification.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs. DHS regulations require adherence to the CPSL, which requires all mandated reporters to be trained on an approved curriculum every five years. Approved training is provided on the Keep Kids Safe website. Upon successful completion, participants are provided with a certificate to document compliance with the law. In addition to training requirements, the CPSL codifies the regulatory requirement that employees of child care services who have direct contact with children in the course of employment are mandated reporters; they must make a report of suspected child abuse if the person has reasonable cause to suspect that a child is a victim of child abuse, with reporting procedures codified in the CPSL, to include submission of a written report within 48 hours.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. There are no variations in the standards as per category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. 55 Pa. Code 3270.19 and 3270.32(a); 3280.18 and 3280.32(a); 3290.16, and 3290.32(a)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

Title 23 §6383

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? No variations in training requirements as per category of care.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
☒ Pre-Service
☐ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes
☐ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.
Approved training is provided on the Keep Kids Safe website. Upon successful completion, participants are provided with a certificate to document compliance with the law. OCDEL will provide updates to the provider community from through announcements, listserv messages, website updates, and/or email communications from regional office staff to providers. Recertification is required every three years prior to expiration of the most current certification.

5.3.12   Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

a. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers. Child development, early childhood education and special education are included as acceptable training topics.
3270.31(e)(2)(ii),
3280.31(e)(2)(ii),
3290.31(f)(2)(ii).

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? Training for child development shall be applicable to the ages of children receiving care by the staff person.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
☒ Pre-Service
☐ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes
☐ No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above. Training to meet this requirement is currently available in the PD Registry by accessing any course coded as Knowledge Level 1: Child Growth and Development. There are numerous courses available and all are Pennsylvania Quality Assurance System (PQAS) approved. Knowledge Area 1 is comprised of 5 competencies for the general practitioner, 5 competencies specific to school age professionals, and 10 competencies specific to directors. The competencies include linking development to reciprocal relationships, to different theories of learning, and to issues and policies (e.g. inclusion, diversity, brain development, poverty), as well as identifying the different domains of child development and linking the domains to the Learning Standards. Over the next year, alignment of coursework and trainings will transition from the CKCs to the Pennsylvania Professional Standards and Competencies for Early Childhood Educators (PA PSCECE). After this transition, related PD in the Registry will align with the related the PA PSCECE. In addition, coursework funded through CCDF funded PDOs will embed the PA PSCECE into PDO contracts with IHEs to assure alignment. This will assure content in this area is addressed as practitioners advance their Career Pathway level. Updates will be provided to the provider community from OCDEL through announcements, listserv messages, website updates, and/or email communications from regional office staff to providers

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers: All staff persons shall obtain annual minimum of 12 clock hours of child development training.

b. License-exempt child care centers: *N/A*

c. Licensed family child care homes: All staff persons shall obtain annual minimum of 12 clock hours of child development training

d. License-exempt family child care homes: *N/A*

e. Regulated or registered In-home child care: *N/A*

f. Non-regulated or registered in-home child care: *N/A*

5.3.14   In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

☒ a. Nutrition: Nutritional appropriately timed meals and snacks are served to children. Additionally, lunch and breakfast served by the facility require certain food groups be included. 55 Pa Code 3270.161-.166; 3280.161-.166; and 3290.161-.166.

Pennsylvania has volunteer PQAS approved trainings made available through the PD Registry that address this standard. Providers participating in the Child and Adult Care Food Program (CACFP) must participate in technical assistance for administration of the program and annual training/workshops for staff. All CACFP Sponsors must complete annual training. Division of Food and Nutrition provides this training with renewal applications through our e-Learning vendor. The website is www.childnutritiontoolbox.com.

☒ b. Access to physical activity: Facility is required to provide safe play space to be used for large muscle activity. 55 Pa. Code 3270.62 and .101 and 3280.101 and 3290.101. Pennsylvania has volunteer PQAS approved trainings made available through the PD Registry that address this standard.

☒ c. Caring for children with special needs: The operator shall make reasonable accommodation to include a child with special needs in accordance with applicable Federal and State laws.   55 Pa. Code 3270.17, 104, 113(e), 122, 124(5).
55 Pa. Code 3280.16, 108, 113(e), 122, 124(5)
55 Pa. Code 3290.15, 113(e), 122, 124(5)
Pennsylvania has volunteer PQAS approved trainings made available through the PD Registry that address this standard.

☒ d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:

5.4   Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1   Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Standards** as described in Section 5.3.

Inspections for licensed CCDF providers occur annually. During the initial inspection, Representatives review a number of areas related to the regulations for a new child care center. This includes building safety, the site's emergency plan, and fire safety procedures. Representatives will also review staff files to ensure all staff are compliant with required physicals, clearances, and training. The Certification Inspection Instrument (CII) is used during a renewal inspection to observe and note compliance in various areas related to health and safety. This includes an emergency plan for the facility, fire safety, evacuation procedures, safe sleep positions, medication administration, transportation and ensuring a safe physical environment. Staff files are once again reviewed to ensure compliance. If a provider is deemed

noncompliant in any of the health and safety areas, the certification staff will use OCDEL's referral protocol to refer them to their local ELRC to gain resources, support, or training. If the staff member needs Pediatric First Aid/CPR training, they will be referred to the PDO to attend an OCDEL sponsored training.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Training** as described in Section 5.3.

During the annual inspection, certification representatives review staff files to ensure compliance with Pediatric First Aid/CPR certification, which must be renewed every two years. In addition, all staff persons shall obtain annual minimum of 12 clock hours of child development training. Completion of professional development shall be documented by the signature and title of the trainer or entity that completed the training and include the date that the professional development was completed. The certification representative can also access any staff person's PD record through the PD registry, which have PQAS approved training courses available for everyone.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

Pursuant to 55 Pa. Code 3270.14, a facility shall be operated in conformity with applicable federal and state laws and regulations. State agencies whose regulations may relate to the operation of a facility include the Department of Environmental Protection (DEP), the Department of Labor and Industry (L&I), the Department of Health (DOH), Pennsylvania Department of Education (PDE), and the Department of Transportation (DOT).

During the provider orientation, health and safety regulations and policies are reviewed. Per regulation 3270.15 and 3280.15, the DHS will not issue a certificate of compliance to a center or group child care home until the legal entity provides a certificate of occupancy as proof of compliance with the applicable requirements of the L&I. During the orientation, providers are told to obtain zoning approval from their local municipality and a certificate of occupancy, because it will be needed prior to issuing their certificate of compliance.

The orientation also reviews the PA Safe Water Drinking Act and the Federal Safe Water Drinking Regulations. During the application process, providers must provide a copy of their current bill or letter from the water supplier verifying that they provide water to the address, and this would ensure compliance with the Act and regulations. If the provider is not on a public water system, they must contact DEP so DEP can determine if the water source meets the definition of a Public Water System (PWS). If the facilities water does meet the definition, DEP will advise on which test(s) and inspection(s) need to be conducted. Once the PWS passes the DEP will issue an approval letter. If the facilities water source does not meet the definition of a PWS, the applicant will need to provide a notarized copy of the Public Water Supply Determination Survey (Affidavit) to DEP (form obtained from DEP). Once DEP has received the Affidavit, DEP will provide the applicant with a "Provider Does Not Meet the Definition of a PWS Letter".

Finally, the orientation will review all regulations covered during the initial inspection. This includes various health and safety areas including building safety, emergency plans, fire safety, and child/adult health.

5.4.2   Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

   i.   Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

   The Pennsylvania Human Services Code and Chapter 20 of the Title 55 Pennsylvania Regulations provide the authority to conduct a pre-licensure and annual inspection at child care centers, group child care homes, and family child care homes. Pursuant to Article X of the Human Services Code, all child care providers, must be inspected by DHS prior to receiving a certificate of compliance. Upon submitting an application for a certificate of compliance, both center-based and family child care providers must provide a Certificate of Occupancy. This certificate shows the building is in compliance with the Uniform Construction Code (UCC). Clearances and proof of mandated reporter training are required at the time of application. Staff clearances and proof of mandated reporter training are also required at the time of application. After submitting a complete application package to DHS, a certification representative will contact the provider to schedule an inspection. During the inspection, the center or home will be inspected for compliance with over 25 of DHS's basic health, fire and safety regulations, including but not limited to the emergency plan, toxics, outside walkways, electrical covers, hot water pipes, ventilation, firearms, space heaters, exits, condition of play equipment, pets, and water activity.

   ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.
   The Pennsylvania Human Services Code and Chapter 20 of the Title 55 Pennsylvania Regulations provide the authority to conduct a pre-licensure and annual inspection at child care centers, group child care homes, and family child care homes (55 Pa Code 3270 et seq, 3280 et seq, 3290 et seq). The inspection assesses compliance with health, safety, and fire standards. 55 PA Code 20.33 is the section addressing unannounced inspections.

   iii. Identify the frequency of unannounced inspections:

   ☐ A. Once a year
   ☒ B. More than once a year. Describe: *Click or tap here to enter text.*
   More than once a year.
   In addition to the annual renewal inspection, providers may be selected as part of the annual unannounced inspection initiative. OCDEL selects 10 percent of regulated providers to

participate in these inspections. OCDEL also conducts unannounced inspections regarding complaints, allocated unannounced monitoring inspections, random sample inspections, and when a provider is under sanction a minimum of monthly inspections.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards. *Click or tap here to enter text.*

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers.

Article X of the Pennsylvania Human Services Code.
Chapter 20, and 55 Pa Code Chapter 3270 et seq and 3280 et seq

55 Pa Code Chapters 3270.11(g), 3280.11**Please note this is specific to the unannounced inspection

Chapter 20.31, 20.33(a)(b) **Please note this is specific to the annual and other inspections

b. Licensed CCDF family child care home

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards.

Pursuant to Article X of the Human Services Code, all family child care providers, like all other child care providers, must be inspected by DHS prior to receiving a certificate of compliance. Upon submitting an application for a certificate of compliance, family child care providers must provide a Certificate of Occupancy from the Department of Labor &Industry or the local municipality, with such certificate showing the building is in compliance with the Uniform Construction Code (UCC) and is acceptable for use as a family child care home. Proof of mandated reporter training is also required at the time of application. After submitting a complete application to DHS, an announced pre-licensure inspection will be established. When the provider is ready, the new family child care home will be inspected for compliance with over 25 of the DHS's basic health, fire and safety regulations, including but not limited to the emergency plan, toxics, outside walkways, electrical covers, hot water pipes, ventilation, firearms, space heaters, exits, condition of play equipment, pets, and water activity.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.
Pursuant to Article X of the Human Services Code, all family child care providers, like all other child care providers, must receive annual inspections by DHS to maintain a valid certificate of compliance. All family child care provider facilities are inspected annually, with all such inspections being unannounced. Unlike the initial pre-licensure inspection, providers are responsible and will be evaluated with regard to health, fire and safety and compliance for all child care regulations at 55 Pa. Code 3290, et. seq.

iii. Identify the frequency of unannounced inspections:

☐ A. Once a year

☒ B. More than once a year. Describe:

More than once a year
In addition to the annual renewal inspection, providers may be selected as part of the annual unannounced inspection initiative. OCDEL selects 10 percent of regulated providers to participate in these inspections.
OCDEL also conducts unannounced inspections regarding complaints, allocated unannounced monitoring inspections, random sample inspections, and when a provider is under sanction a minimum of monthly inspections.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers.

Article X of the Pennsylvania Human Services Code.
Chapter 20, and 55 Pa Code Chapter 3290 et seq

c. Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

☒ No (Skip to 5.4.3 (a)).
☐ Yes. If yes, answer A – D below:
A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards. *Click or tap here to enter text.*
B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers. *Click or tap here to enter text.*
C. Identify the frequency of unannounced inspections:
☐ 1. Once a year
☐ 2. More than once a year. Describe: *Click or tap here to enter text.*
D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.
E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers. Click or tap here to enter text

d. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV);

98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. *Click or tap here to enter text.*

Pennsylvania does not have licensed-exempt CCDF eligible providers.

    i. Provide the citation(s) for this policy or procedure.
      N/A

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Pennsylvania does not have licensed-exempt CCDF eligible family child care.

    i. Provide the citation(s) for this policy or procedure.
      N/A

5.4.4   Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in- home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

Pennsylvania does not utilize in-home care by providers who do not meet the CCDF definition of relative.

b. Provide the citation(s) for this policy or procedure. N/A

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

N/A.

5.4.5   Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to

inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

OCDEL ensures that licensing inspectors are qualified to inspect child care facilities and have received the appropriate training to ensure the health and safety of both the children and providers being served. All representatives must meet **one** of the two options:

1. Have a minimum of two years professional experience providing direct services to children/youth, and a bachelor's degree that includes 24 semester hours of early childhood education, child/human development, special/elementary education, or psychology.

2. Have a combination of professional experience and training which includes one year of professional experience providing direct services to children, AND 24 semester hours from the areas above.

A six-part module and certification manual are used to assist with onboarding all staff. In addition to general onboarding, the module also covers the certification process, ECE best practices and tools and technology.

Prior to conducting solo visits, certification representatives are partnered with a seasoned representative to go on field visit and review inspection protocols.

To support a community of practice, all certification staff will participate in yearly trainings to review regulations and inspection protocols regarding various health and safety. The topics include, but not limited to building/physical safety, fire safety and emergency preparedness.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b) (1-2)). *Click or tap here to enter text.*
"New Certification Representative Orientation Manual" is one of the tools used to train new licensing staff. This is comprised of a 12-week training period related to health and safety training requirements and all aspects of the state's licensure requirements. All staff have a procedural and protocols manual. In addition, certification representatives are trained at minimum, on an annual basis. Certification representatives received the health and safety basics training. Staff complement was increased so the inspector-to-facility ratio is 1:75. Staff complete mandated reporting training and are required to do so every five years. Licensing staff inspect for compliance with health, safety, and fire standards.

c. Provide the citation(s) for this policy or procedure. New certification representatives undergo a twelve-week training period utilizing the Certification Representative Orientation Manual, health & safety training, state licensure requirements and shadow

visits with their supervisor and/or team. All certification staff participate in on-going mandatory health & safety trainings and complete mandated reporter training every five year.

5.4.6   The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

> a. To certify, describe the state/territory policies and practices regarding the ratio of licensing   inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to   conduct effective inspections on a timely basis. *Pennsylvania has approximately 6,884 child care providers and 137 licensing representatives. This is a ratio of approximately 50 providers:1 certification representative. This ratio is aligned with The National Association for Regulatory Administration (NARA) recommendations that an average caseload does not exceed 50 to 60 (Payne, 2011).*
>
> Certification representatives are supported by 28 Supervisors and 5 Regional Managers. The policy supports a caseload that is sufficient to conduct pre-licensure, annual renewal inspections and complaint investigations on a timely basis.
>
> b. Provide the policy citation and state/territory ratio of licensing inspectors. Pennsylvania does not have a specific policy citation that dictates the licensing *representatives* to facility ratio. In 2014, Pennsylvania was chosen by the Department of Health and Human Services Office of Inspector General for a health and safety review of child care facilities. At the time of the audit, the ratio of licensing inspector to facility was 1:143. One of the recommendations of the review was Pennsylvania ensure adequate oversight by reducing inspectors' caseloads. Consequently, Pennsylvania increased the staff complement so the inspector to facility ratio is 1:75. An additional increase in staff compliment has been implemented and the inspector to facility ratio will be an average of 1:50 when hiring is complete.

5.5   Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated,   or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services   (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements   apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or   supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to   individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)).

Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for <u>all licensed, regulated, or registered child care providers and</u> <u>for all other providers eligible to deliver CCDF services</u> (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
i. Criminal registry or repository using fingerprints in the current state of residency	☒ Citation: 55 Pa. Code §3270.32(a) (b), 3280.32(a)(b), and §3290.32(a)(b) In review of the process as part of a federal TA effort, our current registry process was identified as name-based and the process to link to the FBI fingerprint process did not meet the requirement. Corrective Action is in process.	☒ Citation: 23 Pa. C.S. Sections § 6303 (a) Definitions, 6344 (a)(6) Individuals having access to children and 6344 (b) Information to be submitted In review of the process as part of a federal TA effort, our current registry process was identified as name-based and the process to link to the FBI fingerprint process did not meet the requirement. Corrective Action is in process.
ii. Sex offender registry or repository check in the current state of residency	☒ Citation: 55 Pa. Code §3270.32(a)(b), §3280.32(a)(b), and §3290.32(a) (b)	☒ Citation: 23 Pa. C.S. sections § 6303 (a) Definitions, 6344 (a)(6) Individual shaving access to children and 6344 (b) Information to be submitted .

iii. Child abuse and neglect registry and database check in the current state of residency	☒ Citation: 55 Pa. Code §3270.32(a) (b,) §3280.32(a)(b), and §3290.32(a)(b)	☒ Citation: 23 Pa. C.S. sections § 6303 (a) Definitions, 6344 (a)(6) Individual shaving access to children and 6344 (b) Information to be submitted

b. Components of National Background Check

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
i. FBI Fingerprint Check X☐ X☐	☒ Citation: 55 Pa. Code §3270.32(a) (b), §3280.32(a (b), and §3290.32(a)(b)	☒ Citation: 23 Pa. C.S. sections § 6303 (a) Definitions, 6344 (a)(6) Individual shaving access to children and 6344 (b) Information to be submitted
ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search	☒ Citation: 55 Pa. Code §3270.32(a), §3280.32(a), and §3290.32(a)	☒ Citation: 23 Pa. C.S. sections §6303 (a) Definitions, 6344 (a)(6). Individuals having access to children and 6344 (b) Information to be submitted

c. Components of Interstate Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional. Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).	☒ Citation: 55 Pa. Code §3270.32(a)(b), §3280.32(a)(b), and §3290.32(a)(b)	☒ Citation: 23 Pa. C.S. sections § 6303 (a) Definitions, 6344 (a)(6) Individual shaving access to children and 6344 (b) Information to be submitted
ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years. Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.	☒ Citation: 55 Pa. Code §3270.32(a)(b), §3280.32(a)(b), and §3290.32(a)(b)	☒ Citation: 23 Pa. C.S. sections § 6303 (a) Definitions, 6344 (a)(6) Individual shaving access to children and 6344 (b) Information to be submitted

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years Note: This is a name-based search	☒ Citation: 55 Pa. Code §3270.32(a)(b), §3280.32(a)(b), and §3290.32(a)(b)	☒ Citation: 23 Pa. C.S. sections § 6303 (a) Definitions, 6344 (a)(6) Individual shaving access to children and 6344 (b) Information to be submitted

5.5.2   Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

DHS, ChildLine Clearance Verification unit in conjunction with the Pennsylvania State Police (PSP) process all requests for clearances from child care provider applicants and any other providers eligible to deliver CCDF eligible services. Applicants access the Keep Kids Safe website at: https://www.dhs.pa.gov/KeepKidsSafe/Clearances to access details on each required background check or clearance and the steps needed to complete the application process. Results from each of the required background checks are mailed directly to the applicant who completed the application. The applicant is required to bring the results to the child care employer where they intend to work. OCDEL is working with DHS, ChildLine, and PSP to offer a consolidated result letter to child care providers which will encompass all required background checks into one response indicating the applicant is eligible to work with children or ineligible to work with children. According to chapter 6300 of the Child Protective Services Law (CPSL) child care applicants must submit to the child care employer the more detailed results of their PSP criminal background check to ensure any identified offenses are not prohibitive offenses, resulting in the employer's inability to hire the applicant.

