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Child Care and Development Fund (CCDF) Plan

for

State/Territory Pennsylvania

FFY 2016-2018

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. 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 them regardless of these modifications.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Form ACF-118 Approved OMB Number XXXX-XXXX expires XXXX

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Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub.L. 113-186) (https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_markup.pdf). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

CCDF Plan Overview. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families' access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

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The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality 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 Accountability

These organizational categories reflect key functions of an integrated system of high quality 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 need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

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 State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

CCDBG Implementation Deadlines. In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission, the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

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- Current status for any requirement in this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. As part of the ongoing reviews, States and Territories will be asked to complete regular updates to the implementation plan through the e-submission site. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02 and corresponding timeline of effective dates https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-ccdbg-act-of-2014).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: https://childcareta.acf.hhs.gov/ccdf-reauthorization In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

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 in the ACF-118 site may 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). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law. In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or 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 CCDBG compliance monitoring efforts. . In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

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1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency 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))

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

Identify the Lead Agency or joint inter-agency office designated by the State/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))

X Name of Lead Agency The Pennsylvania Department of Human Services, the Office of Child Development and Early Learning (OCDEL)

X Address of Lead Agency 333 Market Street, Sixth Floor, Harrisburg, Pennsylvania 17126

X Name and Title of the Lead Agency Official Michelle Figlar, Deputy Secretary

X Phone Number 717-346-9320

X E-Mail Address mfiglar@pa.gov

X Web Address for Lead Agency (if any) None

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/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 entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator Michelle Figlar

Title of CCDF Administrator Deputy Secretary, OCDEL

Address of CCDF Administrator 333 Market Street, Sixth Floor, Harrisburg, Pennsylvania 17126

Phone Number 717-346-9320

E-Mail Address mfiglar@pa.gov

b) Contact Information for CCDF Co-Administrator (if applicable):

Name of CCDF Co-Administrator Terry L. Shaner Wade

Title of CCDF Co-Administrator Director, Bureau of Subsidized Child Care Services

Phone Number 717-346-9323

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E-Mail Address tshaner@pa.gov

Description of the role of the Co-Administrator Primary point of contact for the CCDF plan, plan coordinator and cross-systems coordinater

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) 1-877-4PA-KIDS

Web Address for CCDF program (for the public) (if any) www.dhs.state.pa.us

Web Address for CCDF program policy manual (if any) None

Web Address for CCDF program administrative rules (if any) www.pacode.com

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

X Outreach and Consumer Education (section 2):

- Agency/Department/Entity OCDEL / Bureau of Subsidized Child Care Services
- Name of Lead Contact Terry L. Shaner Wade

X Subsidy/Financial Assistance (section 3 and section 4)

- Agency/Department/Entity OCDEL / Bureau of Subsidized Child Care Services
- Name of Lead Contact Terry L. Shaner Wade

X Licensing/Monitoring (section 5):

- Agency/Department/Entity OCDEL / Bureau of Certification Services
- Name of Lead Contact Tanya Vasquez

X Child Care Workforce (section 6):

- Agency/Department/Entity OCDEL / The PA Key
- Name of Lead Contact Maureen Murphy

X Quality Improvement (section 7):

- Agency/Department/Entity OCDEL / Bureau of Early Learning Services
- Name of Lead Contact Tracey Campanini

X Grantee Accountability/Program Integrity (section 8):

- Agency/Department/Entity OCDEL / Bureau of Subsidized Child Care Services
- Name of Lead Contact Terry L. Shaner Wade

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

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other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

☒ All program rules and policies are set or established at the State/Territory level.

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

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

☐ State/Territory

☐ County. If checked, describe the type of eligibility policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Sliding fee scale is set by the:

☐ State/Territory

☐ County. If checked, describe the type of sliding fee scale policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Payment rates are set by the:

☐ State/Territory

☐ County. If checked, describe the type of payment rate policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set _____

☐ Other. Describe _____

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☐ Other. List and describe (e.g., quality improvement systems, payment practices) _____

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

☐ CCDF Lead Agency

☒ TANF agency. Describe. Families receiving child care assistance under the TANF program are evaluated under those rules by the TANF agency. In Pennsylvania the TANF agency is the Department of Human Services, the Office of Income Maintenance.

☐ Other State/Territory agency. Describe. _____

☐ Local government agencies such as county welfare or social services departments. Describe. _____

☐ Child care resource and referral agencies. Describe. _____

☐ Community-based organizations. Describe. _____

☒ Other. Describe. Eligibility for child care for low-income working families is evaluated by the lead agency's sub-recipients, the Child Care Information Services (CCISs). CCISs are grantees, the parent agencies for which may be county governments, non-profit organizations and/or community-based organizations. Through the CCIS grant, all also serve as the local child care resource and referral agency.

b) Who assists parents in locating child care (consumer education)?

☐ CCDF Lead Agency

☐ TANF agency. Describe. _____

☐ Other State/Territory agency. Describe. _____

☐ Local government agencies such as county welfare or social services departments. Describe. _____

☐ Child care resource and referral agencies. Describe. _____

☐ Community-based organizations. Describe. _____

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☒ Other Describe. CCISs are grantees, the parent agencies for which may be county governments, non-profit organizations and community-based organizations. Through the CCIS grant, all also serve as the local child care resource and referral agency.

c) Who issues payments?

☐ CCDF Lead Agency

☐ TANF agency. Describe. _____

☐ Other State/Territory agency. Describe. _____

☐ Local government agencies such as county welfare or social services departments. Describe. _____

☐ Child care resource and referral agencies. Describe. _____

☐ Community-based organizations. Describe. _____

☒ Other. Describe. The CCISs issue child care payments.

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 three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

☒ [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe OCDEL's Early Learning Council (ELC) is composed of a cross-representation of disciplines, including county and local governments. A full description of the ELC membership and its primary purpose – to assist OCDEL in establishing policies that promote children's early development – are outlined at "State Advisory Council".

☒ [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe Pennsylvania's Early Learning Council is a Governor-appointed council composed of the Deputy Secretary of OCDEL as well as representatives of local educational agencies, institutions of higher education in the Commonwealth, local providers of early childhood education and development services, Head Start agencies located in the Commonwealth, including migrant and seasonal Head Start programs and Indian Head Start Programs; and the Commonwealth's Director of Head Start collaboration and the Commonwealth agency responsible for health or mental health care. Also included are the co-chair of the Early Learning Investment Commission, or the co-chair's designee, the chair of the Commonwealth's State Interagency Coordinating Council, the director of the Pennsylvania Key, the director of Early Intervention Technical Assistance. Lastly, also included are individuals representing families, advocacy organizations, business and industry, Intermediate units, local governments, the public school community, research institutions such as the William Penn Foundation and the University of Pennsylvania, state corrections or law enforcement, the child care community, the child welfare community, the children's health community, the early childhood mental health community, the media, the philanthropic community, the professional development community that services early learning programs and practitioners, the United Way and any other individual who can assist the Council with the purposes outlined in the state's Executive Order. The ELC is convened at least quarterly to evaluate OCDEL's policies and to offer feedback and recommendations. The ELC contributes to and comments on the plan.

- If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?
  - ☒ Yes
  - ☐ No.
- If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy _____

☐ [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with _____. Check N/A if no Indian Tribes and/or Tribal organizations in the State N/A

☒ State/Territory agency responsible for public education. Describe OCDEL is a dual deputate within Pennsylvania state government. It exists as an agency in both the Pennsylvania Department of Education and the Department of Human Services. OCDEL's work to integrate early learning standards for infants, toddlers and pre-schoolers with those for school-age children is ongoing. Additionally, OCDEL has established a working relationship with the component of public education that serves the needs of the adult learner through Adult Basic Education as a support for family, friend and neighbor

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caregivers striving to meet educational requirements for child care licensure. PDE contributes to and comments on the plan.

☒ State/Territory agency/agencies 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 Section 619 for preschool). Describe The Bureau of Early Intervention Services is one of five Bureaus within OCDEL and actively contributed to the development of the plan.

☒ State/Territory institutions for higher education, including community colleges. Describe Representatives from state institutions of higher education participate in the ELC. As such they contribute to and comment on the plan.

☒ State/Territory agency responsible for child care licensing. Describe The Bureau of Certification Services (Child Care Licensing) is one of five Bureaus within OCDEL and actively contributed to the development of the plan.

☒ State/Territory office/director for Head Start State collaboration. Describe OCDEL is the Pennsylvania's Head Start State Collaboration Office and in that role works collaboratively with the Pennsylvania Head Start Association and Head Start programs. The Association and Head Start grantees are given opportunity to comment on the plan.

☒ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe OCDEL is a federal grantee for the Early Head Start-Child Care Partnership. Fiscal year 2015-2016 is year one of a four-year grant in which OCDEL has sub-contracted with seven organizations to provide services and resources to providers serving infants and toddlers in parts of the state where gaps in services were identified. Early Head Start partners are given opportunity to comment on the plan.

☒ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe OCDEL works collaboratively with staff from the Pennsylvania Department of Education which manages the CACFP for the state. Child care providers participating in the CCDF program are eligible to participate in "the food program"; this includes unregulated or "license exempt" providers serving CCDF children. Representatives from the state's CACFP are given opportunity to comment on the plan.

☒ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe Through the Nurse-Family Partnership Program, the Parent-Child Home Visiting Program and other evidence-based home visiting programs, OCDEL provides information and support to young parents, including information about WIC and the importance of balanced nutrition to a child's healthy development. These groups are given opportunity to comment on the plan.