Pennsylvania State Police (PSP) background check: An applicant may request their PSP background check online on the Keep Kids Safe site or through a paper application request. To

submit the application online the applicant will use PSP web-based PATCH computer application. Results are often received immediately when applied for online. If the applicant provided their email address in the application and results are not immediate, they will receive a message stating the application was received and when the clearance results are completed, they can be reviewed and printed. If an applicant does not provide an e-mail address, they must document their username, password, and control number so they can log back into the PATCH system to obtain the clearance results when they are completed. OCDEL is currently working with the PSP on a solution to the current PATCH system which is a name-based system and not a fingerprint system, which is the CCDF requirement. The solution aims to ensure the in-state criminal background check is a fingerprint-based check and will require the cooperation of entities outside of the department to implement technology/system updates. Those applicants who do not complete this application online can print out the paper application and mail this to the PSP for processing.

Pennsylvania sex offender registry: A crosscheck of the Pennsylvania sex offender registry (Megan's Law) is a part of the process of the check when applying for the PSP criminal background check.

Pennsylvania Child Abuse History clearance: The Pennsylvania Child Abuse History clearance is obtained by submitting the online application through the Keep Kids Safe website on the Child Welfare Information Solution (CWIS) self-service portal. Submitting an application online will allow individual applicants to receive their results through an automated system that will notify them once their results have been processed. Applicants will be able to view and print their results online. The self-service portal also provides organizations the ability to create business accounts to prepay for child abuse clearances and have online access to the results. Organizations who want to set up business accounts must first register for a Business Partner User account using the Organization Account Access link on the Child Welfare Portal. Organization accounts will allow businesses and organizations to purchase child abuse history clearance payment codes and distribute those codes to applicants. When an applicant uses a code given to them by an organization, the organization will have access to the applicant's child abuse history clearance results once those results are processed. Paper submissions of the Pennsylvania Child Abuse History Clearance application are accepted for anyone who may not have access to the internet. Applicants can print the paper application from the Keep Kids Safe website and mailed to the ChildLine and Abuse Registry. There are instructions for how to complete the application on the last page of the application and can be printed for easy reference when completing the application. Applicants can type their information directly onto the application or the information can be legibly handwritten onto the application. Once the application is received in the ChildLine and Abuse Registry's Verification Unit, the results of the Pennsylvania Child Abuse History Clearance is mailed to the applicant's address that was noted on the application, within 14 days from the date that the application is received in the ChildLine Verification Unit. An applicant can request that a Pennsylvania Child Abuse History Clearance be mailed to an organization by completing a Consent Release of Information Authorization Form. Both the applicant and organization must sign the form and the form must be attached to a paper Child Abuse History Clearance application submitted via mail for the results to be released to the organization. Older versions of the Consent Release Form without a signature line for the organization will not be accepted and the certification result will be returned directly to the applicant, not the organization. Results cannot be sent to someone other than the applicant if applying for a Child Abuse History Clearance electronically via the online link above. If an organization pays the application fee, they will have the ability to access

an applicant's results online if they set up a business account and provide the prepaid code to the applicant.

FBI Fingerprint Check: The commonwealth contracts with IDEMIA for digital fingerprinting. An applicant must register with IDEMIA and be fingerprinted at an IdentoGo site as the first step in the FBI fingerprint-based background check. An applicant can register for an appointment to be fingerprinted in two ways: Online: Go to www.Identogo.com or through a phone call to 1-844-321-2101. After registering the applicant will provide a provide a service code. If an applicant requires assistance in determining the appropriate service code they can contact the Office of Children, Youth, and Families at RA-PWCPSLQuestions@pa.gov All applicants will also need to refer to the list of acceptable identification documents. Applicants must present one of the identification documents at the IDEMIA fingerprinting location. Appointments are not required when an applicant register. They may walk-in during a location's posted hours of operation but scheduling an appointment may lead to lesser or no wait times. In order to preregister for an FBI background check and/or find a fingerprinting location, applicants access the IDEMIA website. The final eligibility result letter to the applicant is a multi-step process. If an applicant results do not have a RAP sheet, the eligible result letter is auto generated and goes directly to the applicant. If there is a RAP sheet identified by IDEMIA the results are sent to the ChildLine Verification Unit for an evaluation of the RAP to determine eligibility. Following the analysis within ChildLine, the applicant receives a copy of their RAP along with their result letter of eligibility or ineligibility depending on the results of the analysis for potential prohibitive hiring criminal offenses.

National Crime Information Center (NCIC) National Sex Offender Registry (NSOR): Applicants print and fill out the application for NSOR and obtain the application in Spanish or English on the Keep Kids Safe website. Once completed, the applicant can use one of the following options to submit the application for processing:

- Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services, PO Box 8170, Harrisburg, PA 17105-8170;

- Scan and email the application to: RA-PWNSOR@pa.gov with "NSOR Verification Applicant_(Last Name)" in the subject line; or

- Hand-deliver to the Clearance Verification Unit lobby at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building #53).

Applicants receive a letter detailing the results of the NSOR which is processed through coordination with the PSP who run the applicant's details against the National database.

Criminal registry or repository in any other state where the individual has resided in the past 5 years: Currently, the child care applicant contacts the state they resided in the past five years to obtain the result of the criminal registry or repository of any other state where the individual has resided in the past 5 years. The result of the check is then provided directly to the child care provider where they intend to work. The child care provider maintains the result for their records to ensure compliance with the OCDEL Bureau of Certification licensure regulations and the CPSL.

DHS, ChildLine is working with OCDEL on the creation of a consolidated letter for child care providers which will detail if the applicant is 'eligible' or 'ineligible' to work in child care. This

letter will also detail the results of the criminal registry or repository in any other state where the individual had resided in the past 5 years unless that state is a closed record state. In instances where ChildLine is not able to obtain these details, needed for the consolidated letter, directly from the lead agency in the state where the applicant resided(such as a closed-record state), the applicant who live(d) outside of Pennsylvania (currently or during the past 5 years) must contact the state where they live(d) to find out what that state requires to get the information to ChildLine for completion of the consolidated letter for the child care provider.

Sex offender registry or repository in any other state where the individual has resided in the past 5 years: Currently, the child care applicant contacts the state they resided in the past five years to obtain the result of the sex offender registry or repository of any other state where the individual has resided in the past 5 years. The result of the check is then provided directly to the child care provider where they intend to work. The child care provider maintains the results for their records to ensure compliance with the OCDEL Bureau of Certification licensure regulations and the CPSL.

DHS, ChildLine is working with OCDEL on the creation of a consolidated letter for child care providers which will detail if the applicant is 'eligible' or 'ineligible' to work in child care. This letter will also detail the results of the sex offender registry or repository in any other state where the individual had resided in the past 5 years unless that state is a closed record state. In instances where ChildLine is not able to obtain these details, needed for the consolidated letter, directly from the lead agency in the state where the applicant resided(such as a closed-record state), the applicant who live(d) outside of Pennsylvania (currently or during the past 5 years) must contact the state where they live(d) to find out what that state requires to get the information to ChildLine for completion of the consolidated letter for the child care provider.

Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years: Currently, the child care applicant contacts the state they resided in the past five years to obtain the result of the child abuse and neglect registry and database of any other state where the individual has resided in the past 5 years. The result of the check is then provided directly to the child care provider where they intend to work. The child care provider maintains the results for their records to ensure compliance with the OCDEL Bureau of Certification licensure regulations and the CPSL.

DHS, ChildLine is working with OCDEL on the creation of a consolidated letter for child care providers which will detail if the applicant is 'eligible' or 'ineligible' to work in child care. This letter will also detail the results of the child abuse and neglect registry and database in any other state where the individual had resided in the past 5 years unless that state is a closed record state. In instances where ChildLine is not able to obtain these details, needed for the consolidated letter, directly from the lead agency in the state where the applicant resided(such as a closed-record state), the applicant who live(d) outside of Pennsylvania (currently or during the past 5 years) must contact the state where they live(d) to find out what that state requires to get the information to ChildLine for completion of the consolidated letter for the child care provider.

All DHS certified child care providers are required to maintain all the above background checks for each of their staff members. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted

prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). PA has policies and procedures in place, including the process by which a child care provider or other state or territory may submit a background check request published on the Keep Kids Safe website as described in § 98.43(g).

OCDEL is working with the PSP to determine how they may amend their current process of checking child care applicants criminal PA state details using a name-based PATCH check and moving this process to a fingerprint-based check. Additionally, OCDEL is working with DHS, ChildLine on a consolidated background check application for child care applicants and a consolidated result letter for child care providers.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Pennsylvania State Police background check: Free — Volunteers & $22 — Employees, Foster/Adoptive Parents

Pennsylvania sex offender registry: Free – this is captured within the PA State Police background check.

Child Abuse History Clearance: Free — Volunteers & $13 — Employees, Foster/Adoptive

FBI Fingerprint Check: $23.85 — Employees, Foster/Adoptive Parents & $22.60 — Volunteers

National Crime Information Center (NCIC) National Sex Offender Registry (NSOR): Free, no cost.

Criminal registry or repository in any other state where the individual has resided in the past 5 years: Applicant works with the state they resided to obtain this check – cost may vary depending on the state. An amended process where DHS, ChildLine will conduct these checks at no cost to an applicant is currently being discussed and worked on.

Sex offender registry or repository in any other state where the individual has resided in the past 5 years. Applicant works with the state they resided to obtain this check – cost may vary depending on the state. An amended process where DHS, ChildLine will conduct these checks at no cost to an applicant is currently being discussed and worked on.

Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years: Applicant works with the state they resided to obtain this check – cost may vary depending on the state. An amended process where DHS, ChildLine will conduct these checks at no cost to an applicant is currently being discussed and worked on.

DHS, ChildLine conducted an analysis on the fees and costs to ensure fees do not exceed the actual cost of processing and administering the background checks.

c.   Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Any prospective child care employee who is working on a provisional basis, pending completion of all background check components in 98.43(b) must be supervised at all times by a child care staff member individual who received a qualifying result on a background check described in 98.43(b) in the state in which the individual resides and each state where such staff member resided during the preceding five years. The prospective child care staff member must have completed and received satisfactory results on either their Pennsylvania FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective child care staff member resides and each state where such staff member resided during the preceding five years.

d.   Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

DHS, ChildLine does not provide background check details directly to child care providers, but instead provide such details to the individual applicant for each requested background check. The applicant then provides such details to the child care provider, including required background checks from those states they resided in outside PA within the previous 5 years. OCDEL is in the process of creating a consolidated letter for child care providers which will encompass all the required clearance and background checks per § 98.43(b) and provide this letter to the child care provider (which will also capture the details from other states where the applicant resided in within the previous 5 years).

e.   Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

All child care providers in Pennsylvania must maintain each staff members background check verifications and ensure that they have not expired, as they are only valid for a 5-year period. The fact that clearances/background checks are valid is verified during the annual onsite inspection that takes place by the OCDEL Bureau of Certification. The Certification representative performing the onsite inspection at the child care provider reviews the staff background checks for verification they have not expired. Pennsylvania does not enroll child care staff members in the FBI Rap Back Program or a state-based rap back program.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Bureau of Certification onsite monitoring has a procedure in place to ensure child care provider employees who were separated from employment for more than 180 consecutive days receive a full background check and the child care employer maintains the results of these checks in the employee records. The review for compliance to this requirement takes place in conjunction with the annual child care site review by Certification at the child care provider annually.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

Keep Kids Safe website at: https://www.dhs.pa.gov/KeepKidsSafe/Clearances

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components

- How the Lead Agency is informed of the results of each background check component

- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

The lead agency in Pennsylvania who conduct the investigation for child care applicants is DHS, ChildLine Operations Division within the Office of Children, Youth and Families (OCYF). This Division works in collaboration with the PSP (PS state criminal background, Megan's Law sex offender check and NSOR results) and the Department of General Services who mail result letters to applicants. As detailed in the above section(s), all results go directly to the applicant applying. The applicant then provides the results to the child care agency they are employed or seeking employment. The child care provider is responsible to maintain the various result letters. The only exception at this time to this process is that the Pennsylvania child abuse registry result can go directly to a child care provider if the applicant consents to the release of this result directly to such provider. ChildLine ensures the privacy of background checks by

providing the results of the criminal background check directly to the potential child care employee who then provides these results to the child care provider as a condition of their employment (including a family child care household member over the age of 18). At this time, based on the requirements in the CPSL the prospective applicant is required to reveal any documentation of criminal history or disqualifying crimes or other related information identified on their PA state criminal history or FBI rap sheet. OCDEL, in collaboration with the PA state police and the lead agency (DHS, ChildLine), are examining any areas of non-compliance with the current way our state processes clearances. ChildLine and the PA State Police make the final determination on eligibility. All results to applicants take place within a 30-day timeframe from the date the request is received by ChildLine. The exception to this 30-day timeframe is if there are possible delays when an applicant must supply additional details to ChildLine in order for the Office to make the necessary determinations. OCDEL is awaiting formal guidance from ACF to determine if the CPSL is compliant with federal law.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here. ChildLine is informed of the results of the NSOR through daily patches processed through the PSP. They are notified of any RAP sheet investigations needed from IDEMIA on the FBI clearance to determine if such offenses are prohibitive hire offences based on the CPSL.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years). ChildLine conducts Interstate Background Checks by having the applicant submit individualized applications for each required check, as detailed in the summary section of steps needed for applicants to obtain required background checks. At this time ChildLine does not conduct an interstate check for any child care provider directly, but such checks are obtained by the individual applicant through the application processes.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe. ChildLine sends a letter directly to the applicant detailing any additional information needed. The applicant is aware of the fact the eligibility determination will be delayed based on the letter they receive from ChildLine.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works. The child care applicant is required to obtain the result from the state in which they work and provide this result to the child care employer.

5.5.4   State designation as a "Compact State" and participation in the National Fingerprint File program.

   a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: https://www.fbi.gov/services/cjis/compact-council. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory a Compact State?

   ☒   No
   ☐   Yes

   b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided withi5,5,n the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory an NFF State?

   ☒   No
   ☐   Yes

5.5.5   Procedures for a Lead Agency to Respond to Interstate Background Checks:

   a. Interstate Criminal History Registry Check Procedures

   Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility). Individuals living in another state who are required to have a criminal history check for Pennsylvania would need to apply for their criminal history check through PSP as detailed in section 5.5.2 a. Pennsylvania does not release details of an individual's criminal history directly to a requesting agency based on prohibitions on releasing such details outlined in the CPSL. Once processed, the results go directly to the applicant and the applicant provides the results to the requesting entity or state. In cases where the entity or state will not accept the clearances directly from the applicant, the applicant supply's PA with a consent to release of information, also obtained on the Keep Kids Safe website, to provide the result of the check directly to the specific entity or state. Additionally, the entity or state can purchase clearance application codes and provide them to the applicant, and this would

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility). Individuals living in another state who are required to have a sex offender history check for Pennsylvania would need to apply for their criminal history check through PSP as the sex offender history check is incorporated in this background check through PSP. The results are released directly to the individual. Additionally, Pennsylvania has a public searchable database on the Keep Kids Safe website. The Megan's Law website captures the identical details as the National Sex Offenders Registry website. Any applicant, entity or state can search that database for information needed too. However, if a paper result is required the applicant must fill out the application and wait for their result online or in the mail. Currently there is no consent to release information form to any entity or state for NSOR applications and the paper result must go to the applicant. The applicant then provides the result to the entity or state.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out- of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).
Individuals living in another state who are required to have a child abuse and neglect history check for Pennsylvania would need to apply for their child abuse and neglect history check through DHS, ChildLine. This process is in section 5.5.2 a. If the state requires a result directly from the Commonwealth of Pennsylvania, the applicant must complete the appropriate application, including a check or money order for to fee, and send the request for this to be released to the state agency to the *ChildLine Verification Unit, ATTN: Out of State Background Checks P.O. Box 8053 Harrisburg, PA 17105*. Pennsylvania does not release details of an individual's child abuse and neglect history check directly to a requesting agency unless the applicant consents to the release based on prohibitions on releasing such details outlined in the CPSL.

5.5.6   Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

    a. Interstate Criminal Background Check:

        ☒   i. Agency Name

        ☒   ii. Address:

        ☒   iii. Phone Number:

        ☒   iv. Email:

        ☐   v. FAX: phone, mail or online. There is not a fax option.

        ☒   vi. Website: https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/Out-of-State-Clearances.aspx

        ☒   vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

        ☒   viii. Forms:

        ☒   ix. Fees:

        ☐   x. Is the state a National Fingerprint File (NFF) state? No

        ☐   xi. Is the state a National Crime Prevention and Privacy Compact State? No

        ☒   xii. Direct URL/website link to where this information is posted. https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/Out-of-State-Clearances.aspx

b. Interstate Sex Offender Registry (SOR) Check: This check takes place in conjunction with the PSP criminal in state check, so the same processes apply.

   ☒   i. Agency Name

   ☒   ii. Address

   ☒   iii. Phone Number

   ☒   iv. Email

   ☒   v. FAX phone, mail or online. There is not a fax option.

   ☐   vi. Website

   ☒   vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

   ☒   viii. Forms

   ☒   ix. Fees

   ☒   x. Direct URL/website link to where this information is posted. [PA Child Abuse History Clearance]

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

   ☒   i.   Agency Name:

   ☐   ii.   Is the CAN check conducted through a County Administered Registry or Centralized Registry?

   ☒   iii.   Address

   ☒   iv.   Phone Number

   ☒   v.   Email

   ☐   vi.   FAX

   ☒   vii.   Website

   ☒   viii.   Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

   ☒   ix.   Forms

   ☒   x.   Fees

   ☒   xi.   Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.