☐ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____

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☒ State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe OCDEL administers this program in Pennsylvania; this experience actively informs the development of the plan.

☒ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe OCDEL works collaboratively with the Pennsylvania Department of Health (DOH) to insure children in child care and other early learning settings receive periodic screenings and immunizations as recommended by the American Pediatric Association. And through evidence-based home visiting programs, OCDEL provides information and support to young parents, including information about the importance of early screening and immunizations as part of a child's healthy development. This experience actively informs the development of the plan.

☒ McKinney-Vento State coordinators for Homeless Education. Describe OCDEL through PDE is working to further its policies for serving children from families experiencing homelessness. PDE contributes to and comments on the plan.

☒ State/Territory agency responsible for public health. Describe In 2013, OCDEL entered into a collaboration with the Pennsylvania DOH for an intitiave titled "Healthy and Green". Pennsylvania has a rich industrial history. In an effort to improve over-all public health and to identify potential environmental hazards in advance, individuals and organizations seeking to operate a child care facility may contact the Pennsylvania DOH for an assessment of their location before providing services to children. The "Healthy and Green" collaboration with Pennsylvania DOH has helped hundreds of potential providers confirm that their locations are environmentally hazard-free. The initiative is ongoing. DOH is given opportunity to comment on the plan.

☒State/Territory agency responsible for mental health. Describe As an office with Pennsylvania DHS, the Office of Mental Health and Substance Abuse Services (OMHSAS) is given to comment on the plan.

☒ State/Territory agency responsible for child welfare. Describe OCDEL works collaboratively on an ongoing basis with the Office of Children, Youth and Families (OCYF) which has oversight of Child Protective Services in Pennsylvania. OCDEL actively participates in decision-making and policy-setting for child protections, particularly in the area of criminal history clearances for persons having contact with children through employment. OCYF contributes to and comments on the plan.

☐ State/Territory liaison for military child care programs. Describe _____

☒ State/Territory agency responsible for employment services/workforce development. Describe OCDEL has initiated a collaborative relationship with the Department of Community and Economic Development and the Department of Labor & Industry to promote and support greater self-sufficiency for family, friend and neighbor child care providers. Additionally, OCDEL's sub-recipients, the CCISs, work collaboratively with employment and training contractors dedicated to supporting the self-sufficiency efforts of

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TANF families and other families receiving publicly funded assistance. This experience informs the development of this plan.

☒ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe OCDEL works collaboratively with the Office of Income Maintenance (OIM), the office within Pennsylvania's Department of Human Services responsible for managing the TANF program. The offices 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. OIM contributes to and comments on the plan.

☐ State/community agencies serving refugee or immigrant families. Describe _____

☒ Child care resource and referral agencies. Describe OCDEL contracts with local agencies known as the Child Care Information Services (CCISs). CCISs are contracted to provide resource and referral services to all Pennsylvania families, regardless of income, by assisting them with locating care and providing information on the importance of quality early learning programs. CCISs comment on the plan.

☒ Provider groups or associations. Describe OCDEL works with several provider organizations in the state, including Associations for the Education of Young Children, the Pennsylvania Child Care Association (PACCA), the Head Start Association and the Southeast Pennsylvania Early Childhood Coalition (SEPECC) by periodically attending meetings, keeping memberships informed of policies and discussing potential changes in policy and their impacts. These groups have opportunity to comment on the plan.

☐ Labor organizations. Describe _____
☐ Parent groups or organizations. Describe

☒ Other. Describe. OCDEL maintains sub-recipient relationships with organizations known as the Pennsylvania Key and the Regional Keys. There are five Regional Keys in Pennsylvania. The Pennsylvania Key is contracted to provide statewide leadership in the development of an integrated and coordinated system of program quality improvements and professional development supports for early childhood education.

The responsibilities of the Regional Keys include:

- Developing a Regional Quality Improvement Plan for professional development and technical assistance
- Engaging local stakeholders, planning groups, certification representatives, CCIS and CAO representatives, institutes of higher education, United Way organizations, intermediate units, school district representatives, and the community at large in early childhood education initiatives
- Implementing STARS in the region by processing applications, providing information, offering STARS orientation training, assisting providers in the self-study process, and designating providers with a STAR level by determining that they have met all of the STARS performance standards
- Administering early childhood education professional development and technical assistance funds in the region directly and via subcontracts

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- Conducting technical assistance and professional development inventories to determine the region's needs and resources
- Developing credit-bearing offerings and promoting articulation agreements that make it easy for child care professionals to transfer credits from two-year to four-year college
- Developing community leadership to work with and raise the awareness of civic and community leaders to recognize the need for high quality early care and education and school readiness in their communities.

Lastly, OCDEL maintains ongoing relationships with various organizations in the state dedicated to the needs of children and the importance of early learning. These groups have opportunity to comment on the plan.

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

a) Date(s) of notice of public hearing November 25, 2015 **Reminder** - Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice. The plan will be posted November 25, 2015 to commence a 45-day public comment period. The plan will be posted on the DHS website. Notice that the plan has been posted and available for public review/comment will be distributed to external stakeholders and business partners by way of official listserv notifications from OCDEL. Hard copies of the plan will be made available to persons without access to the Internet upon request by calling OCDEL at 717-346-9320.

c) Date(s) of public hearing(s) December 17, 2015 **Reminder** - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed. The public hearing will be three face-to-face meetings offered simultaneously at King of Prussia, Harrisburg and Pittsburgh on December 17, 2015. Those not able to attend in person may submit written comments via email or U.S. mail .

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s). As described at b), the plan will be posted on the Pennsylvania DHS website with advance notification going out to the public and stakeholders. Posting will occur November 25, 2015.

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f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? All comments and questions will be addressed, evaluated and responded to. Recommendations for changes will be evaluated for "broad benefit" (i.e. will the majority of affected parties benefit from the recommendation?) and fiscal impact before being escalated to Department leadership and final decision-making.

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

☒ Working with advisory committees. Describe. Prior to making the plan available for public comment, a phone call with the ELC is planned for November 25, 2015 to make them aware the plan will be posted.

☒ Working with child care resource and referral agencies. Describe OCDEL's Child Care Information Services (CCIS) grantees are informed by special communique that the plan is posted and available for comment.

☒ Providing translation in other languages. Describe OCDEL makes the plan available in Spanish.

☒ Making available on the Lead Agency website. List the website www.dhs.state.pa.us

☐ Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe _____

☒ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe OCDEL notifies stakeholders through listserv distributions, newsletters and official communiques to contracted partners and stakeholders.

☒ Other. Describe OCDEL hosts a workshop at the Early Childhood Education Summit in State College, Pennsylvania every December.

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/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.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe 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 quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which

focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

☒ [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe OCDEL coordinates provision of child care services for children in other early learning programs such as Pennsylvania Pre-K Counts, Early Head Start-Child Care Partnerships and Head Start Supplemental. The child care needs of children participating in these programs are met through maximized use of CCDF, TANF and state funds. Through collaboration with its partners in the City of Philadelphia (the Mayor's office, the Philadelphia School District, the United Way, etc.) OCDEL is seeking to standardize access to all early learning programs in Pennsylvania to make it easier for families to get services. Work on the development of a common application and access process is under review; OCDEL has consulted with the federal Office of Head Start and Office of Child Care in this work.

☐ [REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with _____

☒ Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

☒ [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe Programs providing subsidized child care and other early childhood supports collaborate to address the needs of infants and toddlers with disabilities at the local, regional and state levels. OCDEL's Bureau of Early Intervention Services contracts with county-based early intervention programs to administer the services for children birth to three years of age and contracts with intermediate units, school districts and private agencies for local early intervention/preschool special education for preshoolers from three years of age to school age. Under its Race to the Top grant, OCDEL is developing further strategies to more fully support infants and toddlers, particularly in the area of infant/toddler mental health and social/emotional/behavioral development.

☒ [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe OCDEL has begun discussions with the Department's Office of Social Programs (OSP) to learn more about programs serving the children from homeless families and to determine how OCDEL can provide optimum support to their work. Additionally, coordinates with the Pennsylvania Department of Education, the McKinney Vento coordinator, to remain informed on need for services and to share policy guidance for prioritizing children from families experiencing homelessness.

☒ [REQUIRED] Early childhood programs serving children in foster care. Describe OCDEL collaborates with the Department's Office of Children, Youth and Families 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. Child care programs serving these children must participate in the state's quality rating improvement system, Keystone STARS, at a STAR 3 or 4 level.

☒ State/Territory agency responsible for child care licensing. Describe The Bureau of Certification Services (child care licensing) is one of five bureaus in the Office of Child Development and Early Learning. Certification routinely collaborates with the Bureau of Subsidized Child Care Services, Early Learning Services and Early Intervention Services to insure care and services are being provided in settings meeting the state's health and safety requirements.

☒ State/Territory agency with Head Start State collaboration grant. Describe OCDEL is the Pennsylvania's Head Start State Collaboration Office and in that role works collaboratively with the Pennsylvania Head Start Association and Head Start programs.

☒ State Advisory Council authorized by the Head Start Act. Describe OCDEL maintains an active collaboration with the Head Start State Advisory Council through its work in the Head Start Supplemental programs, Keystone STARS and the recently awarded Early Head Start – Child Care Partnership grants.

☒ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe OCDEL is a federal grantee for the Early Head Start-Child Care Partnership. Fiscal year 2015-2016 is year one of a four-year grant in which OCDEL has sub-contracted with seven organizations to provide services and resources to providers serving infants and toddlers in parts of the state where gaps in services were identified.

☒ McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe OCDEL will be working with its peers in the Pennsylvania Department of Education (PDE) to identify the coordinators for services to homeless families in each of the state's 500 school districts. Through this collaboration, OCDEL will work to identify where these families are and how it can best meet their child care needs as part of their broader plan to secure permanent, stable housing and greated self-sufficiency.

☒ Child care resource and referral agencies. Describe OCDEL has direct, contracted relationships with the Child Care Information Services (CCISs) which are the child care resource and referral agencies in Pennsylvania.

☒ State/Territory agency responsible for public education. Describe OCDEL is a dual deputate within Pennsylvania state government. It exists as an agency in both the Pennsylvania Department of Education and the Department of Human Services. OCDEL's work to integrate early learning standards for infants, toddlers and pre-schoolers with those for school-age children is ongoing. Additionally, OCDEL has established a working relationship with the component of public education that serves the needs of the adult learner through Adult Basic Education as a support for family, friend and neighbor caregivers striving to meet educational requirements for child care licensure.

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☐ State/Territory institutions for higher education, including community colleges. Describe _____

☒ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe OCDEL works collaboratively with staff from the Pennsylvania Department of Education which manages the CACFP for the state. Child care providers participating in the CCDF program are eligible to participate in "the food program"; this includes unregulated or "license exempt" providers serving CCDF children.

☒ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe Through evidence-based home visiting programs such as the Nurse-Family Partnership Program, OCDEL provides information and support to young parents, including information about WIC and the importance of balanced nutrition to a child's healthy development.

☐ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____

☒ State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe OCDEL administers this program in Pennsylvania.

☒ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe OCDEL works collaboratively with the Pennsylvania Department of Health (DOH) to insure children in child care and other early learning settings receive periodic screenings and immunizations as recommended by the American Pediatric Association. And through evidence-based home visiting programs, OCDEL provides information and support to young parents, including information about the importance of early screening and immunizations as part of a child's healthy development.

☒ State/Territory agency responsible for public health. Describe In 2013, OCDEL entered into a collaboration with the Pennsylvania DOH for an intitiave titled "Healthy and Green". Pennsylvania has a rich industrial history. In an effort to improve over-all public health and to identify potential environmental hazards in advance, individuals and organizations seeking to operate a child care facility may contact the Pennsylvania DOH for an assessment of their location before providing services to children. The "Healthy and Green" collaboration with Pennsylvania DOH has helped hundreds of potential providers confirm that their locations are environmentally hazard-free. The initiative is ongoing.

☐ State/Territory agency responsible for mental health. Describe _____

☒ State/Territory agency responsible for child welfare. Describe OCDEL works collaboratively on an ongoing basis with the Office of Children, Youth and Families (OCYF) which has oversight of Child Protective Services in Pennsylvania. OCDEL actively participates in decision-making and policy-setting for child protections, particularly in the area of criminal history clearances for persons having contact with children through employment.

☐ State/Territory liaison for military child care programs. Describe _____

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☒ State/Territory agency responsible for employment services/workforce development. Describe OCDEL has initiated a collaborative relationship with the Department of Community and Economic Development and the Department of Labor & Industry to promote and support greater self-sufficiency for family, friend and neighbor child care providers. Additionally, OCDEL's sub-recipients, the CCISs, work collaboratively with employment and training contractors dedicated to supporting the self-sufficiency efforts of TANF families and other families receiving publicly funded assistance.

☒ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe OCDEL works collaboratively with the Office of Income Maintenance (OIM), the office within Pennsylvania's Department of Human Services responsible for managing the TANF program. The offices 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.

☐ State/Territory community agencies serving refugee or immigrant families. Describe _____

☒ Provider groups or associations. Describe OCDEL works with several provider organizations in the state, including the Pennsylvania Child Care Association (PACCA), the Head Start Association and the Southeast Pennsylvania Early Childhood Coalition (SEPECC) by periodically attending meetings, keeping memberships informed of policies and discussing potential changes in policy and their impacts.

☐ Labor organizations. Describe _____

☐ Parent groups or organizations. Describe _____

☒ Other. Describe. OCDEL maintains sub-recipient relationships with organizations known as the Pennsylvania Key and the Regional Keys. There are five Regional Keys in Pennsylvania. The Pennsylvania Key is contracted to provide statewide leadership in the development of an integrated and coordinated system of program quality improvements and professional development supports for early childhood education.

The responsibilities of the Regional Keys include:

- Developing a Regional Quality Improvement Plan for professional development and technical assistance
- Engaging local stakeholders, planning groups, certification representatives, CCIS and CAO representatives, institutes of higher education, United Way organizations, intermediate units, school district representatives, and the community at large in early childhood education initiatives
- Implementing STARS in the region by processing applications, providing information, offering STARS orientation training, assisting providers in the self-study process, and designating providers with a STAR level by determining that they have met all of the STARS performance standards
- Administering early childhood education professional development and technical assistance funds in the region directly and via subcontracts

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- Conducting technical assistance and professional development inventories to determine the region's needs and resources
- Developing credit-bearing offerings and promoting articulation agreements that make it easy for child care professionals to transfer credits from two-year to four-year college
- Developing community leadership to work with and raise the awareness of civic and community leaders to recognize the need for high quality early care and education and school readiness in their communities.

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs 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, homeless children, 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 in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high 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 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 or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) 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 the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

☒ Yes. If yes, describe at a minimum:

- How do you define "combine" OCDEL combines funds by blending multiple funding streams.

- Which funds will you combine Funds that are combined consist of Temporary Assistance to Needy Families (TANF), Social Services Block Grant (SSBG) and state funds.
- Goal(s) of combining funds (why?) and expected outcomes, 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 The primary goal of combining funds is to maximize services to families and children. Combining funding allows dollars to be shifted to support demand in one or more of the subsidized child care components – TANF, Former TANF and Low Income – and affords more "fluidity" of funds to minimize the time a family spends on the waiting list. Combining funding also serves the purpose of maximizing services for children participating in Head Start, Early Head Start and Pennsylvania's Pre-K Counts program.
- Method of fund allocation (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 Department of Human Services' budget and the U.S. Department of Health and Human Services, the Administration for Children and Families (CCDF appropriation). This master coding sheet is used to load allocation information into the technology systems that supports Pennsylvania's CCDF program, PELICAN or Pennsylvania's Enterprise to Link Information about Children across Networks.
- How are the funds tracked and method of oversight Funds are tracked with the aid of PELICAN's automated accounting system for sub-recipient and provider payments. PELICAN allocates expenditures to appropriate funding sources based on the pre-loaded information for each sub-recipient. 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/grant management and fund accounting.

☐ No

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P))

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ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

OCDEL partners with various organizations within state government, at regional and local levels and with representatives from the non-profit and private sectors. The primary partnerships are with the Early Learning Council and the Early Learning Investment Council.

The Early Learning Council

Created with the issuance of the Governor's Executive Order 2008-07, the primary purpose of the Early Learning Council (ELC) is to plan for the expansion of effective early learning and development services for young children and their families, and to make recommendations to ensure the plans are implemented successfully. The Council is also responsible for coordinating the delivery of federal and commonwealth programs designed to serve young children from pre-natal through their entry into school through third grade and to ensure a smooth transition for those children. The ELC is composed of representatives from a cross-sector of disciplines.

The Early Learning Investment Council

Founded in 2007, the Early Learning Investment Council (ELIC) provides an ongoing forum to educate and engage business leaders as knowledgable, effective advocates and to improve public sector investment in quality early learning.

As outlined at Section 1.4, OCDEL coordinates a significant portion of its work with other state agencies and county and local authorities. In furtherance of this, OCDEL has initiated collaborations with the Department of Community and Economic Development, the Department of Labor & Industry and provider organizations such as Pennsylvania Child Care Association (PACCA) to discuss the educational and financial resources available to child care providers, particularly friend and neighbor and family child care home operators who will be required to come into to compliance with health and safety standards in order to receive CCDF funds. In establishing this requirement, OCDEL will work with these organizations to afford these groups access to services and supports.

1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) 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 (also see section 7.4). If they

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do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

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

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

☒ Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

☒ Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs. OCDEL contracts with CCIS agencies to administer the subsidized child care program and provide resource and referral services. Each CCIS agency submits a proposal explaining how each aspect of the program will be managed, including resource and referral services. In addition, OCDEL has developed a policy handbook, including a chapter on resource and referral, which defines the services that must be provided. Examples of services include responding to a family's need for information on how to locate and choose child care that best meets the needs of the family; maintaining consumer education materials and educate clients of the

benefits of quality care and its relationship to positive child development; informing clients about and refer clients to all OCDEL programs, such as Keystone STARS, PA Pre-K Counts, Early Intervention, and Head Start; training staff to assess a family's needs/wants for child care. Based on education, experience and training, staff is expected to have an understanding of child development, quality child care characteristics, types of care and the Keystone STARS program. Examples also include encouraging clients to become familiar with the legal requirements of a regulated child care program and encourage clients to visit regulated child care programs, observe child care activities and use the steps and checklists provided, before choosing a setting for their child(ren); collecting data and provide information on the supply of and demand for child care services in local areas or regions of the state/territory and submit such information to the state/territory; ensuring staff is knowledgeable of local community and state services that may benefit families served; maintaining information on how to file a complaint online or with OCDEL's Regional Child Care Office regarding a child care provider. The staff will 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 https://www.pelican-t.state.pa.us/PPCSPublicFacing/PublicInterface/ComplaintsAndIncidents/PFZIP.aspx. Provision of resource and referral services also includes using COMPASS to gather and record information on family requests and referrals for child care and supplying clients with information on how to obtain copies of relevant DPW regulations for child care providers, upon request. These include regulations at 55 Pa Code:

Chapter 168 – Child Care at
http://www.pacode.com/secure/data/055/chapter168/chap168toc.html

Chapter 3041 – Subsidized Child Day Care Eligibility at

http://www.pacode.com/secure/data/055/chapter3041/chap3041toc.html

Chapter 3270 – Child Day Care Centers at

http://www.pacode.com/secure/data/055/chapter3270/chap3270toc.html

Chapter 3280 – Group Child Day Care Homes at

http://www.pacode.com/secure/data/055/chapter3280/chap3280toc.html

Chapter 3290 – Family Child Day Care Homes at

http://www.pacode.com/secure/data/055/chapter3290/chap3290toc.html

Provision of resource and referral services also includes:

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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 http://www.dhs.state.pa.us/provider/childwelfareservices/childlineandabuseregistry/

Coordinatinig services with other state programs in the child care system, such as the Regional Keys, OCDEL Regional Offices, County Assistance Offices, EARN Centers, and Employment & Training Offices.