☒ xii. Direct URL/website link to where this information is posted. PA Child Abuse   History Clearance

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory's option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes— child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

☐ No
☒ Yes. If yes, describe other disqualifying crimes and provide the citation:

PROHIBITED OFFENSES LIST PER PA CPSL

CRIMINAL CODE	CHARGE
CC2261	INTERSTATE DOMESTIC VIOLENCE (FOR THE PURPOSE OF VOLUNTEER OR EMPLOYMENT FOR A CHILD DAYCARE CENTER, GROUP DAYCARE HOME OR FAMILY CHILD CARE HOME)
CC2262	INTERSTATE VIOLATION OF PROTECTION ORDER (FOR THE PURPOSE OF VOLUNTEER OR EMPLOYMENT FOR A CHILD DAYCARE CENTER, GROUP DAYCARE HOME OR FAMILY CHILD CARE HOME)
CC2501	CRIMINAL HOMICIDE
CC2502	MURDER
CC2503	VOLUNTARY MANSLAUGHTER
CC2504	INVOLUNTARY MANSLAUGHTER
CC2505	CAUSING OR AIDING IN SUICIDE
CC2506	DRUG DELIVERY RESULTING IN DEATH
CC2507	CRIMINAL HOMICIDE OF LAW ENFORCEMENT OFFICER
CC2702	AGGRAVATED ASSAULT
CC2709.1 CC2709-1 CC2709B	STALKING
CC2718	STRANGULATION (MUST BE A FELONY AFTER 2016. FOR THE PURPOSE OF VOLUNTEER OR EMPLOYMENT FOR A CHILD DAYCARE CENTER, GROUP DAYCARE HOME OR FAMILY CHILD CARE HOME)
CC2901	KIDNAPPING
CC2902	UNLAWFUL RESTRAINT

CC3121	RAPE
CC3122.1	STATUTORY SEXUAL ASSAULT
CC3123	INVOLUNTARY DEVIATE SEXUAL INTERCOURSE
CC3124.1	SEXUAL ASSAULT
CC3125	AGGRAVATED INDECENT ASSAULT
CC3126	INDECENT ASSAULT
CC3127	INDECENT EXPOSURE
CC3301	ARSON (MUST BE A FELONY. FOR THE PURPOSE OF VOLUNTEER OR EMPLOYMENT FOR A CHILD DAYCARE CENTER, GROUP DAYCARE HOME OR FAMILY CHILD CARE HOME)
CC4302	INCEST
CC4303	CONCEALING DEATH OF CHILD
CC4304	ENDANGERING WELFARE OF CHILDREN
CC4305	DEALING IN INFANT CHILDREN
CC5902B	PROSTITUTION (MUST BE A FELONY CONVICTION)
CC5903C CC5903D	OBSCENE AND OTHER SEXUAL MATERIALS AND PERFORMANCES
CC6301	CORRUPTION OF MINORS
CC6312	SEXUAL ABUSE OF CHILDREN
CC0901	CRIMINAL ATTEMPT (MUST LINK TO A PROHIBITED OFFENSE)
CC0902	CRIMINAL SOLICIATION (MUST LINK TO A PROHIBITED OFFENSE)
CC0903	CRIMINAL CONSPIRACY (MUST LINK TO A PROHIBITED OFFENSE)
ALL FELONY DRUG CHARGES	MUST BE A FELONY WITHIN THE PAST 5 YEARS

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)). The child care applicant receives a letter for each background check which details that they are 'eligible' or 'ineligible' to work with children.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2- 4). All Pennsylvania felonies (part one and two crimes) are reported to the FBI. The ChildLine Verification Unit conducts a review on all FBI clearances where a RAP (criminal record) exists to determine if any offence would prohibit a child care employee from working with children, based on the CPSL offenses.

5.5.8   Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

- The appeals process is completed in a timely manner for any appealing child care staff member

- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.
The child care applicant can appeal the results of their background checks through the ChildLine Division. If they are unsatisfied with this result, they can further appeal to the Bureau of Hearings and Appeals (BHA). BHA is the DHS entity charged with conducting administrative hearings and timely adjudicating appeals filed in accordance with state and federal regulations.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks? Same appeal process.

c. Interstate Child Abuse and Neglect (CAN) Registry Check: *Click or tap here to enter text.*

5.6   Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1   Licensing Requirements (as described in Section 5.1)

☒ a. Relative providers are exempt from all licensing requirements.

☐ b. Relative providers are exempt from a portion of licensing requirements. Describe.
Click or tap here to enter text.

☐ c. Relative providers must fully comply with all licensing requirements.

5.6.2   Health and Safety Standards (as described in Section 5.2 and 5.3)

☒ a. Relative providers are exempt from all health and safety standard requirements

☐ b. Relative providers are exempt from a portion of health and safety standard requirements.
      Describe.

☐ c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3   Health and Safety Training (as described in Section 5.3)

☐ a. Relative providers are exempt from all health and safety training requirements.

☒ b. Relative providers are exempt from a portion of all health and safety training requirements. Describe. The relative provider must complete three hours of approved mandated reporter training prior to approval and every five years thereafter. Approved training is provided on the Keep Kids Safe website. Upon successful completion, participants are provided with a certificate to document compliance with the law. The relative provider must submit the Certificate of Completion to the ELRC.

Relative Providers are encouraged to take additional health and safety training which can be found on the Pennsylvania Key (PA Key) website, www.pakeys.org. Approved trainings are provided on the Keep Kids Safe website. Upon successful completion, participants are provided with a certificate to document compliance with the law.

☐ c. Relative providers must fully comply with all health and safety training requirements.

5.6.4   Monitoring and Enforcement (as described in Section 5.4)

☒ a. Relative providers are exempt from all monitoring and enforcement requirements.

☐ b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe. *Click or tap here to enter text.*

☐ c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

☐ a. Relative providers are exempt from all background check requirements.

☐ b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:

☐   i.   Criminal registry or repository using fingerprints in the current state of residency

☐   ii.   Sex offender registry or repository in the current state of residency

☐   iii.   Child abuse and neglect registry and database check in the current state of residency

☐   iv.   FBI fingerprint check

☐   v.   National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.

☐   vi.   Criminal registry or repository in any other state where the individual has resided in the past five years.

☐   vii.   Sex offender registry or repository in any other state where the individual has resided in the past five years.

☐   viii.   Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.

☒ c. Relative providers must fully comply with all background check requirements.

6   Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)) and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1   Professional Development Framework

6.1.1   Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components:
(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

    a.   Describe how the state/territory's framework for training and professional development addresses the following required elements:

        i.   State/territory professional standards and competencies. Describe:
OCDEL sets the policies for Professional Development (PD) within the Early Childhood Education (ECE) workforce system in Pennsylvania. In response to the work of the Power to the Profession Taskforce, In July 2020, Pennsylvania began the process to review the current Core Knowledge Competencies (CKCs) and make recommendations for a revised set of Pennsylvania Professional Standards and Competencies for Early Childhood Educators

(PSCECE). A stakeholder group was determined by OCDEL leadership, PDO input, and input from Institutes of Higher Education. Input was also provided by the Bureau of Certification Services, the Early Childhood Mental Health Coordinator, and the Senior Health Manager from the PA Key. The stakeholder group recommended 1) the full adoption of the National Professional Standards and Competencies for Early Childhood Educators, 2) a transition from naming the standards the Core Knowledge Competencies to the PSCECE, 3) the inclusion of Pennsylvania specific Health and Safety Standards to include Mental Health, and 4) The inclusion of Pennsylvania specific resources that detail seminal content relevant to Pennsylvania educators that should be embedded by IHEs, PDOs, and PLOs into coursework, and professional development offerings. PSCECE contain the following standard areas: Standard 1: Child Development and Learning in Context; Standard 2: Family-Teacher Partnerships and Community Connections; Standard 3: Child Observation, Documentation, and Assessment; Standard 4: Developmentally, Culturally, and Linguistically Appropriate Teaching Practices; Standard 5: Knowledge, Application, and Integration of Academic Content in the Early Childhood Curriculum; Standard 6: Professionalism as an Early Childhood Educator; and Standard 7: Health and Safety. The new PSCECE are expected to be implemented ~~adopted~~ beginning FY 2021. Once implemented PA will begin the process of fully embedding the standards into the workforce development system including but not limited to, updating the PD Registry to include alignment to the new standards, updated QRIS professional development standards for alignment, and communicating and supporting IHEs, PDOs and PLOs integrating the new standards.

ii. Career pathways. Describe: OCDEL transitioned from the previous Career Lattice to ~~its~~ the current Career Pathway model over the last few years. The Early Childhood Education ECE Career Pathway serves to simplify and guide the profession towards meeting the minimal qualifications and competencies needed for each ECE role within the commonwealth. The Career Pathway defines entry level qualifications and steps ~~that~~ needed to ensure ECE professionals have the skills, knowledge, and competencies needed to fulfill their desired role. To support the growth and development of the workforce, build upon the expertise of our ECE professionals, and create a statewide framework to govern these efforts, OCDEL has established shared benchmarks through the career pathway levels to help provide predictability and reliability across the commonwealth.

The Career Pathway has six distinct levels. Each level aligns to the acquisition of a particular credential, degree, or competencies. The Pathway begins at the entry level and represents a professional entering the ECE field. The next level, Level A aligns with obtaining a Child Development Credential or comparable coursework. Level B aligns with obtaining an associate degree in ECE. Level C aligns with obtaining a bachelor's degree in ECE. Level D aligns with obtaining a master's degree with ECE content. The final level, Level E aligns with obtaining a Doctorate level degree. Currently, at each level there are also competency-based credentials and coursework that are comparable to attaining the degree. In addition, a Rising level and Plus levels are included in the Career Pathway. The Rising and Plus levels are achieved through either making significant progress towards the next Career Pathway Level or adding an OCDEL approved certificate, endorsement, or credential in a specialized knowledge area.

For more information on the Career Pathway visit CAREER PATHWAY – THE PENNSYLVANIA KEY (pakeys.org)

PDOs were established in January 2020 through a competitive Request for Application (RFA) process. As such, the awarded grantees work under contract with OCDEL to develop partnerships with Pennsylvania-based institutions of higher education (IHE) and community-based partners to provide credit-bearing professional preparation for ECE professionals working to provide high-quality early learning services to children and families. Credit-bearing coursework must align with Pennsylvania's ECE Career Pathway. The pathway is best realized through a sequence of stackable, portable credentials that reflect developmentally and culturally appropriate content supporting ECE professionals in teaching practice, need to advance their individual career, and education attainment. PDOs address the broad needs of their regions while supporting the individual needs of professionals through partnerships that demonstrate a strong relationship between IHE and community-based organizations.

iii. Advisory structure. Describe: Recommendations for the development, revision and implementation of the Professional Development system are provided on an ongoing basis by several steering committees: The Career Pathway steering team, the PDO steering team, and the PD Registry team. Each of these steering teams is comprised of members from OCDEL leadership, Bureau of Policy and PD staff, Bureau of ELRC operations staff, Bureau of Certification staff, EITA staff, External Stakeholders Relations Manager, PDO manager, and PA Key staff. The steering teams report to OCDEL executive leadership team. In addition, the Early Learning Council, and additional external stakeholder groups (i.e. Family Child care Workgroup, Group Child Care Workgroup, and School Age Care Continuous Quality Improvement Collaboration Workgroup) are engaged to develop and implement workforce related policy as needed ~~basis~~.

iv. Articulation. Describe: Pennsylvania remains committed to supporting seamless articulation of credit for ECE professionals engaged in the higher education system. In 2021, there is over 400 early childhood program-to-program articulation agreements between two and four-year IHEs in Pennsylvania documented in PDE's publicly accessible Transfer and Articulation Center (PA TRAC). All 14 State IHE and all 14 Community Colleges in the commonwealth have program-to-program (P2P) articulation agreements in early childhood education. Several private baccalaureate institutions have also signed early childhood education program-to-program articulation agreements with two-year institutions. These agreements are largely focused on programs that end in Prek-4 certification, but some non-certification track programs are also included.

To ensure working early educators in childcare programs continue to access the same articulation promises of the PA TRAC system, OCDEL has partnered with PDOs. PDOs have developed and refined their data collection to better track long term articulation and completion rates of the programs they fund. PDOs and OCDEL review this data quarterly to determine how equitably program-to-program policies are being applied across the ECE workforce. PDOs are also enhancing and building program articulation agreements to ensure pathways like apprenticeship are equally valued as traditional programs and cleanly articulate into the BA level.

In addition to collecting data, PDOs engage their community and higher education partners in work that seeks to advance the goals of increasing articulation and participation in degree programs for the ECE workforce. This includes ongoing meetings among PDO funded partners to advance practices that lead to promising practices in articulation. Through this effort, institutions are working on developing early childhood education articulation agreements that have meaning to all early educators and value ECE Apprenticeship pathways as well.

In addition to AA to BA programs, efforts across the state have been underway to achieve and measure the success of the CDA Credential articulating into AA programs. This work includes supporting the ECE workforce in their transition into degree-based work through ECE specific career advisors that have personalized caseloads and move across programs with funded individuals. These advisors can support early educators find their voice and advocate for themselves within Higher Education programs.

v. Workforce information. Describe: The current iteration of Pennsylvania's PD Registry is a workforce registry and learning management system that includes PD opportunities offered by instructors approved through the Pennsylvania Quality Assurance System (PQAS), Early Childhood Program organization profiles, and early childhood professional profiles. Data collected includes demographics, wages, and verified education levels.

Current data elements of the PD registry are aligned with the National Registry Alliance best practices. Data is self-reported and verifiable. Employment is verified by administrators and education is verified through OCDEL business partners. This system allows Pennsylvania to achieve Participant Eligibility Review (PER) compliance through the National Registry Alliance.

Pennsylvania continues to enhance the system and has developed a QRIS platform which will be implemented in Fall 2021. Keystone STARS pre-designation and designation applications will be housed and processed in the PD Registry. Moving more functionality into the PD Registry will streamline multiple processes into one system and designation for providers. The QRIS platform will also include coaching and technical assistance requests and continuous quality improvement plans.

Plans for potential Registry updates include use of the system for PDO data collection and reporting.

vi. Financing. Describe: OCDEL supports degree attainment using CCDF through the following programs: Rising STARS Tuition Assistance (RSTA); T.E.A.C.H. contract, and PDOs. RSTA funds CDAs, Director Credentials, and School-age credentials, covering up to 95 percent of tuition costs, book reimbursement, and facility support. OCDEL supports T.E.A.C.H. through contract. CCDF funding for T.E.A.C.H. covers Associates and bachelor's degree attainment, and PK-4 Instructional Certification covering up to 95 percent of tuition costs (and most fees), book reimbursement, travel stipends, paid release time, and one-time compensation upon degree attainment. The PDOs fund CDA, AA, BA, stackable credentials, and

apprenticeships covering tuition costs, structural supports provided to students, and infrastructure supports provided to partnering IHEs.

b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

☒ i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe: Each of the following types of PD are recognized by child care certification and Keystone STARS. Content must be related to the early childhood or school-age field, as outlined in the PA PSCECE: College credit offered through an accredited IHE. Act 48 PD is approved as acceptable for Act 48 hours through PDE. CEUs are approved through a recognized professional association, college/university, or other specialty organization. PQAS hours are offered by approved PD Instructors or Technical Assistant Consultants. In addition, Pennsylvania is enhancing a workforce development effort that seeks to include stackable, credit bearing PD in a meaningful way. This work is occurring through the PDOs and involves work at the local level with community partners and colleges to ensure any coursework being funded will have meaning in the participant's career pathway level. This includes matriculated students and at a lesser number, non-matriculated students who have a CDA but are not ready to commit to the full AA program. For these individuals, IHEs will view this educator "continuing education" as steps towards the AA or Level II competencies. The same model is ~~being~~ used for AA finishers not ready to seek their BA but needing additional hours of PD and knowing the value of credit bearing opportunities.

☒ ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe: Upon approval of the Pennsylvania Professional Standards and Competencies for Early Childhood Educators (PSCECE), OCDEL staff will engage in the development of communication and training materials targeting various audiences who will be responsible for integration and implementation of the new Professional Standards. Audiences will include PDOs, IHEs, ELRCs, and other Professional Learning Orgs (PLOs) responsible for training development. The goal is to assure the new Standards and Competencies are used as the basis for both credit-bearing and on-going professional development opportunities. In addition, OCDEL has worked with Camille Catlett from University of North Carolina (PDG funded contract) to develop a tool to support IHEs and PLOs in the deconstruction and reconstruction of course and training content, so that developed courses and training align to and embed key indicators of multiple national and state frameworks. The indicators of this resource include the following: 1) Principles of Child Development and Learning, 2) Observing a recording children's behavior and progress, 3) Supporting young children through environments, interactions, and play, 4) Language and literacy, 5) Math, science, technology, and social studies, 6) Creative thinking and expression, 7) Health, wellness, and physical development, 8) Supporting social and emotional development and infant mental health, 9) Partnerships with families and communities, 10) Developmentally, culturally, and individually appropriate curriculum and instruction, 11) Effective child and classroom management, 12) Children with disabilities and inclusion, 13) Children who are culturally, racially, and/or ethnically diverse, 14) Children who are dual language

learners, 15) Promoting resilience for children with adverse life circumstances and experiences, 16) Maintaining a commitment to professionalism, 17) Managing an effective program, 18) Infants and toddlers (birth up to age 3), 19) Preschool-aged children (3 - 5), 20) Early elementary-aged children (age 5 – Grade 4). In addition, each PDO hosts quarterly stakeholder engagement meetings to ensure all stakeholders are sharing in a vision for the workforce and aligned to the goals of the PDOs. Additionally, our PDOs host PDO funded partner meetings in which partners work to align courses, review current trends, deepen partnerships, and ensure agreement for articulation practices. The ECE Apprenticeship work has been embedded in IHE system and aligns to the National ECE Preparation Standards and Competencies, which supports OCDEL's larger framework of shared competencies across the workforce working in 0-8 settings, regardless of funding stream. Having a registered apprenticeship who is degree based and aligns to these competencies has accelerated acceptance of the competency framework OCDEL is shifting towards.

☐ iii. Other. Describe: *Click or tap here to enter text.*

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.
Pennsylvania's Professional Development Framework was developed over the last few years. The Early Learning Council (ELC) and the Pennsylvania's State Advisory Council on Early Childhood Education and Care, received a presentation on restructuring of the ELRC and the implementation of the PDO. Members were encouraged to complete a Request for Comment, which informed the development of the Request for Application (RFA) for both the ELRCs and the PDOs and to develop the scope of work.

Work on the PSCECE was vetted through the Early Learning Council on March 17, 2021. On the same date, the ELC also received an update from the PDOs detailing their first year and half of work.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). One of the key factors that contributes to improving the quality of caregivers, teachers, and directors are the expectations that are placed on early childhood educators working with children across the birth-age 8 continuum. By adopting the Professional Competency and Standards for Early Childhood Educators, Pennsylvania is working towards ensuring all early childhood educators are effective, prepared, and able to support the growth and development of each and every child in their care or program.

The framework improves the quality, diversity, stability and retention of caregivers, teachers, and directors by advancing the workforce along the established Career Pathway. To do this, Pennsylvania has funded the PDOs who are tasked with implement approaches to reduce barriers to credit-bearing PD opportunities. PDOs identify diverse ECE workforce populations in their service regions and include a description of strategies to support PD needs in supporting children with limited or no English proficiency and ECE professionals with limited English proficiency in developmentally and culturally appropriate ways. The PDOs develop project plans to coordinate and facilitate the delivery of credit bearing PD at the regional, county, and local level and support non-traditional students. PDOs develop a prioritization plan to include recruitment based on educators working with high

numbers of CCW children currently in STAR 1 or STAR 2 Department licensed programs. Retention strategies are built into the Apprenticeship models supported by the PDOs, as well as within the T.E.A.C.H. and RSTA funding opportunities including, but not limited to, stipends at degree completion and wage increases.