Coordinating R&R services with other local community organizations and groups concerned with improving the quality and capacity of child care services. The CCIS will make every effort to support, not duplicate, services in the local community.

☐ No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

☒ Fully implemented and meeting all Federal requirements outlined above. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan Pennsylvania child care regulations require that each child care provider has an emergency plan that provides for shelter of children during an emergency including shelter in place at the facility and shelter at locations away from the facility premises, a method to evacuate children from the facility building to a location away from the premises, a method for facility

persons to inform parents as soon as reasonably possible when an emergency situation arises and a method for facility persons to inform parents that the emergency has ended and to provide instructions as to how parents can safely be reunited with their children. The operator shall review the emergency plan at least annually and update the plan as needed. Each facility person shall receive training regarding the emergency plan at the time of initial employment, on an annual basis and at the time of each plan update. The operator shall send a copy of the emergency plan and subsequent updates to the county emergency management agency. Pennsylvania has also issued guidance on minimum regulatory requirements that must be met by facilities temporarily relocated due to an emergency. Pennsylvania has a county emergency management agency in each of the 67 counties. Each agency authors their emergency preparedness plan. There is a statewide protocol through PEMA to manage situations in which a child care facility must relocate all or part of its operation due to an emergency. Pennsylvania has the ability to continue services to CCDF families during an emergency. A link to the plan is not available.

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity _____

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2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
    a) the availability of child care assistance,
    b) the quality of child care providers (if available),
    c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
    d) Individuals with Disabilities Education Act (IDEA) programs and services,
    e) Research and best practices in child development, and
    f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:

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a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
b) Aggregate annual information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services. (658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

The Subsidized Child Care program is administered by 42 Child Care Information Services (CCIS) agencies in a county, several counties or geographical areas in Pennsylvania. CCIS offices are the hub for child care information and assistance. CCIS offices assist families with their child care needs through two main services. The Resource and Referral Program helps families locate quality child care and early learning programs, including how to select a quality child care or early learning program, and Child Care Works helps eligible families pay for a portion of their child care expenses. CCIS offices provide help with completion of an application to families interested in help paying for their child care services. CCIS offices also help families to obtain personalized referrals to child care and early learning programs based on the needs or preferences identified by those families.

CCIS offices identify families in their communities through general outreach activities, which includes media campaigns; participation in local job fairs; meetings with parents, child care and early learning program representatives, school districts, the local County Assistance Office (CAO), employment and training programs, government agencies and organizations, community advocates and other community-based organizations; and hosting educational presentations within the community. CCIS offices also use local needs assessment tools; information obtained from various community meetings or gatherings hosted by community partners; and data obtained from a variety of reports to identify potentially eligible families.

The Commonwealth's Access to Social Services (COMPASS) website is another hub of information regarding the Department of Human Services' social service programs and benefits. A family can complete a few questions to "screen" for potential eligibility for certain social service benefits, including child care. A family can also complete and submit

an online application for subsidized child care and other benefits, then track the progress of the pending application.

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

- CCIS offices work with the following types of local partners that help with outreach:
  - Child care and early learning program representatives
  - School districts
  - Local CAO
  - Employment and training programs
  - Government agencies and organizations such as Domestic Relations and the Women, Infants and Children (WIC) offices, etc
  - Community advocates
  - Community-based organizations such as local Young Women's Christian Association (YWCA) and local food banks
  - Local libraries
  - College campuses
  - Faith-based organizations

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?

CCIS offices use targeted advertising to promote the Resource and Referral and Child Care Works via media campaigns, local websites, newspapers, job fairs or other community events.

2.1.2 How can parents apply for services? Check all that apply.

☒ Electronically via online application, mobile app or email. Provide link https://www.compass.state.pa.us/Compass.Web/public/cmphome

☒ In-person interview or orientation. Describe agencies where these may occur In-person interviews may occur at one or more of the following types of agencies, depending upon each CCIS office's business practices:

- CCIS office
- Library
- Employment and Training office
- CAO
- Community College

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☒ Phone

☒ Mail

☒ At the child care site

☒ At a child care resource and referral agency

☒ Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe Some community partners, such as local libraries or the CAO, allow CCIS staff to use kiosks or desktops with parents or caretakers to help with the application process via COMPASS using the following URL:

https://www.compass.state.pa.us/Compass.Web/public/cmphome

☒ Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe.

The Commonwealth's Access to Social Services (COMPASS) website is another hub of information regarding the Department of Human Services' social service programs and benefits. A family can complete a few questions to "screen" for potential eligibility for certain social service benefits, including child care.

A family can also complete and submit an online application for subsidized child care and other benefits, then track the progress of the pending application. Families can apply for any or all of the following benefits:

- Child Care Works
- Health Care Coverage (CHIP, Medical Assistance, Health Insurance Marketplace)
- Supplemental Nutrition Assistance Program (Food Stamps)
- Free or Reduced Price School Meals
- Cash Assistance (TANF or General Assistance)
- Long Term Living Services
- Intellectual Disabilities Services (non-Medical Assistance)
- Consolidated Waiver for Individuals with Intellectual Disabilities
- Person/Family Directed Support(P/FDS) Waiver for Individuals with Intellectual Disabilities
- Low-Income Home Energy Assistance Program (LIHEAP)

☒ Other strategies. Describe.

The Office of Child Development and Early Learning (OCDEL), Bureau of Subsidized Child Care Services (BSCCS), is currently working on piloting a consolidated application in Philadelphia, which will allow a parent or caretaker to apply for all benefits related to early education programs and child care services available through OCDEL. The consolidated application will allow a parent or caretaker to apply for any or all of the following services:

- Subsidized Child Care

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- Pre-K Counts
- Head Start
- Early Head Start
- Early Intervention

2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

☒ Yes. The State/Territory certifies that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.8 below.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text

responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access.

a) Describe how the State/Territory makes information about the full diversity of child care services available to parents of eligible children, providers and the general public. COMPASS is Pennsylvania's website that explains what resources and social services are available in Pennsylvania. COMPASS allows individuals and families to apply for social service benefits, including subsidized child care. Provider Search, a link on the COMPASS website, allows parents/caretakers and CCIS agencies to search for child care providers and early learning programs. The search can be done using a variety of criteria, so the parent/caretaker can find a child care provider or early learning program that meets their needs. Examples of the search criteria include:

- Provider Type (Center, Group, Family)
- Languages Spoken, Taught and Supported
- Special Accommodations (such as administering medications or experience with asthma, seizures, etc.)
- Environments (such as peanut free, secure access, accessible for persons with disabilities, etc.)
- Transportation (such as bus, train subway, trolley)

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- Schedule (such as hours of operation, additional activities provides, and meal options)
- Programs (such as Kindergarten, faith based organization, etc.)
- Keystone STARS level, including quality designation

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)
Many of the resource and referral materials that the CCIS agency provides to parents/caretakers are available in Spanish, as well as English. The CCIS agency uses a teleconference interpreting service, such as Language Line, to communicate with parents and caretakers who speak a different language. CCIS agencies in areas where large numbers of the general public speak a language other than English will employ bilingual caseworkers or staff or have interpreters available. CCIS agencies post community resources and services in their waiting rooms and offices, making the information readily available to parents/caretakers.

c) Describe who you partner with to make information about the full diversity of child care choices available.
OCDEL contracts with CCIS agencies, social service agencies and community-based organizations to provide resource and referral services to the general public.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

a) Describe how the State/Territory makes information about child care quality available to parents of eligible children, providers and the general public.
- Keystone STARS facilities at STAR 1 or higher must provide families with information regarding public, social and community services (which includes information about early intervention, mental health services and subsidized child care).
- COMPASS Provider Search clearly displays the STAR level of each child care provider participating in the STARS program. If a child care provider does not participate, no STARS will be displayed. When displaying the child care providers that meet the criteria of the search, the first six providers shown will be STARS providers. A search can be done specifically for providers at a certain STAR level. The CCIS agency has pamphlets and materials developed by OCDEL's Bureau of Early Learning Services, who oversees the STARS program, to give to parents/caretakers and used as a tool for discussion about quality child care.
- PA Promise for Children is a website dedicated to helping providers and families understand the importance of quality child care. The website includes information on child development and how to choose quality child, as well as other important resources for families such as finding help to pay for child care, food programs and other community resources. http://papromiseforchildren.com/

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.).
CCIS agencies provide resource and referral information to educate parents on how to choose child care and how to identify quality child care. The CCIS conducts a face-to face

meeting with the parent and provides written information to help promote informed choices. CCIS resource and referral services are available to all parents including parents that do not receive CCDF assistance. CCIS agencies give parents who request help with finding a provider, provider lists based on the parent's stated needs. Parents can also conduct online provider searches at: https://www.compass.state.pa.us/compass.web/ProviderSearch/pgm/PSWEL.aspx

c) Describe who you partner with to make information about child care quality available. Both CCIS agencies and Regional Keys share responsibility in promoting quality in child care and early learning. The CCIS agencies are tasked with making sure parents/caretakers know and understand what to look for in quality child care through resource and referral. The Regional Keys designate child care and early learning programs at the appropriate STAR level through the quality improvement and rating system.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

a) Temporary Assistance for Needy Families (TANF) Parents may use the Department's public portal COMPASS to apply for benefits. The CCIS agencies also provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also 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 The CCIS agencies provide information on how to apply for Head Start and Early Head Start directly to potentially eligible families and also provide information about local enrollment opportunities for their children.

c) Low Income Home Energy Assistance Program (LIHEAP) Parents may use the Department's public portal COMPASS to apply for benefits. The CCIS agencies also provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the publicSupplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps).

d) Women, Infants, and Children Program (WIC) The CCIS agencies provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the public.

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e) Child and Adult Care Food Program (CACFP Parents may use the Department's public portal COMPASS to apply for benefits. The CCIS agencies also provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the public.

f) Medicaid Parents may use the Department's public portal COMPASS to apply for benefits. The CCIS agencies also 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. CCISs ask families if they have health insurance for their children and provide families with flyers about CHIP and Medicaid. CCISs also post community resources and services in office waiting rooms making the information readily available to the public.

g) Children's Health Insurance Program (CHIP) Parents may use the Department's public portal COMPASS to apply for benefits. The CCIS agencies also 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. CCISs also post community resources and services in office waiting rooms making the information readily available to the public.

h) Individuals with Disabilities Education Act (IDEA) Information Early Intervention supports and services are designed to meet the developmental needs of children with a disability as well as the needs of the family related to enhancing the child's development in one or more of the areas of physical development, including vision and hearing; cognitive development; communication development; social and emotional development and adaptive development. Parents who have questions about their child's development may contact the Department's CONNECT Helpline. The CONNECT Helpline assists families in locating resources and providing information regarding child development for children ages birth to five. In addition, CONNECT assists parents by making a direct link to their county early intervention program or local preschool early intervention program. Under the current Race to the Top grant, the family/consumer education provided through CONNECT will be expanded to a web presence and will also expand to meet the requirements of the CCDBG. All local early intervention (birth to five) programs are required to engage in community outreach and child find initiatives to insure that parents of infants, toddlers and preschool-age children have access to early intervention services. Local school districts are responsible for assuring special education services for children, kindergarten through age 21. All school districts engage in child find initiatives to insure that families have access to early intervention services.

i) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten) The CCIS agencies provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the public. For

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PreK Counts and other early learning programs, CCISs provide information directly to potentially eligible families about local enrollment opportunities for their children.

j) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

The CCIS agencies provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the public. Referrals for Maternal, Infant and Early Childhood Home Visiting programs may be obtained from one of 32 state-funded family centers in Pennsylvania.

"Pennsylvania's Promise for Children" website at http://papromiseforchildren.com/ace also provides information to families on the importance of early learning on a child's healthy development, available resources and a Child Care "GPS" intended to supplement the information available at the Department's COMPASS website.

Also, under its Race to the Top-Early Learning (RTTT) Challenge grant funding, OCDEL is developing a family friendly, easily accessible portal for resource and referral information. The portal that is currently under development will meet requirements of both the RTTT grant and the Block Grant reauthorization by linking consumers to the required elements in three clicks or less. It is not designed as a website that will house data elements or provide consumers with the ability to apply for benefits/programming; rather it will link to websites (such as Compass and Pennsylvania's Promise for Children) which have that capacity. OCDEL's original intent was to call this website, "CONNECT", which is the branded name for the resource and referral phone number for Early Intervention. However, in recent months the Department of Human Services has announced that it is developing a consumer website for Pennsylvanian's with that same name, "CONNECT". As part of Phase 1 implementation which will begin by January 1, 2016, OCDEL will conduct consumer focus groups for feedback on name identification, ease of access, and semantics. The work with focus groups will help identify a name and subsequent search criteria for this website that is meaningful for Pennsylvania consumers. Final implementation is scheduled for December 31, 2017.

Lastly, OCDEL is working with IT contractors to significantly improve the provider search functionality of the COMPASS website. COMPASS can be used to apply for health care coverage (CHIP, Medical Assistance, Health Insurance Marketplace); Supplemental Nutrition Assistance Program; free or reduced price school meals; cash assistance; subsidized child care assistance; Long Term Living Services; Intellectual Disabilities Services (non-Medical Assistance); Consolidated Waiver for Individuals with Intellectual Disabilities; and Person/Family Directed Support(P/FDS) Waiver for Individuals with Intellectual Disabilities With specific regard to using COMPASS to find child care, parents will be able to locate information on early learning programs, including inspection results for child care facilities, using the improved website as well as a new mobile application for use on smart phones. The improved search will:

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- Return all early learning programs and providers that meet the search criteria (i.e. previously had a limit on the volume that would be returned in the results)
- Provide directions and mapping access to program and provider locations
- Enable users to sort and filter their search results
- Provide an on-screen tutorial to quickly show users how to use certain key features/functionality, tool tips and other on-screen guidanc
- Optimize search engine use
- Use a simple and relevant URL/web address
- Create ability for users to share, print and potentially save search results

Lastly, CCIS agencies provide information on many supportive community resources such as the local County Assistance Offices and Health Department and clinics; immunization information; food banks and nutrition information; housing; legal resources; employment and Training Programs; Mental Health Intellectual Disability services; Child Protective Services; Domestic Abuse Hotlines; Federal and State tax credit and assistance programs and local Child Care funding programs.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

a) Temporary Assistance for Needy Families (TANF) Providers may use the Department's public portal COMPASS to apply for benefits. The CCIS agencies also provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the public. OCDEL collaborates with the Office of Income Maintenance (OIM) and the Department of Health, in conjunction with OIM's sub-recipients, to disseminate information regarding TANF, LIHEAP, SNAP, WIC, CACFP, Medicaid and CHIP benefits. The OIM's sub-recipients provide written and verbal information to parents and caretakers, as well as help them to apply for benefits. In some instances, the OIM's sub-recipients directly apply for benefits on behalf of parents and caretakers through an online portal designed specifically for this purpose. The lead agency and OIM provide brochures, pamphlets, posters, inserts, palm cards and handbooks related to TANF benefits and other benefits available through the Department. The OIM's sub-recipients are community-based agencies, organizations, coalitions, hospitals, church groups, sponsors of the National School Lunch Program (NSLP) or other groups that wish to help Pennsylvanians obtain information and/or submit applications for health and human services. The OIM's sub-recipients use the following link to "Login" and/or "Register" to use a portal through COMPASS for this purpose. Community Partner Login/Registration

b) Head Start and Early Head Start Programs Providers may refer families to the CCIS agencies provide information on how to apply for benefits and on community resources where

parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the public. For Head Start and Early Head Start, CCISs provide information directly to potentially eligible families about local enrollment opportunities for children.

c) Low Income Home Energy Assistance Program (LIHEAP) Providers may refer families to use the Department's public portal COMPASS to apply for benefits. The CCIS agencies also provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the public.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) Providers may refer parents to the Department's public portal COMPASS to apply for benefits. The CCIS agencies also provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the public.

e) Women, Infants, and Children Program (WIC) Providers may refer parents to the CCIS agencies; CCISs provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the public.

f) Child and Adult Care Food Program (CACFP) Providers may refer parents to the Department's public portal COMPASS to apply for benefits. The CCIS agencies also provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the public.

g) Medicaid Providers may refer parents to the Department's public portal COMPASS to apply for benefits. The CCIS agencies also 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. CCISs also post community resources and services in office waiting rooms making the information readily available to the public.

h) Children's Health Insurance Program (CHIP) Providers may refer parents to the Department's public portal COMPASS to apply for benefits. The CCIS agencies also provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the public.

i) Individuals with Disabilities Education Act (IDEA) Providers may refer parents to Early Intervention which provides services designed to meet the developmental needs of children with a disability as well as the needs of the family related to enhancing the child's development in one or more of the areas of physical development, including vision and hearing; cognitive development; communication development; social or emotional

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development and adaptive development. Parents who have questions about their child's development may contact the Department's CONNECT Helpline. The CONNECT Helpline assists families in locating resources and providing information regarding child development for children ages birth to age 5. In addition, CONNECT assists parents by making a direct link to their county early intervention program or local preschool early intervention program. Under the current Race to the Top grant, the family/consumer education provided through CONNECT will be expanded to a web presence and will also expand to meet the requirements of the CCDBG. All local early intervention (birth to five) programs are required to engage in community outreach which includes providers of child care and other services for young children and their families as an element of the child find initiatives to insure that parents of infants, toddlers and preschool age children have access to early intervention services. Local school districts are responsible for assuring special education services for children, kindergarten through age 21. All school districts engage in child find initiatives and public notice activities to insure that families have access to early intervention and special education. These child find initiatives include communication and participation from local providers of early childhood education and care.

j) Other State/Federally Funded Child Care Programs (example-State Pre-K) Providers may refer parents to the CCIS agencies which provide information on how to apply for benefits and on community resources where parents can find more information. CCISs also post community resources and services in office waiting rooms making the information readily available to the public. For Pre K Counts and other early learning programs, CCISs provide information directly to potentially eligible families about local enrollment opportunities for their children. Information is also available

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) OCDEL, in partnership with the Pennsylvania Key and Berks County Intermediate Unit, disseminates information regarding the Head Start and Early Head Start programs. The lead agency, the Pennsylvania Department of Education, the Pennsylvania Key and the Berks Count Intermediate Unit provide information via brochures, pamphlets, posters, inserts, palm cards and handbooks.