6.2   Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre- service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1   Describe how the state/territory incorporates into training and professional development opportunities:

- the knowledge and application of its early learning and developmental guidelines (where applicable); PD on the Learning Standards for Early Childhood is available to all providers through the PD Registry. At a STAR 2, all staff at must complete PD on the learning standards and use them as a resource to support the planning and documentation of children's learning. At the highest quality levels, the standards are aligned with the program's curriculum, and assessments.

- its health and safety standards (as described in section 5); With the exception of Pediatric First Aid/CPR and Mandated Reporter training, PD in the other required health and safety areas described in section 5.3 are currently available through a contract with Better Kid Care and the PD Registry. Free Pediatric First/Aid and CPR training are offered through the contracted PDOs in all six regions of the state. PDOs will subcontract with approved providers of Pediatric First Aid/CPR, assure trainings are tracked in the PD Registry, and coordinate prioritizing these free offerings with Bureau of Certification Regional Managers. Mandated reporter training is offered through contracts with Pennsylvania Family Support Alliance and The University of Pittsburgh's Child Welfare Resource Center.

- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)). PD opportunities regarding social-emotional development, infant/early childhood mental health (IECMH), trauma informed care (TIC), positive behavior intervention and supports (PBIS), as well as other training topics meant to reduce the use of expulsion/suspension practices in early childhood environments are available to all providers through the PD Registry and consultation/coaching support services.

6.2.2   Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). N/A

6.2.3   States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a.   with limited English proficiency. Pennsylvania provides translated materials for child care providers through the ELRCs to both recruit and encourage participation in the subsidy system of providers with limited English proficiency. Quality improvement resources are offered to providers participating in Keystone STARS to support their quality building activities (including bi- lingual program quality assessors and quality coaches). Through the ELRCs, all child care providers regardless of type, age or capability are actively engaged and encouraged to participate in both the subsidy program as well as professional development offerings to offer responsive and appropriate care for all children. Continued effort will be made to add additional languages and resources to the quality system.

b.   who have disabilities. Through the ELRCs, all child care providers regardless of type, age or capability are actively engaged and encouraged to participate in both the subsidy program and PD offerings to offer responsive and appropriate care for all children. Child care providers are required to maintain facilities that are compliant with DHS child care regulations, have certificates of occupancy under the Uniform Construction Code, and are compliant with all requirements of the Americans with Disabilities Act. As part of the child care certification process all providers must complete a Civil Rights questionnaire where they attest to having current Equal Employment Opportunity and Nondiscrimination in Services policy statements as part of their hiring practices. They also must provide information to staff and enrolled families as to how to make a complaint. ELRC agencies must ~~also~~ adhere to the Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, and/or the Pennsylvania Human Relations Act of 1955, as amended with the PHRC or Equal Employment Opportunity Commission (EEOC).

6.2.4   Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials   for providers who care for infants and/or school-age children); English-language learners;   children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)). PD will be aligned to Pennsylvania's Professional Standards and Competencies for Early Childhood Educators (PSCECE). Pennsylvania Standards and Competencies for Early Childhood Educators will create an effective, diverse, well-prepared workforce so every young child across the birth through grade 3 continuum has access to high-quality early childhood education and care. The Standards and Competencies elevate diversity and equity and respond to the critical competencies and gaps identified in the seminal 2015 Transforming the Workforce report. The key elements of Standard 6 Professionalism as an Early Childhood Educator pull forward the knowledge, skills, and dispositions that early educators need in order to make decisions that exemplify ethical, intentional and reflective professional judgment and practice. The Standards and Competencies emphasize diversity and inclusion by acknowledging the dignity and worth of each and every child across the birth through grade 3 continuum. The statements are built upon a growing body of research and professional knowledge that underscores the complex and critical ways in which early childhood educators promote early learning through their relationships—with children, families, and colleagues—that are embedded in a broader societal context. In addition, OCDEL has worked with Camille Catlett

from University of North Carolina (PDG funded contract) to develop a tool to support IHEs and PLOs in the deconstruction and reconstruction of course and training content, so that developed courses and training align to and embed key indicators of multiple national and state frameworks. As PA implements the new Standards and Competencies, this tool will continue to be used as a resource for this work. In addition, the Early Intervention Technical Assistance (EITA) portal and app with on-line learning resources are accessible to all EI and ECE/child care programs.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

    a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2). Pennsylvania released policy guidance setting new standards for interagency collaboration at state and local levels to identify young children experiencing homelessness and ensure access to quality early learning programs. A webinar focusing on this announcement and offering information about available resources is posted on the PA Key and EITA websites. Additional resources were added to the resource section of the recorded webinar. A two-page informational document titled "Caring for Young Children Who Are Experiencing Homelessness" is posted on the PA Key website at www.pakeys.org. State Early Intervention office added children who are experiencing homelessness to the statewide at-risk tracking system. This tracking system regularly provides the parent with the Ages and Stages Questionnaire. If developmental delays are indicated by the ASQ the local Early Intervention Program will perform an evaluation to determine if the child is eligible for EI services. Since 2015, data ~~is~~ was collected in the on-line system PELICAN and evaluated for patterns.

    b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6). OCDEL, in partnership with the PA Key and EITA, developed PD on connecting EI to infants, toddlers, and preschoolers who are experiencing homelessness. The topics include resources for administrators, staff, and families, accessing programs through OCDEL, overview/discussion on child developmental milestones, basics of Early Intervention, the impact of homelessness on child development, and an overview of the ASQ.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.

    a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices. Currently, Training and PD aligned to CKC Knowledge Area 8, Program Organization and Administration, relates to business practices: "Early childhood and school-age professionals demonstrate knowledge of accepted business practices, legal and regulatory requirements, financial obligations, and record keeping while engaging in ongoing continuous quality improvement practices." All individuals delivering PQAS approved PD and technical assistance must submit evidence of expertise in the Competency Groups in which they are seeking approval. In the case of business practices, many of the approved instructors and consultants are individuals with backgrounds in human resources, employment law, and accounting. PD opportunities are available to all early

learning practitioners in Pennsylvania. As part of the CKC revision process and adoption of the PSCECE, a stakeholder group developed an initial draft of Administrator Competencies. Over the next year Fall 2021- Spring 2022, OCDEL will further develop these competencies to replace CKC Knowledge Area 8. The current draft includes the following areas: Program leadership; Coaching/Mentoring; Public Policy; and Business/Systems) At the STAR 3 and 4 levels, a member of a program's leadership team is incentivized to be enrolled in or have earned a PA. Director Credential or approved equivalent. Director Credential programs, delivered by accredited IHEs, include a 3-credit course on business practices. Pennsylvania supports the shared services concept, particularly as such services strengthen the business practices of small programs, and consideration of shared services models is reflected in the Keystone STARS performance standards as well as supported through outside funding opportunities to seed innovation. Programs may earn points in the Leadership and Management Performance Standard category through participating in shared services that support cost savings, greater efficiencies related to operations, and/or program quality enhancements.

    b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

        ☒ i. Fiscal management

        ☒ ii. Budgeting

        ☒ iii. Recordkeeping

        ☒ iv. Hiring, developing, and retaining qualified staff

        ☒ v. Risk management

        ☒ vi. Community relationships

        ☒ vii. Marketing and public relations

        ☒ viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance

        ☐ ix. Other. Describe: *Click or tap here to enter text.*

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

    a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home care (care in the child's own home)
i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).	☒	☐	☒	☐	☐

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	Licensed center-based	*License exempt center-based*	*Licensed family child care home*	*License-exempt family child care home*	*In-home care (care in the child's own home)*
Describe the content and funding: Currently numerous courses in this topic are available in the State Professional Development Registry offered by certified trainers and funded through CCDF that are aligned to CKC Knowledge Areas 1 and 2 relate to the above topics. Knowledge Area 1 - Child Growth and Development: Professionals must understand the inter-dependence of each key area of learning and how to provide meaningful and relevant experiences for children that are developmentally appropriate, individualized to accommodate each child's needs and interests, and be respectful of the families' diverse values and cultures. Knowledge Area 2 - Curriculum and Learning Experiences: Early childhood and school-age professionals must utilize their knowledge of child development and each child's individual needs and interests to design learning spaces and age, cultural and linguistically appropriate experiences that guide and facilitate children's physical, social and emotional, and cognitive learning. Over the next year, alignment of coursework and trainings will transition from the CKCs to the PSCECE. After this transition related PD in the Registry will align with the related the PSCECE. Coursework funded through CCDF funded PDOs will embed both the PSCECE and the indicator framework (Catlett rubric) into PDO contracts with IHEs to assure alignment.					

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool- age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)). Currently numerous courses on this topic are available in the PD Registry offered by certified trainers and funded through CCDF and aligned to Pennsylvania supports and promotes the implementation of Positive Behavior Instruction Supports (PBIS) including incentivizing the use of PBIS to fidelity in the Keystone STARS points structure for STAR 3 and 4 programs. IECMH Consultation, available to Keystone STARS programs, has as a primary explicit goal the reduction of suspensions and expulsions of children from early learning programs due to challenging behaviors. Throughout 2021, use of PSCECE and indicator framework (Catlett rubric) will be embedded into CCDF funded PDO contracts with IHEs and used by other Professional Learning Organizations (PLOs).	☒	☐	☒	☐	☐

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	Licensed center-based	*License exempt center-based*	*Licensed family child care home*	*License-exempt family child care home*	*In-home care (care in the child's own home)*
iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)). Numerous courses in this topic are available in the PD Registry offered by certified trainers and funded through CCDF and aligned to Pennsylvania supports and promotes the implementation of training and PD aligned to CKC Knowledge Area 5 relate to the above topics. Knowledge Area 5 - Family, Schools, and Community Collaborations and Partnerships. Over the next year, alignment of coursework and trainings will transition from the CKCs to the PSCECE. After this transition related PD in the Registry will align with the related the PSCECE. Coursework funded through PDOs will embed both the PSCECE and the indicator framework (Catlett rubric) into CCDF funded PDO contracts with IHEs to assure alignment. Using PDG funding OCDEL, in collaboration with PDE, developed the *Family Engagement Framework.* This framework assisted in the development of the indicator framework (Catlett rubric).	☒	☐	☒	☐	☐

		☒	☐	☒
iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)). Describe the content and funding: Numerous courses in this topic are available in the PD Registry offered by certified trainers and funded through CCDF and aligned to CKC Knowledge Areas 1 and 2 relate to the above topics. Knowledge Area 1 - Child Growth and Development: Professionals must understand the inter-dependence of each key area of learning and how to provide meaningful and relevant experiences for children that are developmentally appropriate, individualized to accommodate each child's needs and interests, and be respectful of the families' diverse values and cultures. Knowledge Area 2 - Curriculum and Learning Experiences: Early childhood and school-age professionals must utilize their knowledge of child development and each child's individual needs and interests to design learning spaces and age, cultural and linguistically appropriate experiences that guide and facilitate children's physical, social and emotional, and cognitive learning. Throughout, alignment of coursework and trainings will transition from the CKCs to the PSCECE. After this transition, related PD in the Registry will align with the related PD in the PSCECE. Coursework funded through CCDF funded PDOs are embed both in the PSCECE and the indicator framework (Catlett rubric) into PDO contracts with IHEs to assure alignment. Using Preschool Development Grant (PDG) funding, Pennsylvania partnered with WIDA in 2019 to offer a Professional Learning Cohort. This cohort consisted of 18 trainers located in 13 different ELRC regions. The Professional Learning Cohort was an intensive, long-term professional learning program designed to help participants build knowledge, skills, and confidence in facilitating local professional learning around the WIDA Early Years Essential Actions using various WIDA resources and tools. This cohort took place from September 2019 to March 2020. The participants of this cohort are now offering WIDA PD through the PD Registry. Each participant has a requirement to offer two free trainings before December 2021 and can also offer training for a fee. Pennsylvania worked with WIDA to offer five free online courses to support individuals working with dual language learners. These modules are hands-on, innovative professional learning opportunities and are made available 24 hours a day, 365 days per year. These modules provide valuable information for partitioners, teachers, teachers' aides, administrators, trainers, consultants, and anyone else supporting, instructing, and assessing DLLs. Pennsylvania has access to these modules until 2022. The topics of the modules include: -Dual Language Learners and their Families -Early English Language Development Standards Framework -Dual Language Learners with Disabilities -Scaffolding Language Learning -Promising Practices				

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home care (care in the child
v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe the content and funding: The Pennsylvania Family Engagement Birth through College, Career, Community Ready Framework is a tool to guide the implementation of effective practices, use of shared language, and a family engagement continuum for families across their child's educational lifespan. Developed in 2019, this framework was co-created with the guidance, input, and support of a group of over 100 stakeholders. The framework begins with a definition of family engagement: Effective family engagement in the birth through college, career, community ready educational system is intentional, meaningful, and impactful. Learning Communities (including child care providers) value and support families in their role as a child's first teacher. This will leverage the expertise, knowledge, and leadership of families and community partners to shape the educational environment at the program, classroom, school, state, and national level. These partnerships are strength-based, inclusive, culturally, and linguistically responsive and focus on the shared goal of positive learning and developmental outcomes for children. The framework includes these components: Definitions of key terms used in the framework; Foundational Practices that provide the necessary conditions for successful implementation of family engagement; Standard Statements that support the creation of shared language and expectations; Support Practices that represent some of the great strategies provided by stakeholders; Policy Background that provides the foundational context of family engagement; and Resources. A copy of the Framework was mailed to child care programs and is posted here: https://www.education.pa.gov/Teachers%20-%20Administrators/Federal%20Programs/ParentFamily/Pages/default.aspx . The Framework was designed with the primary audience of professionals who have a responsibility of support family engagement efforts in their programs and schools. A companion guide for families was developed in 2020 and is posted here: https://www.education.pa.gov/Documents/Early%20Learning/Family%20Engagement%20Framework%20-%20Companion%20Guide%20for%20Families%20FINAL.pdf. An introductory training on Pennsylvania's Family Engagement Framework is available on the PD registry. Additional training for those in roles of supporting programs family engagement efforts is planned for FY 2021-2022. In 2020, OCDEL partnered with the Fred Rodgers Center to develop a series of resources and materials to link the Simple Interactions approach with Pennsylvania's family engagement framework. This series included a webinar and a series of videos and resources that are available and free for use. Videos were developed for targeted audiences including Helpers (professional in the ECE field, including child care providers) and family members. Specific videos were developed to address the role of grandparents and families of children with disabilities/developmental delays. These resources are available on the Early Intervention Technical Assistance (EITA) portal at www.eita-pa.org	☒	☐	☒	☐	☐

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)). Describe the content and funding: Courses in this topic are available in the PD Registry offered by certified trainers and funded through CCDF. These courses are aligned to Pennsylvania supports, promote the implementation of training and professional development, and are aligned to CKC Knowledge Area 8. Program Organization and Administration relate to this topic: Early childhood and school-age professionals demonstrate knowledge of accepted business practices, legal and regulatory requirements, financial obligations, and record keeping while engaging in ongoing continuous quality improvement practices. Throughout 2021, alignment of coursework and trainings will transition from the CKCs to the PSCECE. After this transition, related PD in the Registry will align with the PA PSCECE. Coursework funded through CCDF funded PDOs will be embed both in the PSCECE and the indicator framework (Catlett rubric) into PDO contracts with IHEs to assure alignment.	☒	☐	☒	☐	☐

Vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Courses in this topic are available in the PD Registry offered by certified trainers and funded through CCDF and are aligned to competencies within both the Child Growth and Development and Family, Schools and Community Collaborations and Partnerships CKC Knowledge Areas address these topics. Examples of these competencies include "Design strategies to address issues and policies related to practice which intentionally impact child development and learning, including: Inclusion, Diversity, Brain Development, Children and Families at Risk, Poverty" "Support program staff in their classroom practices that are impacted by inclusion, diversity, brain development, children and families at risk and poverty." "Create and utilize multiple, strength-based strategies to educate families and staff with challenging issues such as divorce, abuse, unemployment, deployment, poverty, inclusion, etc." Throughout 2021, alignment of coursework and trainings will transition from the CKCs to the PSCECE. After this transition, related PD in the Registry will align with the PSCECE. Coursework funded through CCDF funded PDOs will be embed both the PSCECE and the indicator framework (Catlett rubric) into PDO contracts with IHEs to assure alignment.	☒	☐	☒	☐	☐

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B). Describe the content and funding: PD regarding caring for children with disabilities and developmental delays is available through EITA. Funding for EITA is from federal IDEA and from state Early Intervention funds. Training is available both online and in face-to-face sessions, covering a variety of topics related to development, behavior, autism, communication, and family engagement. EITA has reviewed current on line and in person professional development to begin to align online coursework and trainings with the PSCECE. After this transition, related PD in the Registry will align with the PSCECE. Coursework funded through CCDF funded PDOs will embed both the PSCECE and the indicator framework, developed by a national expert, into PDO contracts with IHEs to assure alignment. EITA has created a virtual tour of their online PD for the PDOs which shows coursework related to early childhood, supporting children with disabilities, inclusive practices, and family engagement and gives examples of how to incorporate these PD resources into IHE coursework.	☒	☐	☒	☐	☐

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii). Describe the content and funding: Pennsylvania supports School-Age Child Care (SACC) projects through its regional business partners. The SACC projects deliver specialized PD and technical assistance focused on the needs of school-age children. The PA Key administers the PA School-Age Professional Credential (SAPC), modeled after the CDA Credential. Over the next year, alignment of coursework and trainings will transition from the CKCs to the PSCECE. After this transition related PD in the Registry will align with the PSCECE. Coursework funded through CCDF funded PDOs will embed both the PSCECE and the indicator framework (Catlett rubric) into PDO contracts with IHEs to assure alignment. The PSCECE are general competencies for each and every early childhood educator serving children birth through age 8 (grade 3). Those serving children beyond this age group in OST classrooms may need specialized competencies in the age range 9 years through 12 years. This need will be considered in the ongoing steps in implementing specialized knowledge related to the PSCECE.	☒	☐	☒	☐	☐

x. Other. Supporting educators' culturally responsive and anti-racist practices with children and families There has been increasing concern since 2015, and more recently during 2020, of prejudice and oppressive practices surfacing and becoming more "acceptable," including but not limited to, instances of overt and covert racism. The early childhood field has a responsibility, to educate on the importance of equitable practices and understanding cultural perspectives when working with young children and their families. During the summer of 2020, "The Cultural Responsiveness in Early Childhood" Series was developed to detail and discuss the needs within child surrounding race, racism and other factors such as inequitable practices seen in programs. The series was tested with nearly 200 educators working in Capitol Area Head Start. OCDEL, using CCDF funds in partnership with the PA Key, will conduct a PD Instructors Institute to deliver "The Cultural Responsiveness Series for Early Childhood Educators" one time in Spring 2021 to selected PQAS Instructors from around the commonwealth. Due to restrictions around COVID-19, this series was prepared as a virtual experience and will be presented as a virtual experience. However, instructors will have the material and information needed to present the PD as a face-to-face series, too. PDII participants will have the ability to present this series at their discretion after they present two (2) full series for free for the PA Key. Training will be accessible through The PD Registry.	☒	☐	☒	☐	☐