In addition, in December 2014, the US Department of Health and Human Services (HHS), Administration for Children and Families (ACF) awarded Early Head Start-Child Care (EHS-CC) Partnership grants totaling $15.4M/year, for four years, to eight entities in Pennsylvania. Grants funded under this opportunity were awarded with a primary goal of developing partnerships between Early Head Start agencies and local child care to increase the quality of child care, enhance staff development, and strengthen community partnerships. In PA, eight grantees were awarded 965 slots. OCDEL, one of the eight federal grantees, received $5.5M per year to provide services to 368 slots for low-income, at-risk children and their families.

OCDEL in partnership with the local education agencies, disseminates information regarding IDEA via brochures, pamphlets, posters, inserts, palm cards and handbooks.

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OCDEL collaborates with the Pennsylvania Key to disseminate information regarding the Pennsylvania Pre-K Counts program via brochures, pamphlets, posters, inserts, palm cards and handbooks.

Additional information about available human services programs is made available to providers through:

COMPASS, which allows the general public to apply for social services, is also a good resource for explaining what programs and services are available. Providers can use this website to obtain information about what is available for the families they service or can refer families who may need services to COMPASS. https://www.compass.state.pa.us/Compass.Web/public/cmphome

PA Promise for Children is a website dedicated to helping providers and families understand the importance of quality child care. The website includes information on child development and how to choose quality child, as well as other important resources for families such as finding help to pay for child care, food programs and other community resources. http://papromiseforchildren.com/

Provider Self-Service (PSS) – Allows providers to apply for or renew child care licensing, submit CCIS online attendance invoices and update provider profiles. PSS also provides a "Resources" link which gives providers easy access to helpful information. https://www.pelican.state.pa.us/provider/default.aspx?TYPE=33554433&REALMOID=06-ccc2a1cb-0683-440f-bfa6-cad042af12ba&GUID=1&SMAUTHREASON=0&METHOD=GET&SMAGENTNAME=-SM-zdPPVV8hBC%2fBg9RBfIyA54xgV3z2X5F2ZHfALp%2bjCETqhd4Go8CjczHWAPpqE6u7&TARGET=-SM-https%3a%2f%2fwww%2epelican%2estate%2epa%2eus%2fprovider%2fui%2fhome%2easpx#

OCDEL is currently developing a website that will be a "one stop shop" to finding any kind of resources and services in Pennsylvania. This website is expected to be up and running in 2016.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to parents of eligible children, providers and the general public OCDEL's Bureau of Early Learning Services and the PA Key have developed materials on stages of child development, transitioning, best practices in child development, activities, etc. that are promoted and available to parents/caretakers. Parents may call the Connect Hotline. Parents are also directed to the following websites:

- Department of Human Services at www.dhs.state.pa.us
- Department of Education at www.pde.state.pa.us
- Early Intervention Techical Assistance at http://www.eita-pa.org/

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) OCDEL provides publications, materials and comprehensive information on public websites. Direct communication through the CCIS agencies, Certification staff and Regional Key staff also facilitates sharing of these materials. Pennsylvania's Promise to Children website at http://papromiseforchildren.com is another resource.

c) Describe who you partner with to make information about research and best practices in child development available. OCDEL partners with the Pa Key.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents The ECMH Consultation Program is a child-specific consultative model which addresses the social-emotional development of young children within their early care and education (ECE) program. Services are provided at the request of the director or teacher and with the permission of the child's parent or guardian. The program includes an array of customized services that are based on the Pyramid Model for Promoting the Social Emotional Competence of Young Children (Center on the Social-Emotional Foundations for Early Learning). Early Childhood Mental Health (ECMH) Consultation is designed to assist early care and education programs in meeting the social and emotional needs of children who exhibit challenging behaviors in the classroom. The project goals are:

- Reduce the number of children expelled from early care and education settings due to behavioral issues
- Increase understanding of social and emotional development and its impact on educational success
- Link and bridge systems and services on behalf of a child, family and program Information is available at the Pa Key's website at https://www.pakeys.org/pages/get.aspx?page=Programs_ECMH

ii. Providers The ECMH Consultation Program is a child-specific consultative model which addresses the social-emotional development of young children within their early care and education (ECE) program. Services are provided at the request of the director or teacher and with the permission of the child's parent or guardian. The program includes an array of customized services that are based on the Pyramid Model for Promoting the Social Emotional Competence of Young Children (Center on the Social-Emotional Foundations for Early Learning). Early Childhood Mental Health (ECMH) Consultation is designed to assist early care and education programs in meeting the social and emotional needs of children who exhibit challenging behaviors in the classroom. The project goals are:

- Reduce the number of children expelled from early care and education settings due to behavioral issues
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- Link and bridge systems and services on behalf of a child, family and program Information is available at the Pa Key's website at https://www.pakeys.org/pages/get.aspx?page=Programs_ECMH

iii. General public The ECMH Consultation Program is a child-specific consultative model which addresses the social-emotional development of young children within their early care and education (ECE) program. Services are provided at the request of the director or teacher and with the permission of the child's parent or guardian. The program includes an array of customized services that are based on the Pyramid Model for Promoting the Social Emotional Competence of Young Children (Center on the Social-Emotional Foundations for Early Learning). Early Childhood Mental Health (ECMH) Consultation is designed to assist early care and education programs in meeting the social and emotional needs of children who exhibit challenging behaviors in the classroom. The project goals are:

- Reduce the number of children expelled from early care and education settings due to behavioral issues
- Increase understanding of social and emotional development and its impact on educational success
- Link and bridge systems and services on behalf of a child, family and program Information is available at the Pa Key's website at https://www.pakeys.org/pages/get.aspx?page=Programs_ECMH

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available OCDEL partners with Early Intervention Services, the Department of Education and the Pennsylvania Key to make information on children's social-emotional/behavioral and early childhood mental health.

c) Does the State have a written policy regarding preventing expulsion of:

☒ Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?

☒ Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you

provide, how you provide and any partners used) and provide a link OCDEL will be issuing Announcement #15-01 "Reduction of Expulsion and Suspension in Early Childhood Programs in Pennsylvania" to parents, providers and other stakeholders after final review and approval. Projected date of issuance is no later than November 1, 2015.

☐ No.

☒ School-age children from programs receiving child care assistance?

☒ Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link OCDEL will be issuing Announcement #15-01 "Reduction of Expulsion and Suspension in Early Childhood Programs in Pennsylvania" to parents, providers and other stakeholders after final review and approval. Projected date of issuance is no later than November 1, 2015.

☐ No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) 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 section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

☒ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency policy citation(s) and: 55 Pa Code 3270.131 (d)(8); 3280.131 (d)(8); 3290.131 (d)(8)

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened. Screening is required in PA's Head Start, PA Pre-K Counts and at Keystone STAR 2, STAR 3, and STAR 4 providers. Pennsylvania allows programs to use any valid and reliable screening tool. However, "Ages & Stages Questionnaire™ and "Ages & Stages SE™ are supported through professional development, technical assistance supports, and reduced priced materials. The "Ages & Stages Questionnaire™ tool is being used cross sector in Pennsylvania and

has been adopted by the Office of Children, Youth and Families for use when a child is seen in the program.

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays Professional development is provided to practitioners on the use of the tool and how to determine if follow-up support services are needed. Practitioners participating in Keystone STARS are eligible to receive early childhood mental health services. Practitioners are also made aware of early intervention services which are housed in OCDEL. The "Ages and Stages" questionnaire is available on the Pa Key's website at https://www.pakeys.org/private/net/docs/1/Ages%20and%20Stages%20Appendix%2011a.pdf.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward completion implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint A parental complaint is substantiated when regulatory noncompliance is verified.

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format) All substantiated complaints and inspections of child care centers, group and family child care homes are maintained in the Certification Licensing System-(CLS) which is an electronic database made available to the public online. The information can be accessed via an online web-based provider search. Substantiated parental complaints have been maintained electronically since 2008. The CCIS enters complaint information about a relative/neighbor provider into the comment section of PELICAN Child Care Works (CCW). The CCIS does not refer families to relative/neighbor providers and does not make relative/neighbor complaint information available to the public.

c) How does the State/Territory make substantiated parental complaints available to the public on request OCDEL shares information regarding substantiated complaints both verbally, electronically and in paper form to the public upon request.

d) Describe how the State/Territory defines and maintains complaints from others about providers Complaints regarding allegations of regulatory noncompliance are entered in the CLS electronic database. After the investigation is complete the finding is documented and the status is maintained in the electronic database.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

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

☒ Informational materials in non-English languages

☐ Training and technical assistance in non-English languages

☒ Website in non-English languages

☒ Lead Agency accepts applications at local community-based locations

☒Bilingual caseworkers or translators available

☐ Bilingual outreach workers

☐ Partnerships with community-based organizations

☐ Other _____

☐ None

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2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages Paper applications, the COMPASS website for online applications, eligibility notices, the parent handbook, informational brochures on quality child care, and all other correspondences generated through the IT system are available in Spanish. The CCIS agencies have contracts with the Language Line or a comparable language service to provide oral translations in other languages. CCIS agencies located in areas with large populations of persons with limited English proficiency also hire staff that are fluent in other languages.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

☒ Fully implemented and meeting all Federal requirements outlined above. Provide the link to the website www.compass.state.pa.is/compass.web/ProviderSearch/pgm/PSWEL.aspx and describe how the consumer education website meets the requirements to:

a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe Information regarding the date of the inspection, the licensing history, including violations and sanctions against a provider, are obtained on the COMPASS website at: www.compass.state.pa.is/compass.web/ProviderSearch/pgm/PSWEL.aspx
b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Information on becoming a child care provider, licensing requirements and regulations is online and obtained by searching: www.dhs.state.pa.us/provider/earlylearing/index.htm. Another website that provides this information is Pennsylvania's Promise for Children at www.papromise.com.

c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Information is online at www.dhs.state.pa.us/provider/earlylearning/earlylearningproviderrequirements/index.htm. This site includes information about orientations for new or potential child care providers.

d) Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings Aggregate Information on the number of substantiated child abuse cases in child care settings is made available to the public via the child welfare report that is published annually and available at http://www.dhs.state.pa.us/cs/groups/webcontent/documents/report/c_208256.pdf. The number of child deaths and serious injuries is recorded as incidents in the electronic system used by licensing staff and will be made available on the Department's website.

e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request, differentiating between violations based on risk to children, and easy to locate and navigate. Pennsylvania is making improvements to its COMPASS website by creating a landing page for families. The Consumer Education Web Portal is a collection of links to information available on a variety of websites that to information readily available to families. Race to the Top-Early Learning Challenge grant funding has provided Pennsylvania with the funds for the development of a family friendly, easily accessible website for resource and referral information. Originally this website was to expand access for resources and referral to Early Intervention. However, with the timeliness of the CCDBG reauthorization and requirements to provide a consumer friendly website, it behooved OCDEL to combine the requirements of these two grants. The website that is currently under development will meet requirements of both grants by linking consumers to the required elements in three clicks or less.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) _____

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
- Unmet Requirement(s) – Identify the requirement(s) that is not fully implemented _____

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have 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 job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family's assets may not exceed $1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

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3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 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 such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from 1 week through age 12.

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

☒ Yes, and the upper age is 18 years, 11 months (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity – An impairment that renders the child incapable of caring for himself as documented by a licensed physician or psychologist. Documentation must include a description of the condition and state how the condition prevents the child from caring for himself.

A child with a developmental disability who is 13 years of age or older is eligible for subsidy until his developmental age is 13 years or until his chronological age is 18 years and 11 months, whichever occurs first. The developmental disability must be documented by a licensed psychologist or a physician and must include the child's current developmental age.

A child with a physical disability who is 13 years of age is eligible for subsidy until he is no longer physically disabled or until he is 18 years and 11 months of age, whichever occurs first. A licensed physician must document the physical disability and describe the condition including how the condition prevents the child from caring for himself {55 Pa Code 3041.12(d)}.

☐ No.

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

☐ Yes, and the upper age is _____ (may not equal or exceed age 19)

☒ No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) 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 or 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" composition that lives together, as defined in accordance with the TANF eligibility regulations.

b) 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.

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define "working, attending job training and education" for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- working 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 equal to or greater than the hourly PA minimum wage. 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.
- attending job training For non-TANF families, a combination of 10 hours per week of work and 10 hours per week of training is considered to be meeting the work requirement. 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. Training includes adult basic education, English as a second language, a 2-year or 4-year postsecondary degree program, an internship, clinical placement, apprenticeship, lab work or field work required by the training institution.

- attending education For non-TANF families, a combination of 10 hours per week of work and 10 hours per week of training is considered to be meeting the work requirement. 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. Training includes adult basic education, English as a second language, a 2-year or 4-year postsecondary degree program, an internship, clinical placement, apprenticeship, lab work or field work required by the training institution.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

☒ Yes.

☐ No. If no, describe additional requirements _____

c) Does the Lead Agency provide child care to children in protective services?

☒ Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a brief description below.

1) 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.

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

☐ Yes.

☒ No.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

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3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination? Definition of income – 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. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here ☐. Describe how many jurisdictions set their own income eligibility limits _____. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) ($/month)	(b) 85% of State Median Income (SMI) ($/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) $/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) $/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	$3507.27	$2981.18	$1962	55%	$2305	65%
2	$4586.43	$3898.47	$2655	57%	$3120	68%
3	$5665.59	$4815.75	$3348	59%	$3934	69%
4	$6744.75	$5733.04	$4042	59%	$4749	70%
5	$7823.91	$6650.32	$4735	60%	$5564	71%

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal poverty guidelines are available at http://aspe.hhs.gov/poverty/index.cfm .

c) SMI Source and year http://www.acf.hhs.gov/programs/ocs/resource/federal-register-notice-of-state-median-income-estimates-for-federal for 2015.

d) These eligibility limits in column (c) became or will become effective on May 4, 2015

e) Provide the link to the income eligibility limits http://www.dhs.state.pa.us/forchildren/childcareearlylearning/childcareworkssubsidizedchildcareprogram/index.htm

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv))

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

☒ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out. 55 Pa Code 3041.41(a), (b) and (c). By providing entry-level and ceiling-level income limits, Pennsylvania is already in compliance with the requirement for a graduated phase-out of assistance. At initial application, annual family income may not exceed 200% of Federal Poverty Income Guidelines (FPIG), which is lower than the required 85% of State median income. Column C figures in the table above are equivalent to 200% of FPIG. Families continue eligibility until their income reaches 235% of FPIG. In addition, the lead agency will extend eligibility and payment following the loss of work to 90 calendar days.

☐ Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
  - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____

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- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

☒ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement. The CCIS will use its best estimate of monthly income based upon the parent's or caretaker's circumstances at the time of application or redetermination. When estimating income, the CCIS will use the past 30 calendar days, as an indicator of future amounts unless a parent or caretaker reports a change has occurred, the parent or caretaker anticipates a change or an unusual circumstance existed that is not expected to recur such as overtime not likely to continue. The CCIS will adjust its estimate of monthly income to take into account recent or anticipated changes and unusual circumstances. § 3041.34 (relating to estimating income)

A co-payment is established at an initial determination of eligibility for subsidized child care and reestablished at each successive redetermination of eligibility. If the CCIS determines the co-payment should decrease as the result of a redetermination or partial redetermination, the CCIS notifies the parent or caretaker to begin paying the reduced co-payment on the first day of the service week following the date of the redetermination or partial redetermination. Between redeterminations, the CCIS stabilizes income and co-payment to account for income fluctuations. If the CCIS determines the co-payment should increase as the result of a redetermination or partial redetermination, the CCIS notifies the parent or caretaker to begin paying the increased co-payment on the first day of the service week following the date of the redetermination. §§ 3041.101 and 3041.104 (relating to general co-payment requirements and parent or caretaker co-payment requirements)

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OCDEL is amending the redetermination period for the subsidized child care program, requiring that a redetermination be completed every 12 months. This amendment will allow families to receive no less than 12 months of subsidized child care before eligibility is re-determined, regardless of a temporary change in the ongoing status of the parent or caretaker's employment, job training or educational program, as long as the family income does not exceed 85 percent of the State median income for the family size. Because the objective is to keep a family eligible for child care for no less than 12 months, the changes that must be reported have been amended. Changes that must be reported include: Loss of work, including layoffs or strikes; onset of maternity, paternity or adoption leave; onset of a disability and return to work following a disability; change of address; no longer a need for care or a child receiving care is no longer in the household; and income exceeds 85 percent of state median income. A family will no longer be required to report a decrease in hours of work, education or training; a change in the number of days or hours for which care is needed; or a change in family composition. §§ 3041.127 and 3041.130 (relating to parent and caretaker report of change and redetermination of eligibility)

In addition, families receiving former TANF will no longer be required to have a redetermination on the 184th day. Presumptive eligibility will be established for the family for a minimum of 12 months. A redetermination will be completed after the 12-month presumptive eligibility period ends. § 3041.142 (relating to general requirements for former TANF families)

A redetermination will be required if a family is determined eligible and placed on the waiting list more than 12 months prior to the date that funding becomes available to enroll the child in subsidized child care. Prior to this amendment, a redetermination would be required if a family was on the waiting list for six months before funds were available for enrollment. § 3041.133 (relating to waiting list)

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

☒ Applicant identity. Describe Acceptable verification of applicant identity includes a photo-ID or two non-photo-ID documents such as Social Security card, birth certificate, voter registration card, etc.

☒ Applicant's relationship to the child. Describe Acceptable verification of the applicant's relationship to the child includes a birth certificate, custody order, medical or school records.

☒ Child's information for determining eligibility (e.g., identity, age, etc.). Describe Acceptable verification of the child's eligibility information includes a birth certificate, medical or school records.

☒ Work. Describe Acceptable verification of work includes any document that indicates the employer's name, address and telephone number, as well as includes the number of hours worked; a work schedule; or the lead agency's employment verification form signed by the employer.

☒ Job training or Educational program. Describe Acceptable verification for training and education includes a copy of the class or training schedule signed by the education or training representative; or the lead agency's training or education form signed by the education or training representative.

☒ Family income. Describe Acceptable verification of family income includes pay stubs, the lead agency'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.

☒ Household composition. Describe Acceptable verification of household composition includes a birth certificate, custody order, medical or school records.

☒ Applicant residence. Describe 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.