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home care (care in the child's own home)
Describe: *Click or tap here to enter text.*					

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

		Licensed center-based	License-exempt center-based	Licensed family child care home	License exempt family child care home	In-home care (care in the child's own home)
☒	i. Coaches, mentors, consultants, or other specialists available to support access to post- secondary training, including financial aid and academic counseling. CCDF funded PDOs offer ECE specific career advising that is individualized and comprehensive. These advisors work at the local level which helps with connection and trust. Career Advisors support the workforce in understanding state level processes and the higher education landscape. Career Advisors support individuals in matching with a degree or credential program that best fits their needs and ensures any programing an individual signs up for, will lead to opportunities. Since these individuals are connected to the PDO work, they maintain an ongoing relationship with participants throughout their academic career and not just while enrolled.	☒	☐	☒	☐	☐

☒	ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities. PA TRAC is a public website that documents Program to Program transfer agreements so early childhood educators know whether their choice programs will support the most streamlined approach to completion.	☒	☒	☒	☒	☒
☒	iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education. To ensure all of Pennsylvania's working child care and FCC workforce has access to funding that supports their needs, Pennsylvania invests three separate tuition assistance programs. Tuition assistance with employer support is available through T.E.A.C.H. and Pennsylvania specific Credentials are funded through Rising STARs TAP. To ensure a diverse, supported, and well-prepared workforce, the PDO's fund supports at the IHE and Employer level and tuition and student supports needed to ensure equitable access and success in degree programs.	☒	☐	☒	☐	☐

☒	iv. Other. Describe: Apprenticeship models that allow individuals' working in child care to remain in their classroom while advancing their skills, knowledge and competencies through course work, peer learning and authentic assessments.	☒	☐	☒	☐	☐

6.3.2   Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. 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-A, Lower %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.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth   to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and   territory-wide by child care providers and in the development and implementation of training   and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and   physical development; and approaches toward learning (98.15(a)(9)). At the option of the   state/territory, early learning and developmental guidelines for out-of-school time may be   developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

   a. Describe how the state/territory's early learning and developmental guidelines address the   following requirements:

i.   Are research-based. Pennsylvania's Learning Standards for Early Childhood are research-based according to age and development and form the foundation for curriculum, assessment, instruction and intervention within early care and education programs. Pennsylvania's Learning Standards for Early Childhood were originally constructed as a joint project of the Departments of Education and Human Services. OCDEL in collaboration with the Office of Elementary and Secondary Education have overseen revisions to the standards (In 2014 for infant, toddler, and prekindergarten and 2016 for K through grade 2). Each domain has a corresponding research-based found in the "resources" section of the standards documents. In addition to the research-base, each set of standards has been formulated with help and guidance from practitioners and program specialists who represented early childhood programs, school districts, higher education, family leaders, policy analysts, and researchers.

ii. Developmentally appropriate. Pennsylvania's Learning Standards for Early Childhood are age specific (Infant/Toddler, Pre-Kindergarten, Kindergarten, 1st, 2nd, and 3rd grade) and were revised in 2014 (Infant/Toddler and Pre-kindergarten) and in 2016 (Kindergarten through grade 2). The standards are intentionally developed and aligned to support the continuum from birth to 3rd grade. Pennsylvania's Learning Standards for Early Childhood provide the framework for learning and build on information learned previously, creating a continuum of learning that assures consistent and linked learning that begins in infancy, increasing in complexity as it extends through later grades. Pennsylvania's Learning Standards for Early Childhood are connected through a continuum of learning and link to the 3rd grade academic standards. Some skills will not emerge in a noticeable way until a child is older. These standards will be intentionally blank or identified as emerging. Professionals who view children's skill development across ages and grades will be able to understand the sequential way children learn and become familiar with the way in which teachers at higher grade levels support learning.

iii. Culturally and linguistically appropriate. Children learn native and second languages using an individual style and rate. Differences among English Language Learners/ Dual Language Learners such as mixing languages or a silent period are natural. Each child's progress in learning English needs to be respected and viewed as acceptable and part of the ongoing process of learning any new skill. Children can demonstrate proficiency in most of the standards using their native language. The skills needed for young English Language Learners/Dual Language Learners to become proficient in English are fully embedded in the Pennsylvania Learning Standards for Early Childhood. The Learning Standards for Early Childhood are correlated to existing PDE English Language Proficiency standards to give DLLs equitable access to subject content. The PDE standards for English language development help educators effectively differentiate instruction and assessment across content areas for DLLs at varying level of English Language Proficiency. Through the use of the supportive practices embedded in the Pennsylvania Learning Standards for Early Childhood, early childhood educators create welcoming environments that emphasize respect for diversity and support families' cultural and linguistic differences. The supportive practices within the standards help to create experiences and opportunities that honor all children's cultures and values by developing creative strategies for including and expanding home to school connections and by providing children with varied ways to demonstrate their learning. Early childhood educators understand the sequential way children learn and become familiar with the way in which teachers at lower/higher grade levels support learning. Professional development around the Learning Standards is offered to ensure the

learning standards are used in a culturally and linguistically appropriate by providers. The Learning Standards for Early Childhood Concepts/Competencies and Supportive Practices were informed by The PDE's Migrant Education Program.

iv. Aligned with kindergarten entry. Pennsylvania implements a voluntary, state-developed Kindergarten Entry Inventory (KEI). The KEI is a reliable reporting tool that offers kindergarten teachers an instructional strategy for understanding and tracking a student's proficiency at kindergarten entry. The tool collects information on a consistent set of standards-based indicators directly from the Pennsylvania's Pre-Kindergarten Learning Standards for Early Childhood. The KEI includes 30 indicators and provides a comprehensive profile that includes the domains of: Social and Emotional Development; English Language Arts; Mathematics; Approaches to Learning; and Health, Wellness and Physical Development.

v. Appropriate for all children from birth to kindergarten entry. Pennsylvania's Learning Standards for Early Childhood build on information learned previously, creating a continuum of learning that assures consistent and linked learning that begins in infancy, increasing in complexity as it extends through later grades. Pennsylvania Learning Standards for Early Childhood consist of: Infant, Young Toddler, Older Toddler, Pre-Kindergarten, Kindergarten, Grade 1, and Grade 2. Early childhood classrooms are inclusive ones where children with disabilities and developmental delays are enjoying learning experiences alongside their typically developing peers. Pennsylvania's Learning Standards for Early Childhood are designed to be used for each and every child. The content within the standards provides the breadth of information from which to create goals and experiences for all children that will help them reach their highest potential while capturing their interests and building on what they already know.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body. Pennsylvania's Learning Standards for Early Childhood were originally constructed as a joint project of the Departments of Education and Human Services. OCDEL in collaboration with the Office of Elementary and Secondary Education have overseen revisions to the standards. The Pennsylvania State Board of Education adopted the Pennsylvania Core Standards in March 2014. The 2014 revisions included updates related to the Pennsylvania Core Standards; Science, Technology, Engineering, and Math (STEM) supportive practices; and current research trends.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics. Language and Literacy Standards include: Foundational Skills, Reading Informational Text, Reading Literature, Writing and Speaking and Listening.

Math Standards include: Numbers and Operations, Algebraic Concepts, Geometry and Measurement, Data and Probability.

ii. Emotional development. Social and Emotional Development Standards include: Self-Awareness and Self-Management, Establishing and Maintaining Relationships and Decision-Making and Responsible Behavior.

iii. Physical development. Health, Wellness and Physical Development Standards include: Concepts of Health, Healthful Living, Safety and Injury Prevention, Physical

Activity – Gross Motor Coordination and Concepts, Principles, and Strategies of Movement – Fine Motor Coordination.

iv. Approaches toward learning. Approaches to Learning through Play Standards include: Constructing and Gathering Knowledge, Organizing and Understanding Information, Applying Knowledge and Learning through Experience.

v. Describe how other optional domains are included, if any:
Science Standards include: Biological Sciences – Living and Non-Living Organisms, Biological Sciences – Genetics, Biological Sciences – Evolution, Physical Sciences – Chemistry, Physical Sciences – Physics, Earth and Space Sciences – Earth Structures, Processes, and Cycles, Environment and Ecology – Ecology, Environment and Ecology – Watersheds and Wetlands, Environment and Ecology – Agriculture and Society, Environment and Ecology – Humans and the Environment and Computer and Information Technology.

Social Studies Standards includes: Civics and Government, Economics, Geography and History.

Creative Thinking and Expression Standards includes: Production and Performance – Music and Movement, Production and Performance – Dramatic and Performance Play, Production and Performance – Visual Arts and Critical Response to Works in the Arts.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.
The Learning Standards for Early Childhood are revised as new research or Federal/State Initiatives emerge. The Learning Standards for Early Childhood were first published in 2007. In 2009, the Standards were revised. In 2014, the Standards were revised to include: Pennsylvania Core Standards in English Language Arts and Math; the inclusion of STEM supportive practices and revised to align to updated third grade Science and Social Studies Standards. There will be an update to the Pennsylvania Learning Standards for Early Childhood to reflect changes to the proposed Pennsylvania Academic Science Standards. The proposed Academic Science Standards are grounded in the Next Generation Science Standards, Environment and Ecology guidelines and Standards for Technological and Engineering Literacy (STEL). New to the proposed standards are action statements, core ideas and practices – built collaboratively across content and steering committees: Science, Environment and Ecology, Technology and Engineering.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards. Pennsylvania supports out of school time providers serving children up to 13 years old through the Keystone STARS program. The School Age Child Care Continuous Quality Improvement Collaboration Group was involved in the Keystone STARS revisioning work and made several recommendations to support OST providers in their CQI activities. OST may use the After-School Quality framework to demonstrate a commitment to CQI within the Keystone STARS system. The School Age Child Care Continuous Quality Improvement Collaboration Group is an important stakeholder voice through further revisions of Keystone STARS and implementation conversations with the ELRCs. During periods of improvement and

revision of state out-of-school time standards and frameworks, a review of the linguistic and cultural appropriateness is revisited as well.

    e.   Provide the Web link to the state/territory's early learning and developmental guidelines and   if available, the school-age guidelines. https://www.pakeys.org/pa-early-learning-initiatives/early-learning-standards/

6.4.2   CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used. Pennsylvania's Learning Standards for Early Childhood form the foundation for curriculum, assessment, instruction, and intervention within ECE programs. Learning Standards for Early Childhood are used to: Inform professionals about curriculum and assessment; Guide the selection of instructional materials and the design of interactions/goal setting; Inform families of appropriate expectations for children; Provide a common framework for community-based birth–grade 3 alignment work. Learning Standards for Early Childhood are NOT used as: A specific curriculum; A means to prohibit children from moving from one grade or age level to another. OCDEL-funded early learning programs, including PA Pre-K Counts, Keystone STARS, HSSAP, and EHS, are required to utilize Pennsylvania's Learning Standards for Early Childhood as the framework for lesson planning. As stated in Chapter 4 of the School Code, school-based early childhood programs should also be developing standards-based curricula.

6.4.3   If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent   to which the state/territory has met these measures (98.53(f)(3)). No CCDF funding will be used for this purpose.

7   Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1.   In the CCDF Plan, the ACF 118, states and territories will describe the types of

activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)

- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)

- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services

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

- Establishing or expanding a statewide system of child care resource and referral services

- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children

- Supporting providers in the voluntary pursuit of accreditation

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

- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and

small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

Needs Assessment: In 2018, Pennsylvania conducted a birth through five system needs assessment to better understand the strengths and opportunities that exist within the state's early childhood system. The resultant report was used to identify key themes and opportunities. Pennsylvania's approach was to conduct analysis of several cross-sector needs assessments completed under previous work, review an environmental scan to identify current strengths and challenges/barriers to providing an equitable support system. ECE systems partners included a wide range of representation including direct service providers such as child care, Head Start/Early Head Start (HS), IDEA Part B and C, and state funded preschool, families, business leaders. OCDEL utilized surveys, key informant interviews, stakeholder meetings and data scans to get feedback.

Systems Analysis and Cost Studies: Beginning in 2017, OCDEL commissioned three complementary studies to provide systematic analysis of the effectiveness of Pennsylvania's unified system of high-quality care and education as it relates to capacity, access, quality, continuity, and affordability. In 2017, Research for Action produced six case studies of providers to examine how high-quality providers are making ends meet. In 2020, the Consortium for Policy Research in Education (CPRE) at the University of Pennsylvania and the Institute of State and Regional Affairs (ISRA) at Penn State-Harrisburg jointly produced a study of state funding of quality child care by estimating the cost of providing child care for programs off different types and varying quality levels. A third study, also produced by CPRE and ISRA, examined the relationship between gaps in reimbursement and cost of quality and the relationship between the cost cap and provider capacity, quality, and access

Continuous stakeholder feedback: OCDEL stakeholder groups that meet regularly and whose feedback directly contributes to the Pennsylvania strategic planning process are the Pennsylvania Early Learning Council (ELC), the State Interagency Coordinating Council (SICC), the Early Learning Investment Commission (ELIC), and the Family Engagement Coalition. In addition to stakeholder meetings and feedback, OCDEL hired a third-party independent research organization, Research for Action (RFA), to facilitate additional planning meetings, analyze program data, and conduct interviews with key state- and regional-level informants of OCDEL's strategies for systems improvement.

Strategic Planning: OCDEL's Strategic Plan is the result of a multi-phased process of strategic planning involving the collective voices of diverse stakeholders, policy makers and researchers across the Commonwealth. Collectively, strategies in the plan will accelerate progress made toward a data-informed, comprehensive early childhood system that maximizes equitable access to high-quality early care and learning service for Pennsylvania children and families. OCDEL will be responsible for annual reviews and updates to reflect statewide legislative changes, changing trends identified through ongoing data collection and analysis, and in response to project evaluation findings. The continued quality improvement process will use indicator data to assess the progress and outcomes achieved through the plan. The data will be utilized by stakeholders to make decisions related to the most effective approaches, informing future allocation of resources, and refinement of strategies within the plan.

Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

The strategic planning process resulted in a comprehensive, ambitious plan to accelerate progress toward the statewide vision to equitably support families and their children from prenatal through school age. OCDEL leveraged PDG needs assessment, stakeholder feedback, and additional strategic planning activities to identify five strategic goals toward achieving this vision.

Goal 1. Maximize stable and equitable access to high quality early care and education with specific focus on underserved populations and regions.

- In 2018, Pennsylvania state and federally funded quality ECE programs reached 34 percent of children under age five statewide, though there is considerable geographic variability in access to quality programs. Increasing access overall and for high-risk counties was identified as a top priority in the needs assessment.

Goal 2. Strengthen family knowledge and engagement in early childhood education systems.

- Parents and families have the strongest influence on the growth and development of their children, and the aim of this goal is to bring ECE staff and families together around the common cause of supporting children's development and learning.

Goal 3. Improve quality of ECE system by strengthening the knowledge, skills, and abilities of the ECE workforce.

- 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.

Goal 4. Promote the health, safety, mental health, and wellness of the ECE workforce, families, and children.

- Ensuring that all children and families receive the support they need is crucial to achieving high qualities services across the ECE system. Infant and Early Childhood Mental Health (IECMH) and Early Intervention (EI)services provide necessary programs that enable ECE providers the capacity to address the needs of the most vulnerable populations. The mental health and well-being of the early childhood community, providers, educators, children, and families is of the utmost importance. A trauma-informed lens can aid the support staff in engaging in, not only an informed response, but it will also build a healthy foundation for systems level staff person personally. These efforts have been intentionally curated as a means of holding space for the holders of the ECE community while recognizing the possibility of compassion fatigue and secondary traumatic stress.

Goal 5. Prioritize high-quality early care and learning to support state economic growth and stability.

- Access to high-quality early learning provides a valuable support to families and communities as it provides a safe and developmentally appropriate place for children and enables caregiver

employment. Child care is fundamental for working families and early learning is the most cost-effective, long-term strategy for states to build a long-term stable workforce.

A broad overarching goal is to improve racial equity in Pennsylvania's child care system. In the DHS Racial Equity Report 2021 more than 50 percent of families enrolled in CCW are Black, despite making up 13 percent of the population in the state. 65 percent of the children enrolled in CCW are attending child care settings with lower ratings (1 or 2 STARS in the Keystone STARS system). Child care settings with 3 or 4 STARS serve the fewest number of families receiving CCW. Within populations identified as Black and White, 31 percent of Black children enrolled in CCW are in STAR 3 or 4 programs as compared to 46 percent of White children enrolled in CCW. In the FY 22-24 plan cycle, a priority will be to equalize the representative enrollments.

7.2   Use of Quality Funds

Check the quality improvement activities in which the state/territory is investing.

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
a. Supporting the training and professional development of the child care workforce as discussed in 6.2.	☒ i. CCDF funds ☐ ii. State general funds		6.3
b. Developing, maintaining, or implementing early learning and developmental guidelines.	☒ i. CCDF funds ☐ ii. State general funds		6.4
c. Developing, implementing, or enhancing a tiered quality rating and improvement system.	☒ i. CCDF funds ☐ ii. State general funds	*Click or tap here to enter text.*	7.3
d. Improving the supply and quality of child care services for infants and toddlers.	☒ i. CCDF funds ☐ ii. State general funds		7.4
e. Establishing or expanding a statewide system of	☒ i. CCDF funds	*Click or tap here to enter text.*	7.5

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
CCR&R services, as discussed in 1.7.	☐ ii. State general funds		
f. Facilitating Compliance with State Standards	☒ i. CCDF funds ☐ ii. State general funds	*Click or tap here to enter text.*	7.6
g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory.	☒ i. CCDF funds ☐ ii. State general funds	*Click or tap here to enter text.*	7.7
h. Accreditation Support	☒ i. CCDF funds ☐ ii. State general funds	*Click or tap here to enter text.*	7.8
i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.	☒ i. CCDF funds ☐ ii. State general funds	*Click or tap here to enter text.*	7.9
j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible.	☒ i. CCDF funds ☐ ii. State general funds	*Click or tap here to enter text.*	7.10

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or another system of quality improvement?
   a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1
   b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1
   c. ☒ Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.
   Pennsylvania's QRIS, Keystone STARS (STARS), is operated statewide through the 19 ELRCs. OCDEL establishes the policy, goals, and program standards to promote access to high-quality early learning for all children. Each ELRC has individual performance targets to support child care participation and movement in STARS. These targets are designed to coordinate at the regional level to build on community strengths and address barriers to access for families. Some examples of targets address number and type of stakeholder meetings; percentage of child care programs moving up in their quality rating; supportive practices related to health and safety training aligned with child care certification; and numbers of new providers recruited. Information about Keystone STARS can be found at https://www.pakeys.org/keystone-stars/.
   d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. *Click or tap here to enter text*
   e. Yes, the state/territory has another system of quality improvement. Describe the other system of quality improvement and provide a link, if available. *Click or tap here to enter text*

7.3.2 Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

   a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

      ☐   i. Participation is voluntary.
      ☒ ii. Participation is partially mandatory. For example, participation is mandatory for

providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). All child care providers are awarded a STAR 1 when they receive their full Certificate of Compliance as part of licensing. Beyond this initial level, STARS participation and movement are voluntary.

     iii. Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.

- ☒   i.   Licensed child care centers
- ☒   ii.   Licensed family child care homes
- ☐   iii.   License-exempt providers
- ☒   iv.   Early Head Start programs
- ☒   v.   Head Start programs
- ☒   vi.   State Prekindergarten or preschool programs
- ☒   vii.   Local district-supported Prekindergarten programs
- ☒   viii.   Programs serving infants and toddlers
- ☒   ix.   Programs serving school-age children
- ☒   x.   Faith-based settings
- ☐   xi.   Tribally operated programs
- ☐   xiv.   Other. Describe: *Click or tap here to enter text.*

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Keystone STARS Performance Standards were designed to be flexible enough to allow for defining quality in different types of settings including family child care homes (FCCHs), group child care homes (GCCHs), and school-age child care (SACC) programs. Pennsylvania's QRIS is a hybrid system where providers must meet certain foundational standards at STAR 2 but have more flexibility to choose priority activities for points to assist them in moving up in designation. This allows program administrators and their staff to focus on meaningful activities. Updates to several quality indicators within Keystone STARS were made in October 2020, to provide further clarifications for specific provider groups including FCCHs, GCCHs, and SACCs. Additionally, Keystone STARS now includes thoughtful questions designed for use by all provider types when self-assessing their progress in meeting the intent behind the Performance Standards.

7.3.3   Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality

rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

☒ No

☐ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

   a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).

   b. ☒ Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

   c. ☒ Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

   d. Programs that meet all or part of state/territory school-age quality standards.

   e. Other. Describe:

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

   ☐ No

   ☒ Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

   ☒ a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

   b. Embeds licensing into the QRIS.

   c. State/territory license is a "rated" license.

   d. Other. Describe: *Click or tap here to enter text.*

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

   ☐ No

   ☒ Yes. If yes, check all that apply.

   a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child's own home)
i. One-time grants, awards, or bonuses	X	☐	X	☐	☐
ii. Ongoing or periodic quality stipends	☒	☐	☒	☐	☐
iii. Higher subsidy payments	X	☐	X	☐	☐
iv. Training or technical assistance related to QRIS	X	☐	X	☐	☐
Coaching/mentoring	X	☐	X	☐	☐

vi. Scholarships, bonuses, or increased compensation for degrees/certificates	X	☐	X	☐	☐
vii. Materials and supplies	☒	☐	☒	☐	☐
viii. Priority access for other grants or programs	☒	☐	☐	☐	☐
ix. Tax credits for providers	☐	☐	☐	☐	☐
Tax credits for parents	☐	☐	☐	☐	☐
xi. Payment of fees (e.g. licensing, accreditation)	☐	☐	☐	☐	☐

b. Other: *Click or tap here to enter text.*

7.3.6   Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

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 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 .

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1   Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home care (care in the child's own home)
☒	a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These	☒	☐	☒	☐	☐

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home care (care in the child's own home)
	centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe:					
☒	b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care. Describe: The PA Key, on behalf of the OCDEL, facilitates 2 workgroups, Family Child Care and Group Child Care Homes. In these workgroup meetings providers can access information specific to their provider type as well as network with one another. They can join to provide feedback and discuss resources and opportunities with the workgroup. OCDEL's Director of External Relations joins the workgroups on a regular basis to provide updates, clarify policy, answer questions, and gather feedback to share with the OCDEL leadership team.	☒	☐	☒	☐	☐

☒	c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: PDOs are awarded $1M each ($2M of CCDF total) to provide Infant/Toddler Specific Apprenticeship Programs across all six PDO regions of the state.	☒	☐	☒	☐	☐
☒	d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists. Describe: Infant/Early Childhood Mental Health (IECMH) Consultation is available by request for any program licensed child care provider. IECMH Consultants are regionally located and available to provide child-specific and classroom focused consultation to adult caregivers related to the social emotional development and relational health of infants/toddlers in the early learning environment.	☒	☐	☒	☐	☐

☒	e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: Infant Toddler Early Intervention professionals are required to provide supports and services for children with disabilities in their natural environments within daily routines and activities. OCDEL announcement DS-03 'Inclusion of All Children in ECE programs' sets an expectation that high-quality ECE programs are inclusive of children with disabilities, provides guidance on strategies that promote inclusion, and identifies resources available.	☒	☐	☒	☐	☐

| ☒ | f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe:

Keystone STARS speaks to infant and toddler components in several important areas within the QRIS. Programs who serve infants and toddlers must demonstrate that their lesson plans are developed using Pennsylvania's Early Learning Standards for Infants and Toddlers as a resource for planning. Programs are required to use a research-based developmental screening tool within 45 days of each child's enrollment to identify children who may need additional evaluation and/or intervention strategies. This includes infants and toddlers enrolled at the program. Additional screening is provided as needed and per protocol with the chosen screener. Results of screenings are communicated with families, support for referrals are offered as needed. Approved screening tools include Ages and Stages and others that have specific infant and toddler components. Programs serving infants and toddlers also must utilize a valid and reliable observation-based assessment of children's development in accordance with the tool's recommendations. OCDEL requires programs serving infants and toddlers to use an approved assessment tool that is targeted for use with these age groups. Finally, Keystone STARS requires that programs serving infants and toddlers implement an OCDEL-approved developmentally and culturally appropriate learning curriculum that is intended for these age groups. | ☒ | ☐ | ☒ | ☐ | ☐ |

☒	g. Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: 55 Pa. Code §3270, §3280, and §3290 include child care licensing for all age levels including infants and toddlers through school-age.	☒	☐	☒	☐	☐

☒	h. Developing infant and toddler components within the early learning and developmental guidelines. Describe: Pennsylvania's Learning Standards for Early Childhood include standards, and supportive practices specific to Infant, Young Toddler and Older Toddler age groups to provide expectations and guidance for teaching these unique age groups. The Infant-Toddler Standards are divided into three age levels: infant (birth through 12 months), young toddler (9 months–27 months), and older toddler (24 months through 36 months). These age divisions are arbitrary as a means for organizing the content; very young children's development is uneven and may span two or all three of the age levels in different Key Areas of Learning. This is reflected by the overlap of the age 9 –27 months in younger toddlers. The Standards in each Key Area of Learning are displayed on an Infant Toddler continuum with the content within one strand presented together. Practitioners can look down each level to determine the skills that best match their children's current development, identifying additional concepts and competencies, and supportive practices to scaffold children's learning. When strands include "emerging" these concepts are beginning to emerge but are not expected to be mastered. For example, infants and young toddlers may be exploring mathematical estimation as they interact with materials, but intentional instruction would not be appropriate for that age. Adults should continue to introduce these concepts whenever appropriate for the individual child without expectation of mastery.	☒	☐	☒	☐	☐

| ☒ | i. Improving the ability of parents to access transparent and easy-to- understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: The Pennsylvania Family Engagement Birth through College, Career, Community Ready Framework is a tool to guide the implementation of effective practices, use of shared language, and a family engagement continuum for families across their child's educational lifespan. The Framework was designed with the primary audience of professionals who have a responsibility of support family engagement efforts in their programs and schools. A companion guide for families was developed in 2020 and can be found here: https://www.education.pa.gov/Documents/Early%20Learning/Family%20Engagement%20Framework%20-%20Companion%20Guide%20for%20Families%20FINAL.pdf.

Additionally, the PA Key operates a website on behalf of the Office, developed intentionally for families, of young children, PA Promise for Children https://papromiseforchildren.com/. Here families can sign-up for newsletters, receive information on developmentally appropriate milestones, and locate strategies to foster learning and prepare their children for school. This website also offers resources for families seeking support from agencies such as home visiting, postpartum support organizations and the regional ELRC. Finally, if it is financial assistance a family seeks, they will find links to subsidized child care resources, SNAP, Pennsylvania Children's Health Insurance Program (CHIP), Housing Assistance, WIC and much more.

In addition, EITA has a parent page on the EITA portal www.eita-pa.org . EITA also maintains a data base of the number of parents who attend EITA professional development. | ☒ | ☐ | ☒ | ☐ | ☐ |

☒	j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well- being. In 2018-2019, $2 million of CCDF funding was utilized to fund a pilot program serving CCW eligible infants and toddlers via contracted slots. The Infant Toddler Contracted Slots (ITCS) Program was expanded in the 2019-2020 budget which included an additional $15 million to serve more eligible children. Contracted slots are an alternative to the traditional voucher system. Instead of having funding follow the child, as in the traditional voucher system, the ITCS program, awards funding to a provider. If a child leaves the funded provider, the provider continues to be paid for the slot and is responsible to fill the slot with a different CCW eligible child. In FY 2020-2021, just over $14 million of CCDF funding was used in eighteen (18) of Pennsylvania's nineteen ELRC regions to provide the ITCS program. Region 8, covering Centre, Juniata, Mifflin, Northumberland, Snyder, and Union counties did not have interested programs and does not currently participate. The program provides funding for 872 slots through ELRC contracts with 56 eligible providers. The goals of the program include fiscal stability for the program, continuity of care for the children and families, and building high-quality infant/toddler classrooms. The limited availability of the ITCS program currently does limit the number of available slots for the program, which is one reason Pennsylvania may consider expanding the program in the coming years.	☒	☐	☒	☐	☐

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home care (care in the child's own home)
☒	k. Coordinating with child care health consultants. Describe: Child care health consultants are placed at the ELRCs and are intended to provide rapid response where necessary while also providing general best practice and professional development to providers. This model allows providers to maintain children's enrollment if they have a special need (like medication administration) and supports providers in building a high-quality environment for all children.	☒	☐	☒	☐	☐

☒	l. Coordinating with mental health consultants. Describe: Infant/Early Childhood Mental Health (IECMH) Consultation is available by request for any program participating in QRIS, not including HS/EHS programs. IECMH Consultants are regionally located and available to provide child-specific and classroom focused consultation to adult caregivers related to the social emotional development and relational health of infants/toddlers in the early learning environment.	☒	☐	☒	☐	☐
☒	m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program. Describe: Child care providers (center, group, and family provider types) can either self-report vacant slots using the PELICAN Provider Self-Service website or report vacant slots to their ERLC for population into the data management system. The vacancy information can be updated as frequently as desired. Vacancy details are available to the public as part of the child care provider search results on www.findchildcare.pa.gov for each reporting location. Location-specific information available on the website include physical location, STAR rating, vacancy by care level, and along with many other details.	☒	☐	☒	☐	☐
☐	n. Other. Describe: *Click or tap here to enter text.*	☐	☐	☐	☐	☐

7.4.2   Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to   which the state or territory has met these measures. 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 2022 and 2023 but exact targets have not yet been established. 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. 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 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.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, a s discussed in section 1.7.

7.5.1   What are the services provided by the local or regional child care and resource and referral agencies? OCDEL contracts with the ELRCs to administer resource and referral services. The ELRCs assist families with locating and making choices about child care. They maintain consumer education materials, educate families on the importance of choosing a quality ECE program and refer families to other DHS and PDE programs including Pennsylvania Pre-K Counts, EI, HS, EHS-CCP, WIC, CHIP, and evidence-based home visiting. ELRCs understand child development, quality child care, types of care, and how ECE programs work together to support families and children. The ELRCs also encourage families to become familiar with the requirements of regulated child care providers and to visit regulated child care programs, observe child care activities, and to use checklists before choosing a setting for their children. ELRCs assist in collecting data and providing information on the supply of and demand for child care services in local areas, or regions of the state, and submitting such information to OCDEL. ELRCs can assist families to file a complaint online or with OCDEL's Regional Child Care Certification Office regarding a certified child care provider. Families can view or submit complaints at www.findchildcare.pa.gov. Resource and referral services also includes referring families to COMPASS, a web-based resource and referral site, for information or to apply for other benefits such as TANF, SNAP, LIHEAP, CHIP and WIC. The ELRC also supplies families with information on how to obtain copies of relevant DHS regulations.

7.5.2   Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. 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.

7.6 Facilitating Compliance with State Standards

7.6.1   What activities does your state/territory fund with CCDF quality funds to facilitate child care

providers' compliance with state/territory health and safety requirements? These
requirements   may be related to inspections, monitoring, training, compliance with health
and safety standards, and with state/territory licensing standards as outlined in Section 5.
Describe:

Free Pediatric First/Aid and CPR training will be offered through contracted PDOs in all six
regions of the state. PDOs will subcontract with approved providers of Pediatric First Aid/CPR,
assure trainings are tracked in the PD Registry, and coordinate prioritizing these free offerings
with Bureau of Certification Regional Managers. The ELRCs and Regional Certification offices
work closely to provide TA on any health and safety referral that a provider may receive during
any type of inspection. Providers are always encouraged to take any health and safety training
through OCDEL's funded Better Kid Care and the PD Registry as those trainings are offered free
of charge and meet compliance with Pennsylvania certification regulations.

7.6.2   Does the state/territory provide financial assistance to support child care providers in
complying   with minimum health and safety requirements?

☐ No

☒ Yes. If yes, which types of providers can access this financial assistance?

     ☒ a. Licensed CCDF providers

       b. Licensed non-CCDF providers

       c. License-exempt CCDF providers

       d. Other. Describe: *Click or tap here to enter text.*

7.6.3   Describe the measurable indicators of progress relevant to subsection 7.6 that the
state/territory will use to evaluate its progress in improving the quality of child care
programs   and services within the state/territory and the data on the extent to which the
state or territory   has met these measures.

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

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

☐ No

☒ Yes. If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The Keystone STARS Performance Standards are a measure of the quality and effectiveness of child care programs and services. The Keystone STARS Performance Standards are grouped into four main categories:

- Early Childhood Education Program;
- Staff Qualifications and Professional Development;
- Leadership and Management; and
- Relationships with Families and Communities.

Within each of the four Performance Standard categories are quality indicators, or specific areas in which programs can exemplify their quality practices.

All programs who hold a regular certificate of compliance through DHS or a private academic license through PDE are designated as a STAR 1 program. These programs can use the STARS Performance Standards to move up in STAR levels, with STAR 4 being the highest designation programs can achieve.

At STAR 2, programs must demonstrate that they are implementing all quality indicators within the 4 Performance Standard categories. STAR 2 focuses on elements of structural quality beyond those required by certification regulations. With the revised 2020 Performance Standards, all STAR 2 program staff must complete their professional profile in the PD Registry to the point at which they can be placed on Pennsylvania's ECE Career Pathway. Additionally, the revised standards demonstrate a renewed focus on program's CQI plans and require annual updates through which they report on goal setting and achievements as well as areas in which they will focus to make quality improvements.

The hybrid model of Keystone STARS includes optional, points based quality indicators at STAR 3 and 4. At these 2 highest STAR levels, programs must meet all required indicators at STAR 2 and an additional 2 required quality indicators at STAR 3 and 4. The required indicators at the highest STAR levels mandate that all programs:

- Use the PD Plans of their teaching staff to inform their overall CQI planning and work with the PDOs to communicate credit-bearing coursework needs of their staff, schedule on-site PD events to align with training needs of staff, and support program staff in enrolling in credit bearing coursework and PD.

- Create an Internal Assessment Process (IAP), in partnership with a Quality Coach and an OCDEL-approved assessor. The IAP includes:

  - Use of an approved program observation instrument(s) (POI) selected as the self-assessment tool in the creation of their CQI plan at STAR 2 for assessment of practices in each classroom and/or enrolled age group

- Addition of goals to CQI Plan based on information gathered during the internal assessment(s) that reflect the program's priorities for growth (must include goals and action steps for ongoing improvements to health and safety practices)

Additionally, programs at STAR 3 must choose from the optional points-based quality indicators within each of the 4 Performance Standard categories that they feel best exemplify their quality practices. STAR 3 programs must earn a minimum of 70% of total points available in each of the 4 performance standard categories to be designated as a STAR 3. STAR 4 programs must earn a minimum of 85% of total points available in each of the 4 performance standard categories to be designated as a STAR 4.

The STARS Performance Standards are meant to be used as a measure of a program's quality. In August 2020, OCDEL implemented a new Internal Assessment Process (IAP). With this process, programs can choose from a broader selection of POIs that may better meet their assessment of quality needs. These approved POIs include: Business Administration Scale (BAS), Classroom Assessment Scoring System (CLASS), Climate of Healthy Interactions for Learning and Development (CHILD), Environment Rating Scale (ERS), Developmental Environment Rating Scale (DERS), Inclusive Classroom Profile (ICP), Program Administration Scale (PAS), Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), Rating Observation Scale for Inspiring Environments (ROSIE), School-Age Program Quality Assessment (SPQA), Teaching Pyramid Infant-Toddler Observation Scale (TPITOS), Teaching Pyramid Observation Tool (TPOT).

With the IAP process, programs are required to collaborate with their Quality Coach and a member of the PQA team to develop a robust IAP. This collaboration includes a meeting during which the program selects a focus for CQI, selects an approved POI, plans for how to use the information collected to inform the program's CQI plan and activities and in the ongoing CQI cycle of developing, implementing and in selecting an approved POI(s) for use in the program's internal assessment; in planning how to use the information collected to inform the program's CQI Plan and activities in the ongoing CQI cycle of developing, implementing, and evaluating.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the   data on the extent to which the state or territory has met these measures.

OCDEL has established annual STAR level participation goals for each STAR level and monitors the business partners responsible for these quality activities on a quarterly basis through the Keystone STARS participation and STAR level movement report. OCDEL monitors a regular Keystone STARS report which provides information as to the number of child care and other early learning programs that have moved up or down in the STARS level, or that have a suspended certificate of compliance. This information is generated from PELICAN Keys To Quality (KTQ).

OCDEL also uses two supplementary systems for data analysis around quality movement. The first is the PD Registry. OCDEL and its partners can review and analyze the frequency and demand around approved PD offered. The system also allows for analysis of aggregate data of the needs based on all child care staff completing a self-assessment using the CKCs. This analysis allows for the prioritization and individualization of PD by region statewide.

The second system is the STARS Management and Reliability Tracking (SMART) database. SMART is the web-based tool used by the quality staff when conducting a designation. The reports and analysis available from SMART source help identify which quality indicators within each STAR level and performance standard category appear to be barriers for programs. In addition, the designation software can identify quality indicators that are being successfully implemented by a majority of programs to see if enhancing or scaffolding the intent of the indicator could be a future revision in order to continually raise quality practices in STARS programs. Analysis of completed designations helps OCDEL develop necessary resources and tools to help programs understand and implement the intent behind quality indicators.

With the transition to the IAP, OCDEL will continue to work to identify methods of tracking quality in STAR 3 and 4 programs. Moving forward, OCDEL will have an analysis of how the IAP process is working, identify methods through which data can be derived, and evaluate overall quality practices in these programs.

7.8 Accreditation Support

7.8.1   Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

☒ a.   Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

OCDEL recognizes accreditations through other national organizations represent high-quality in ECE programs including both centers and family child care homes. As a result, there are approved alternate pathways to Keystone STARS designations at both STAR 3 and 4. At the present time, OCDEL recognizes the following accreditations as commensurate with STAR 3 or STAR 4 designations:

- **Association of Christian Schools International (ACSI) Accreditation** plus regular DHS Certificate of Compliance or PDE private academic license = STAR 3

- **Head Start / Early Head Start (HS/EHS)** grantee in good standing with Office of Head Start = STAR 4

- **Montessori Recognition (AMI) or Accreditation (AMS)** by: Association Montessori International (AMI/USA) Recognition or American Montessori Society (AMS) Accreditation plus regular DHS Certificate of Compliance or PDE private academic license = STAR 4

- **National Association of Education of Young Children (NAEYC) Accreditation** plus regular DHS Certificate of Compliance or PDE private academic license = STAR 4

- **National Association for Family Child Care (NAFCC) Accreditation** plus regular DHS Certificate of Compliance or PDE private academic license = STAR 4

- **National Early Childhood Program Accreditation (NECPA)** plus regular DHS Certificate of Compliance or PDE private academic license = STAR 4

- **Out of School Time (OST) Only Providers**
  - **School Age Child Care (SACC) Accreditation through Council of Accreditation (COA)** plus regular DHS Certificate of Compliance, as appropriate = STAR 4

  - **Compliant 21st Century Community Learning Centers (CCLC)** plus regular certificate of compliance or PDE private academic license = STAR 4

Ongoing, OCDEL evaluates inquiries from other accrediting agencies who are interested in becoming an approved alternate pathway to a Keystone STARS designation. Agencies are required to complete a crosswalk between their own performance standards and the Keystone STARS performance standards. Independent crosswalk reviews are completed to determine if the accrediting agency's standards align with Keystone STARS performance standards and at which STAR level.

As the above list indicates, there are currently approved alternate pathways for family child care homes (NAFCC) and for school age child care (COA SACC and 21st CCLC).

b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe:
> *Click or tap here to enter text*

c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe: *Click or tap here to enter text.*

d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.
  i. Focused on child care centers. Describe: *Click or tap here to enter text.*
  ii. Focused on family child care homes. Describe: *Click or tap here to enter text.*

e. No, but the state/territory is in the in the development phase of supporting accreditation.
  i. Focused on child care centers. Describe: *Click or tap here to enter text.*
  ii. Focused on family child care homes. Describe: *Click or tap here to enter text.*

f. No, the state/territory has no plans for supporting accreditation.

7.8.2   Describe the measurable indicators of progress relevant to subsection 7.8 that the
state/territory will use to evaluate its progress in improving the quality of child care
programs and services within the state/territory and the data on the extent to which the
state or territory has met these measures.

OCDEL evaluates the number of new alternate pathway designations on an annual basis
and the number of programs who lose their alternate pathway accreditation status for
trends and opportunities for support. In addition, alternate pathway accredited programs
are required to confirm their continued accreditation status annually with their ELRC to
maintain appropriate STAR designation.

7.9 Program Standards

7.9.1   Describe how the state/territory supports state/territory or local efforts to develop or
adopt high-quality program standards, including standards for:

   a.   Infants and toddlers

   b.   Preschoolers
   c.   and/or School-age children.

OCDEL, in partnership with ECE stakeholders, develops and updates the Keystone STARS
performance standards which provide a rigorous and clear path for all ECE providers to move
from STAR 1 (meeting certification requirements) to the highest STAR 3 and 4 levels. The
Keystone STARS performance standards are inclusive of indicators intended to support
infants, toddlers, preschoolers, and school age children. The Performance Standards were
designed to support high quality across all age groups of children served. Keystone STARS
quality indicators do require developmentally appropriate lesson planning that includes the
use of Pennsylvania Learning Standards for Early Childhood. On-going development and
adaptions to increase the quality of the Keystone STARS program will continue to be in
partnership with stakeholders and research partners to ensure the integrity and rigor of the
QRIS system across all age groups of children served.

7.9.2   Describe the measurable indicators of progress relevant to subsection 7.9 that the
state/territory will use to evaluate its progress in improving the quality of child care
programs and services within the state/territory and the data on the extent to which the
state or territory has met these measures.

STAR level goals indicate progress of moving all ECE programs to higher STAR levels. The PD
Registry helps track overall PD taken by teaching staff and can indicate specific PD taken on
topics related to working with specific age groups of children. The PD Registry collects and
evaluates information as to the relevance of the materials and content to the student's role
in their program. Additionally, Infant Toddler Specialist data, Child Care Health
Consultation, and After School Quality SACC are all traced in PELICAN-KTQ. IECMH
Consultation outcomes are tracked in a customized data base outside of PELICAN systems.

7.10   Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality
of child care services for infants and toddlers, preschool-aged, and school-aged children,
which may include consumer and provider education activities; and also describe the

measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe: *Click or tap here to enter text.*

- **Infant/Early Childhood Mental Health (IECMH) Consultation** is available by request for any program participating in QRIS, not including HS/EHS programs. IECMH Consultants are regionally located and available to provide child-specific and classroom focused consultation to adult caregivers related to the social emotional development and relational health of young children birth through age 5 in the early learning environment.

- **Trauma Informed System of Supports Framework:** OCDEL recognizes that when ECE systems support staff work closely with early childhood providers around matters of health, challenging behaviors, family engagement and running a business, the stress experienced by others can weigh on all parties. Any professional who works directly with traumatized children or adults and can hear the recounting of traumatic experiences, is at risk for secondary traumatic stress. A trauma-informed system recognizes trauma affects staff, students, families, communities, and system level staff. The Trauma Informed System Support Framework has been developed because becoming trauma-informed should be an essential component of the overall mission of the education system. Thus, organizational support, partnerships, and capacity-building are essential. This strategy is focused on building the capacity of our Systems Support Staff to be trauma aware and informed both within the scope of work and at a personal level in order to better serve the early childhood workforce and engage in self-care. This professional development approach includes the topics of Mental Health First Aid (MHFA), Mindfulness as Self-Care, Becoming Trauma Informed three-part series and a presentation on the Pennsylvania Behavioral Health system of care. Additionally, a training of trainers will occur on Becoming Trauma Informed three-part series to expand the number of PQAS trainers and reach of trauma informed training to the ECE workforce.

- **Relative Providers:** OCDEL's previous efforts focused on quality improvement were broad, and support was provided to programs who expressed interest in moving up in STARS versus programs with lower quality service. The data that demonstrates that the majority of families enrolled in CCW are served by STAR 1 and 2 child care settings underscores the importance of using a more targeted approach to prioritize these providers and include non-certified legally operating relatives who are providing child care, and who make up 23 percent of the providers serving CCW children. As such, OCDEL will work with ELRCs to improve the quality of child care in these settings as a priority and look for opportunities through parent engagement, enhanced parent and relative provider orientation, creation of an early learning tool kit and targeted training for relative providers and the certified STAR 1 and 2 providers. We must meet our families and children where they are to provide each and every child (no matter the race, economic or environmental background) the opportunity to experience quality early learning at the youngest age.

- **Data Tools:** OCDEL is promoting new online tools to assist in understanding child care operating capacity and vacancy rates. Reforming the child care desert maps and understanding targeted communities in need of licensed care will be a priority.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities

- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

⊠ a. Verifying and processing billing records to ensure timely payments to providers. Describe: A review is completed monthly, either through a report obtained from PELICAN, or real time in PELICAN, to determine if all correctly completed provider invoices submitted by the 5th are paid by the 20th. There is also a monthly review to determine if provider invoices received by the ELRC after the due date of the 5th, are paid within 60 days. If untimely payments are found, the program representative will discuss with the ELRC and a plan of correction will be created, if warranted.

⊠ b. Fiscal oversight of grants and contracts. Describe: OCDEL uses the Performance Standards Monitoring Tool to provide monitoring consistency across all ELRC sub-grantees. The Monitoring Tool addresses customer service, including resource and referral, caseload management which includes eligibility and policy compliance, and Administration, which addresses funds management. ELRCs are informed of the results of the monitoring and a plan of correction may be required If deficiencies

exist. ELRCs are required to have independent audits annually and agree to follow all terms of the OCDEL grant agreement which governs their operations. Annual independent audit report packages are submitted to the Federal Audit Clearinghouse (FAC). The ELRC then emails the FAC confirmation receipt, the certified copy of the data collection form and Single Audit Program Specific Audit Reporting Package Checklist to the Bureau of Accounting and Financial Management (BAFM), Office of the Budget. The report package is retrieved from the FAC and reviewed by BAFM.

☒   c. Tracking systems to ensure reasonable and allowable costs. Describe: ELRCs agree to follow all terms of the OCDEL grant agreement that governs their operations. ELRCs are required to follow the Uniform Circular and complete an annual independent audit. Annual independent audit report packages are submitted to the Federal Audit Clearinghouse (FAC). The ELRC then emails the FAC confirmation receipt, the certified copy of the data collection form and Single Audit Program Specific Audit Reporting Package Checklist to the Bureau of Accounting and Financial Management (BAFM), Office of the Budget. The report package will be retrieved from the FAC and reviewed by BAFM. PELICAN Keys to Quality (KTQ) Fiscal Allocation Screens are monitored for: spend down of state and federal quality dollars known as Keystone STARS grants and awards; comparison to invoice and expenditures; and for ELRC performance with grant approved payments and grant closeout activity. PELICAN-KTQ reports are pulled and reviewed to support monitoring of the quality dollars to child care providers and to provide details for federal reporting as it relates to infant and toddler expenditures.

☒ d. Other. Describe: The OCDEL Bureau of Operations fiscal program analyst continually reviews the ELRCs service funds to ensure children receive timely enrollments with providers and do not have an untimely delay in services due to being on a waiting list when there are available funds.

8.1.2   Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

☒ a. Conduct a risk assessment of policies and procedures. Describe: OCDEL participates in risk assessment of activities and audits conducted by external auditing firms and/or other State agencies, as it relates to CCDF. In the recent past, these audits have revealed there are no gaps in processes or procedures and no internal control deficiencies. These internal controls, processes, and procedures will continue.

☒ b. Establish checks and balances to ensure program integrity. Describe: ELRCs manage CCDF dollars for subsidized child care and the quality rating improvement system (QRIS). There are 19 ELRC service regions in Pennsylvania and OCDEL maintains grant agreements with them. All agreements are reviewed and signed by subgrantee administrators and various commonwealth personnel, including the Program Deputy Secretary, Comptroller Operations personnel, and the DHS Office of Legal Counsel. In addition, the agreement package includes detailed budgets outlining the proposed use of the CCDF Funds. The costs become part of the authorized agreement package between the commonwealth and grantee. Annually,

the ELRCs are subject to Single Audits in accordance with the federal Uniform Circular. In addition to ELRC subgrantees, OCDEL also contracts with the PA Key as the statewide business partner/contractor for quality services and supports. The PA Key supports statewide coordination of Pennsylvania's Professional Development system, Pennsylvania's program level assessment efforts, and assists in monitoring and supporting Pennsylvania Pre-K Counts, HSSAP, EHS-CCP grantees, and coordinates Pennsylvania's credentialing efforts and infant/toddler work. ELRCs are monitored annually to determine whether they are in compliance with state and federal regulations, program deliverables, policies and to ensure costs and activities are allowable. The standard areas of testing are: Compliance with the Program Review Instrument (PRI); State and federal programmatic/funding requirements; Provider monitoring procedures. ELRC administrative/management performance is monitored for spend down via submitted invoices, submitted PRI, program narratives, annual on-site and/or virtual monitoring by OCDEL, and through independent audits to comply with the Uniform Circular. A final annual report is issued to the ELRCs along with a Plan of Correction for any findings or items that need improvement.

☒ c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe: Supervisory reviews are conducted annually by reviewing a selection of Performance Standards monitoring results. In addition, the supervisor reviews external inquiry responses regarding provider and/or client issues.

☒ d. Other. Describe: Pennsylvania participates in the triennial Federal Improper Payments Error Rate Review for the CCDF program. For federal record review years, the state uses a pre-approved Record Review Worksheet which includes boilerplate language, updates, and state-customized language. The worksheet provides a standardized format to assess the case record and to determine whether the child was eligible and received correct subsidy payment for the sample review month. For federal review years, Pennsylvania chooses the sample size of 276 cases. In addition, if the federal cases to be reviewed do not include at least ten cases per subgrantee, the state reviews a minimum of ten cases per each subgrantee per year. Any additional cases are not included in the sample of 276 for ACF-404 reporting. All cases reviewed on non-federal review years and all cases over and above the federally required ones are reviewed using a standardized compliance monitoring tool that is based on the Federal Record Review Worksheet. Any error rate, including payment error rates, which exceed 10 percent requires a corrective action plan from the subgrantee. All corrective action plans are reviewed with the ELRC. OCDEL monitors the subgrantee until compliance is met.

8.1.3   States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care   providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.
   a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.
         ☒   i. Issue policy change notices. Describe: OCDEL informs child care providers

and grantees of all new or revised policies through Announcements. OCDEL regularly meets with provider advocates who also reinforce any child care provider updates. Policy trainings and questions are also addressed at ELRC Director's meetings. The ELRCs are in regular communication with child care providers and discuss and/or answer any questions the provider may have. Providers have access to various RA accounts to submit policy questions too. Providers have access to OCDEL's Announcements through websites. Providers also receive updates through listservs sent by the Bureau of Certification to all licensed child care providers. OCDEL also sends regular policy clarifications via newsletters, web messages and the certification listserv.

☒ ii. Issue policy manual. Describe: OCDEL does not issue program policy manuals to providers. Policy is distributed via policy announcements which are distributed through OCDEL listservs and posted publicly for providers to access at-will.

☒ iii. Provide orientations. Effective July 1, 2021, the provider agreement will be updated to require Directors/Owners/Operators and staff who have a role in processing CCW payments to take PD annually on Program Integrity and Accountability. This professional development will be available through the PD Registry. This is considered an initial orientation for providers. Relative providers are required to have a face-to-face meeting with the ELRC where they review program integrity and accountability prior to receiving payment.

☒ iv. Provide training. Describe: Effective July 1, 2021, the provider agreement will be updated to require Directors/Owners/Operators and staff who have a role in processing CCW payments, who have not already completed the professional development, to do so within 90 days of hire. This PD will be available through the PD Registry. Additional PD will be created as needs are determined.

☒ v. Monitor and assess policy implementation on an ongoing basis. Describe: ELRC staff conduct program monitoring on the Keystone STARS quality grants, awards and any other funded quality initiative provided through OCDEL using quality CCDF or state funds. The ELRCs conduct a random sample of child care providers for monitoring activities and OCDEL provides the instruction and direction for such activities depending on the specifics of the quality award, grant or funding initiative. In addition to the specific monitoring of quality grants, awards, or other funding initiatives by the ELRCs, they also run monthly reports to ensure other required quality program activities take place in accordance with federal and state policies, procedures, and laws.

☐ vi. *Meet* regularly regarding the implementation of policies. Describe:

☐ vii. Other. Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

☒ i. Issue policy change notices. Describe: OCDEL issues Announcements and Operation Communications to OCDEL staff members and any staff members in other agencies such as the ELRCs to inform and train them regarding program requirements and policy changes. All finalized Announcements and Communications are posted to the ELRC portal for OCDEL and ELRC staff to reference. ELRCs have access to OCDEL's Announcements through websites. ELRCs also receive updates through listservs sent by the Bureau of Certification to all licensed child care providers. OCDEL also sends regular policy clarifications via newsletters, web messages and the certification listserv.

☒ ii. Train on policy change notices. Describe: Training needs related to policy changes issued via Announcements take place with the ELCRs, OCDEL Certification staff and Bureau of Operations program representative(s), as needed. Policy announcements are discussed during ELRC Director's meetings and all materials are made available on the ELRC Portal, which is accessible for all staff.

☒ iii. Issue policy manuals. Describe: OCDEL has CCW Policy Chapters that are aligned with Pennsylvania's CCW regulations and CCDBG requirements and these are accessible on the ELRC portal. The need to update policy chapters are reviewed regularly by OCDEL Bureau of Policy.

☒ iv. Train on policy manual. Describe: OCDEL staff receive training on new policy announcements for inclusion in the policy chapters prior to issuance to the ELRCs or child care providers. OCDEL conducts training for the ELRCs on policy chapter changes and those trainings and materials are made available on the ELRC Portal.

☒ v. Monitor and assess policy implementation on an ongoing basis. Describe: OCDEL uses the Performance Standards Monitoring Tool to provide monitoring consistency across all ELRC sub-grantees. The Monitoring Tool addresses customer service, including resource and referral, caseload management which includes eligibility and policy compliance, and Administration, which addresses funds management. ELRCs are informed of the results of the monitoring and a plan of correction may be required If deficiencies exist. OCDEL monitors ELRC business processes by reviewing reports and researching cases on a varying basis. In some instances, follow-up sessions are scheduled when issues are identified as recurring for a specific sub-grantee.

☒ vi. Meet regularly regarding the implementation of policies. Describe: OCDEL program representatives meet weekly with their OCDEL Division Chief to discuss needed updates, questions, and exchange information as it relates to their assigned ELRC regions. Regularly scheduled ELRC Director meetings take place throughout the year.

☒ vii. Other. Describe: OCDEL also provides a variety of job aids, workflows, and question and answer documents to be used by the ELRCs when training new staff or when existing staff needs clarification or updating regarding the revised policies and procedures. In addition to the pre-developed materials, OCDEL has

established a protocol by which the ELRC may submit questions regarding specific circumstances that require additional clarification. The protocol for submitting questions for additional clarification is streamlined to provide timely and thorough responses. Questions are answered directly by OCDEL's subject matter expert, based upon the topic to which the question is related. Telephone and in-person conferences are held, as needed, for complex circumstances or if multiple lead agencies are vested in the final resolution.

8.1.4   Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe: OCDEL continues to use various means to regularly evaluate internal control activities in the Office. Determining the accuracy of processing of applications, correct payments to providers and running reports from PELICAN are a few of the internal control processes for such evaluation. Virtual and/or onsite monitoring, review of responses to inquiries concerning applications or payments, weekly discussions with OCDEL program representatives who with the ELRCs, advocacy groups, and other internal reports and evaluations also assist with these processes.

Annually OCDEL is subject to an audit as part of the Commonwealth of Pennsylvania program integrity efforts. All activities funded by CCDF are evaluated based on federal, state and OCDEL developed regulations and policies.

8.1.5   Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity.   Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and   unintentional client and/or provider violations, as defined by the Lead Agency. These violations   and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to   ensure program integrity.

a.   Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

☒	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: The ELRCs communicate on a regular basis with the County Assistance Offices (CAOs) who administer the TANF, SNAP and Medicaid programs. Information is shared on an as-needed basis. Information from the PARIS, when appropriate, is shared with the ELRCs. As needed, OCDEL communicates and obtains information from the Child and Adult Care Food Program. The information shared is used to review program eligibility and possible fraud situations. Involvement and communication with connecting agencies in these situations take place, as needed.
☒	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: OCDEL runs a variety of reports on an as-needed basis to identify potential errors. There are several reports that identify one or more of the following: enrollments by funding programs, the type of enrollment and amount paid, timely processing related to applications, enrollment, eligibility, redetermination, reported changes and payment, sanction or disqualification statuses, budget opening or closures related to cases in which the parent or caretaker is a recipient of TANF benefits, and accurate co-payment assessment or waiver of co-payment.
☒	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: OCDEL program representatives run enrollment reports minimally on a monthly basis or more regularly, as needed. Annual OCDEL ELRC Operational monitoring requires reviewing enrollment documents along with provider payments for specific case records. OCDEL Program representatives and ELRCs review attendance and billing records on an as-needed basis to determine potential fraud. Possible fraud cases are sent to the Office of State Inspector General for additional follow-up.
☒	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Quality assurance reviews are conducted annually, at a minimum, at the ELRCs by OCDEL staff through a review of a random selection of cases monitored by the program representatives. Weekly discussions are held with OCDEL program representatives to review any issues or concerns with ELRCs or child care providers.

☒	**v.** Audit provider records. Describe the activities and the results of these activities: Reviews are ongoing throughout the year and encompass the use of various tools, reports, and meetings within OCDEL and the ELRCs to ensure accuracy of provider records. OCDEL Bureau of Operations monitoring staff, in conjunction with the ERLCs and the OCDEL Bureau of Certification, audit provider records in accordance with inspections and monitoring activities. Program representatives review a random sample of cases which includes the review of the provider information. In addition, the ELRCs monitor provider payment requests for accuracy. The Bureau of Certification, during their onsite inspections of provider records, may submit information to OCDEL and the ELRCs for further review and investigation. Any suspicion of fraud is turned over to the Office of State Inspector General for investigation.
☒	**vi.** Train staff on policy and/or audits. Describe the activities and the results of these activities: OCDEL and ELRC staff are trained on policy and/or audits. Training can consist of written communications, webinars, or face-to-face meetings. Training materials are also posted to the ELRC portal, so they are accessible to all ELRC staff if training needs are identified at the child care provider level.
☒	**vii.** Other. Describe the activities and the results of these activities: OCDEL reviews case and eligibility information from PELICAN-CCW system and the Client Information System (CIS). CIS contains case and eligibility-related information for parents or caretakers that are receiving or have previously received TANF benefits. OCDEL also monitors contractor compliance and data integrity (via PELICAN Keys to Quality) as it relates to provider eligibility for quality grants and awards, accuracy of grant threshold amounts and STAR level designations. OCDEL and the Pennsylvania Department of Revenue coordinate the review of STARS providers against Revenue's database for tax liens/liabilities. OCDEL contractors review the federal System for Award Management (SAM) website to ensure there are no federal issues prior to issuing quality grants and will review the Pennsylvania Department of General Services (DGS) Debarment list to ensure no providers are identified on the state's contractor debarment list. The use of these resources ensures state and federal dollars are not issued when state/federal funds are owed or when problems exist. This process has netted recovery of substantial amounts of state/federal funds paid by providers. OCDEL and the Department of Revenue have also coordinated statewide trainings to assist contractors and child care providers on the tools and resources available through Revenue to ensure providers know tax and filing requirements, as needed.

b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to **identify unintentional program violations**. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

☒	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: OCDEL works collaboratively and closely with the ELRCs to identify and rectify any program violations, including identification and prevention of unintentional program violations. If a violation is identified, the ELRC communicates via email, phone, or a meeting with OCDEL to determine the best steps to rectify the specific violation. Additionally, the ELRCs or OCDEL will communicate with the County Assistance Offices (CAOs) who administer the TANF, SNAP and Medicaid programs or other Offices, if needed. Information is shared on an as-needed basis. Information from the PARIS, when appropriate, is shared with the ELRCs. As needed, OCDEL communicates and obtains information from the Child and Adult Care Food Program. The information shared is used to review program eligibility and identify program violations that may involve several programs.
☒	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: OCDEL runs a variety of reports within the PELICAN system on a regular and sporadic basis to identify potential errors. There are several reports that identify one or more of the following: enrollments by funding programs; the type of enrollment and amount paid; timely processing related to application, enrollment, eligibility, redetermination, reported changes and payment; sanction or disqualification statuses; budget openings or closures related to cases in which the parent or caretaker is a recipient of TANF benefits; and accurate co-payment assessment or waiver of co-payment.
☒	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: OCDEL program representatives run enrollment reports as needed to review enrollment documents, attendance, or billing records. OCDEL monitors operational ELRC payment child care provider payment processes throughout the year and conduct minimally an annual comprehensive review of operational activities. Monitoring activities of ELRC operations require reviewing enrollment documents along with provider payments for specific case records. Program representatives and ELRCs review attendance and billing records on an as-needed basis to determine potential program violations. Program violations are reviewed for potential fraud and overpayments.

☒	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Quality assurance reviews are ongoing throughout the year and encompass the use of various tools, reports, and meetings. OCDEL Bureau of Operations monitoring staff conduct an annual review of a random selection of cases to monitor. Minimally, weekly discussions take place internally with OCDEL supervisory staff to review any ongoing issues or concerns with the ELRCs or identified child care provider-specific needs.
☒	v. Audit provider records. Describe the activities and the results of these activities: Reviews are ongoing throughout the year and encompass the use of various tools, reports, and meetings within OCDEL and the ELRCs to ensure accuracy of provider records. OCDEL Bureau of Operations monitoring staff in conjunction with the ERLCs and the OCDEL, Bureau of Certification audit provider records in accordance with inspections and monitoring activities. Program representatives review a random sample of cases which includes the review of the provider information. In addition, the ELRCs monitor provider payment requests for accuracy. The Bureau of Certification, in their reviews, may submit information to OCDEL and the ELRCs, for further review and investigation. Any suspicion of fraud is turned over to the Office of State Inspector General for investigation.

☒	vi. Train staff on policy and/or audits.
	Describe the activities and the results of these activities: OCDEL and ELRC staff are trained on policy and/or audits. Trainings can be through written communications, webinars or virtual or face-to-face meetings. Training materials are also posted to the ELRC portal, so it is accessible to all staff at any time.
☒	vii. Other. Describe the activities and the results of these activities: OCDEL reviews case and eligibility information from PELICAN-CCW system and the Client Information System (CIS). CIS contains case and eligibility-related information for parents or caretakers that are receiving or have previously received TANF benefits. OCDEL also monitors contractor compliance and data integrity (via PELICAN Keys to Quality) as it relates to provider eligibility for quality grants and awards, accuracy of grant threshold amounts and STAR level designations. OCDEL and the Pennsylvania Department of Revenue coordinate the review of STARS providers against Revenue's database for tax liens/liabilities. OCDEL contractors review the federal System for Award Management (SAM) website to ensure there are no federal issues prior to issuing quality grants and will review the Pennsylvania Department of General Services (DGS) Debarment list to ensure no providers are identified on the state's contractor debarment list. The use of these resources ensures state and federal dollars are not issued when state/federal funds are owed or when problems exist. This process has netted recovery of substantial amounts of state/federal funds paid by providers. OCDEL and the Department of Revenue have also coordinated statewide trainings to assist contractors and child care providers on the tools and resources available through Revenue to ensure providers know tax and filing requirements, as needed.

c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent agency errors**. Include in the description how each activity assists in the identification and prevention of agency errors.

☒	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
	Describe the activities and the results of these activities: The ELRCs communicate on a regular basis with the County Assistance Offices (CAOs) who administer the TANF, SNAP and Medicaid programs. Information is shared on an as-needed basis. Information from the PARIS, when appropriate, is shared with the ELRCs. As needed, OCDEL communicates and obtains information from the Child and Adult Care Food Program. The information shared is used to review program eligibility, prevent agency errors and identify program violations that may involve several programs.

☒	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: OCDEL runs a variety of reports on a regular and sporadic basis to identify potential errors. There are several reports that identify one or more of the following: enrollments by funding programs; the type of enrollment and amount paid; timely processing related to application, enrollment, eligibility, redetermination, reported changes and payment; sanction or disqualification statuses; budget openings or closures related to cases in which the parent or caretaker is a recipient of TANF benefits; and accurate co-payment assessment or waiver of co-payment.
☒	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: Reviews are ongoing throughout the year and encompass the use of various tools, reports, and meetings within OCDEL and the ELRCs to ensure accuracy of enrollment documents and attendance or billing records. OCDEL Bureau of Operations monitoring staff in conjunction with the ERLCs and the OCDEL, Bureau of Certification review enrollment documents and attendance or billing records in accordance with inspections and monitoring activities. Program representatives review a random sample of cases which includes the review of enrollment documents and attendance or billing records. In addition, the ELRCs monitor enrollment documents and attendance or billing records for the child care providers for accuracy. The Bureau of Certification, in their reviews, may submit information to OCDEL and the ELRCs, for further review and investigation. Any suspicion of fraud is turned over to the Office of State Inspector General for investigation. The program monitors, referred to as the program representatives, run enrollment reports as needed. The yearly monitoring requires reviewing enrollment documents and attendance or billing records for specific case records. Program violations are reviewed for potential fraud and overpayments.
☒	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Reviews are conducted annually by reviewing a random selection of cases monitored by the program representatives. Weekly discussions are held with the program representatives to review ongoing issues/concerns.
☒	v. Audit provider records. Describe the activities and the results of these activities: Provider records are reviewed as part of the annual compliance review for CCW. Families selected for review are matched with the provider where their children were enrolled during the review period. The review confirms the provider's certification status and the ability to participate in the subsidized child care program. In addition, the ELRCs monitor provider payment requests for accuracy. The Bureau of Certification, in their reviews, may submit information to OCDEL and the ELRCs, for further review and investigation. Any suspicion of fraud is turned over to the Office of State Inspector General for investigation.

☒	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: OCDEL and ELRC staff are trained on policy and/or audits. Trainings can be through written communications, webinars or virtual or face-to-face meetings. Training materials are also posted to the ELRC portal, so it is accessible to all staff at any time.
☒	vii. Other. Describe the activities and the results of these activities: OCDEL reviews case and eligibility information from PELICAN-CCW system and the Client Information System (CIS). CIS contains case and eligibility-related information for parents or caretakers that are receiving or have previously received TANF benefits. OCDEL also monitors contractor compliance and data integrity (via PELICAN Keys to Quality) as it relates to provider eligibility for quality grants and awards, accuracy of grant threshold amounts and STAR level designations. OCDEL and the Pennsylvania Department of Revenue coordinate the review of STARS providers against Revenue's database for tax liens/liabilities. OCDEL contractors review the federal System for Award Management (SAM) website to ensure there are no federal issues prior to issuing quality grants and will review the Pennsylvania Department of General Services (DGS) Debarment list to ensure no providers are identified on the state's contractor debarment list. The use of these resources ensures state and federal dollars are not issued when state/federal funds are owed or when problems exist. This process has netted recovery of substantial amounts of state/federal funds paid by providers. OCDEL and the Department of Revenue have also coordinated statewide trainings to assist contractors and child care providers on the tools and resources available through Revenue to ensure providers know tax and filing requirements, as needed.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

   a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney). Overpayments as a result of fraud are referred to the Office of State Inspector General for investigation (OSIG) and recovery of an overpayment. OSIG may then make a referral to the District Attorney's Office, if warranted.

   b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
   ☒ i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities: There is no minimum dollar amount for payments issued by an ELRC subgrantee.
   ☒ ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
   Describe the activities and the results of these activities: Overpayments as a result of fraud are referred to the OSIG for investigation and possible referral to the District

Attorney's Office, for the recovery of overpayments.

☒ iii. Recover through repayment plans.

Describe the activities and the results of these activities: Providers receiving quality funds are suspended from STARS (stopping quality add on amounts and quality grants) until repayment is made to the ELRC or the Commonwealth via the ELRC. The repayment plans are developed based on the provider's ability to pay. For CCW, the provider may be given the option of a lump sum repayment or establishment of a payment plan.

☒ iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities: A recoupment letter is generated to the provider that details the amount of the recoupment and the percentage of recoupment from each payment.

☐ v.Recover through state/territory tax intercepts.

Describe the activities and the results of these activities: *Click or tap here to enter text.*

☐ vi. Recover through other means.

Describe the activities and the results of these activities: *Click or tap here to enter text.*

☐ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities: *Click or tap here to enter text.*

☒ viii. Other. Describe the activities and the results of these activities: Pennsylvania subsidized child care regulations state that parents or caretakers may not be required to repay an overpayment that is the result of an administrative error with the exception of cases including current recipients of TANF benefits. Overpayments that are not the result of an administrative error are collected by arranging payment plans with parents or caretakers. ELRCs can withhold payment from a provider who violates the provider agreement. PELICAN CCW is designed to automatically recoup outstanding overpayments, regardless of the fiscal year.

c.   Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.
Activities can include, but are not limited to, the following:

☒ i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

☒ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.

Describe the activities and the results of these activities: There is no minimum dollar amount for payments issued by an ELRC subgrantee. Pennsylvania subsidized child care regulations state that parents or caretakers may not be required to repay an overpayment that is the result of an administrative error, with the exception of cases including current recipients of TANF benefits.

☐ iii. Coordinate with and refer to the other state/territory

agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities: *Click or tap here to enter text.*

☒ iv. Recover through repayment plans.

Describe the activities and the results of these activities: For CCW, the provider may be given the option of a lump sum repayment or establishment of a payment plan.

☒ v. Reduce payments in subsequent months.

Describe the activities and the results of these activities: A recoupment letter is generated to the provider that details the amount of the recoupment and the percentage of recoupment from each payment.

☐ vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities: *Click or tap here to enter text.*

☐ vii. Recover through other means.

Describe the activities and the results of these activities: *Click or tap here to enter text.*

☐ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities: *Click or tap here to enter text.*

☒ ix. Other. Describe the activities and the results of these activities: Pennsylvania's subsidized child care regulations state that parents or caretakers may not be required to repay an overpayment that is the result of an administrative error, with the exception of cases including current recipients of TANF benefits which are handled solely though the arrangement of a payment plan. Providers that no longer have a provider agreement will be advised of the need to repay the amount owed and provide repayment options outside of the PELICAN CCW system. PELICAN CCW is designed to automatically recoup outstanding overpayments, regardless of the fiscal year. Once an administrative error has been identified, OCDEL will review the error with the ELRC. The ELRC is expected to correct the error going forward. If warranted, a Plan of Correction will be issued.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

☒ i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

☒ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.

Describe the activities and the results of these activities: For providers, there is no minimum dollar amount for payments issued by an ELRC subgrantee. Pennsylvania subsidized child care regulations state that parents or caretakers may not be

required to repay an overpayment that is the result of an administrative error, with the exception of cases including current recipients of TANF benefits.

☐   iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities: *Click or tap here to enter text.*

☐   iv. Recover through repayment plans.

Describe the activities and the results of these activities: For CCW, the provider may be given the option of a lump sum repayment or establishment of a payment plan.

☐   v.   Reduce payments in subsequent months.

Describe the activities and the results of these activities: A recoupment letter is generated to the provider that details the amount of the recoupment and the percentage of recoupment from each payment.

☐   vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities: *Click or tap here to enter text.*

☐   vii. Recover through other means.

Describe the activities and the results of these activities: *Click or tap here to enter text.*

☐   viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit.

Describe the activities and the results of these activities: *Click or tap here to enter text.*

☒   ix. Other. Describe the activities and the results of these activities: Pennsylvania's subsidized child care regulations state that parents or caretakers may not be required to repay an overpayment that is the result of an administrative error, with the exception of cases including current recipients of TANF benefits which are handled solely through the arrangement of a payment plan. Providers that no longer have a Provider Agreement will be advised of the need to repay the amount owed and provide repayment options outside of the PELICAN CCW system. PELICAN CCW is designed to automatically recoup outstanding overpayments, regardless of the fiscal year.

8.1.7   What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

☒   a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities: If a parent or caretaker is found guilty of committing an intentional program violation or fraud, the family is prohibited from participating in the subsidized child care program for a period of six months from the date of the first conviction, hearing decision or determination; a period of twelve months from the date of the second conviction, hearing decision or determination; and permanently from the date of the third

conviction, hearing decision or determination. Pennsylvania regulations allow a parent or caretaker 30 calendar days from the date the parent or caretaker receives notice about an intentional program violation to appeal the original facts of the intentional program violation or fraud through DHS. The parent or caretaker cannot appeal the disqualification decision through DHS. The regulations state a parent or caretaker may not be granted a hearing on a court conviction or administrative disqualification hearing decision that led to the disqualification. However, the parent or caretaker can file an appeal through the Commonwealth Court of Pennsylvania.

☒ b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities: Each provider participating in the subsidized child care program must sign a Provider Agreement. OCDEL may end the Provider Agreement with any provider that is convicted of fraud. Ending a Provider Agreement may not be appealed. OCDEL's Bureau of Certification Services may revoke or refuse to renew the provider's certificate to operate if the provider is convicted of fraud. The provider can appeal the decision to revoke or refuse to renew the certificate. Appeals are heard by DHS Bureau of Hearings and Appeals, and the provider may appeal to the Commonwealth Court if the Bureau of Hearing and Appeals decides against the provider.

☒ c. Prosecute criminally.

Describe the activities and the results of these activities:
The OSIG will review and, if appropriate, will prosecute provider-only fraud overpayments. If the OSIG feels that the fraud is criminal in nature, the case is referred to the local District Attorney for criminal prosecution. The District Attorney will review and determine if the case will go to court for criminal prosecution.

☒ d. Other. Describe the activities and the results of these activities:
The Keystone STARS program suspends or removes the STAR rating for providers who have violated the terms of the grant agreement or non-compliance with state and federal regulations. Providers in violation are suspended from receiving grants and tiered reimbursements until the violations are corrected at which time the provider is reinstated into the Keystone STARS program. The Keystone STARS program utilizes the OSIG to report misspent funds or alleged fraud by providers. Should OSIG agree that the violation is in fact fraud, the violation is handed over to the District Attorney for further review/prosecution, if deemed appropriate.

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

☐ Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance. *Click or tap here to enter text.*

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. *Click or tap here to enter text.*

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. *Click or tap here to enter text.*

☐ Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.
Click or tap here to enter text.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. *Click or tap here to enter text.*

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. *Click or tap here to enter text.*