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☒ Other. Describe Acceptable verification of care and control includes a court order, medical or school records, social service records, religious records or Domestic Relations office records.

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.

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

☒ Time limit for making eligibility determinations. Describe length of time For non-TANF families, the sub-recipient 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 CAO (not the sub-recipient) has 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, the CAO refers the family to the sub-recipient for subsidized child care benefits. The sub-recipient 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.

☒ Track and monitor the eligibility determination process

☐ Other. Describe _____

☐ None

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

Per CCDF regulations, 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 under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in

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Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant 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:

State/Territory TANF Agency Office of Income Maintenance's Bureau of Policy and OCDEL's Bureau of Subsidized Child Care Services

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

- "appropriate child care" Child care operating in accordance with the PA state child care regulations and meeting the CCDBG regulations. This includes regulated child day care centers, regulated group child day care homes, currently registered, but soon to be regulated, family child care homes and informal 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.
- "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.
- "unsuitability of informal child care" Any child care is unsuitable/inappropriate if it is reasonably expected to result in physical or serious emotional harm to the child.
- "affordable child care arrangements" Child care that costs less than or equal to the Department's 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 individual penalties associated with the TANF work requirements?

☒ In writing

☒ Verbally

☐ Other. Describe _____

☐ List the citation to this TANF policy 55 Pa Code § 3041.161 (a) and (b)

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed $1,000,000. A check-off on the application is sufficient.

☒ Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed $1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of "Children with special needs". "Children with special needs" are defined as children with physical, mental, and/or developmental disabilities. And describe how services are prioritized 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 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. Provide definition of "Families with very low incomes". "Families with very low incomes" are families defined as families that are receiving TANF or are transitioning off of TANF. And describe how services are prioritized. Children are not subject to the waiting list and are enrolled immediately.

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act). These children are given priority for immediate enrollments. They are not subject to the waiting list. Co-payments are waived for families receiving TANF that participate in unpaid employment and training activities. Working TANF and former TANF families must pay the co-payment based on family size and income.

3.2.2 Improving Access for Homeless Children and Families

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most

vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

☒ Fully implemented and meeting all Federal requirements outlined above. Describe the following:

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a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements Pennsylvania is meeting the federal requirements, but plans to make regulatory changes to strengthen policies for families experiencing homelessness. Currently all families are afforded the following protections in regard to obtaining documentation:

   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 (§ 3041.46 (relating to immunization)).

   Immunizations are self-certified, meaning the parent self-attests to the fact that the child is properly immunized; this is accepted as sufficient proof of the child's immunization status (§ 3041.63(b)(3) (relating to self-certification)).

   Parents can be determined eligible and receive an additional 30 days to provide documentation by "self-declaring" information that can be documented within the next 30 days (§ 3041.64 (relating to self-declaration)).

   Lastly, regulations state that the CCIS may not deny or terminate subsidy to a family when the parent has cooperated in the verification process and needed verification is pending or cannot be obtained due to circumstances beyond the parent's control (§ 3041.61(h) (relating to general verification requirements)).

To expedite enrollments, Pennsylvania will establish enrollment priorities for certain populations including families experiencing homelessness and foster children. These children will go onto a prioritized waiting list that will afford them quicker access to services. Currently, PA regulations permit the Department to direct funding to various populations (§ 3041.12(e) (relating to provision of subsidized child care)).

While Pennsylvania is meeting the requirements, it plans to strengthen the protections for families experiencing homelessness by specifically including families experiencing homelessness in the same type of waiver provided to families experiencing domestic violence per § 3041.91 (relating to general domestic violence waiver). This will extend the period required to meet and provide documentation of certain eligibility requirements to 183 days rather than 30 days. We plan to include this in the second wave of regulatory changes, which we plan on completing by November 2017.

Pennsylvania is in the process of planning IT changes that will make it easier to track and implement the waivers granted to special populations. It is anticipated the IT changes will be completed by June 2016.

b. Procedures to conduct outreach to homeless families to improve access to child care services Local CCIS agencies reach out to community service agencies that work with families experiencing homelessness to ensure they are aware of the subsidized child

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care program and to develop local policies and procedures to identify and refer families experiencing homelessness to the subsidized child care program.

c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services See section a. for immunization policies and expedited enrollments that include foster children. Currently many of the local children and youth agencies pay for care while a foster child is on the waiting list. A foster family's income is not counted; foster parents pay only a $5 co-payment. Foster children remain eligible and do not go back on the waiting list if they move from foster family to foster family.

3.3 Protection for Working Parents

3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State**/**Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory may not terminate CCDF assistance during the 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% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

☒ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination OCDEL is amending the redetermination period for the subsidized child care program, requiring that a redetermination be completed every 12 months. This amendment will allow families to receive no less than 12 months of subsidized child care before eligibility is re-

determined, regardless of a temporary change in the ongoing status of the parent or caretaker's employment, job training or educational program, as long as the family income does not exceed 85 percent of the State median income for the family size. Because the objective is to keep a family eligible for child care for no less than 12 months, the changes that must be reported have been amended. Changes that must be reported include: Loss of work, including layoffs or strikes; onset of maternity, paternity or adoption leave; onset of a disability and return to work following a disability; change of address; no longer a need for care or a child receiving care is no longer in the household; and income exceeds 85 percent of state median income. A family will no longer be required to report a decrease in hours of work, education or training, a change in the number of days or hours for which care is needed and a change in family composition. §§ 3041.127 and 3041.130 (relating to parent and caretaker report of change and redetermination of eligibility)

In addition, families receiving former TANF will no longer be required to have a redetermination on the 184th day. Presumptive eligibility will be established for the family for a minimum of 12 months. A redetermination will be completed after the 12-month presumptive eligible period ends. § 3041.142 (relating to general requirements for former TANF families)

Also, a redetermination will be required if a family is determined eligible and placed on the waiting list more than 12 months prior to the date that funding becomes available to enroll the child in subsidized child care. Prior to this amendment, a redetermination would be required if a family was on the waiting list for six months before funds were available for enrollment. § 3041.133 (relating to waiting list)

In addition, the OCDEL BSCCS will allow for a family's eligibility and payment for subsidized child care to continue for 90 calendar days from the date of a loss of work, allowing families a longer period of time to find employment. §§ 3041.20, 3041.44 and 3041.51 (relating to subsidy continuation during breaks in work, education or training; prospective work, education and training; and head start expansion program)

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____

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- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?

☒ Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs §§ 3041.20, 3041.44

and 3041.51 (relating to subsidy continuation during breaks in work, education or training; prospective work, education and training; and head start expansion program)

In addition, the OCDEL BSCCS will allow for a family's eligibility and payment for subsidized child care to continue for 90 calendar days from the date of a loss of work, allowing families a longer period of time to find employment.

☐ No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

☒ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

For non-TANF families, the following paragraphs describe how the OCDEL BSCCS will prevent disruption of work.

OCDEL is amending the redetermination period for the subsidized child care program, requiring that a redetermination be completed every 12 months. This amendment will allow families to receive no less than 12 months of subsidized child care before eligibility is re-determined, regardless of a temporary change in the ongoing status of the parent or caretaker's employment, job training or educational program, as long as the family income does not exceed 85 percent of the State median income for the family size. Because the objective is to keep a family eligible for child care for no less than 12 months, the changes that must be reported have been amended. Changes that must be reported include: Loss of work, including layoffs or strikes; onset of maternity, paternity

or adoption leave; onset of a disability and return to work following a disability; change of address; no longer a need for care or a child receiving care is no longer in the household; and income exceeds 85 percent of state median income. A family will no longer be required to report a decrease in hours of work, education or training, a change in the number of days or hours for which care is needed and a change in family composition. §§ 3041.127 and 3041.130 (relating to parent and caretaker report of change and redetermination of eligibility)

In addition, families receiving former TANF will no longer be required to have a redetermination on the 184th day. Presumptive eligibility will be established for the family for a minimum of 12 months. A redetermination will be completed after the 12-month presumptive eligible period ends. § 3041.142 (relating to general requirements for former TANF families)

Also, a redetermination will be required if a family is determined eligible and placed on the waiting list more than 12 months prior to the date that funding becomes available to enroll the child in subsidized child care. Prior to this amendment, a redetermination would be required if a family was on the waiting list for six months before funds were available for enrollment. § 3041.133 (relating to waiting list)

In addition, the lead agency will allow for a family's eligibility and payment for subsidized child care to continue for 90 calendar days from the date of a loss of work, allowing families a longer period of time to find employment. §§ 3041.20, 3041.44 and 3041.51 (relating to subsidy continuation during breaks in work, education or training; prospective work, education and training; and head start expansion program)

For TANF families, the CAO is the eligibility agent and is responsible for determining the employment, education and training requirements for families receiving TANF benefits.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here ☐. Describe how many jurisdictions set their own sliding fee scale _____. Fill in the chart based on the most populous area of the State.

Family Size	(a) Minimum "Entry" Income Level	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?	(d) Maximum "Entry" Income Level	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	$23,540	$40	200%	$23,540	$40	200%
2	$31,860	$58	200%	$31,860	$58	200%
3	$40,180	$79	200%	$40,180	$79	200%
4	$48,500	$95	200%	$48,500	$95	200%
5	$56,820	$109	200%	$56,820	$109	200%

a) What is the effective date of the sliding fee scale(s)? May 4, 2015

b) Provide the link to the sliding fee scale http://www.pacode.com/secure/data/055/chapter3041/chap3041toc.html

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

☒ Fee is a dollar amount and

☐ Fee is per child with the same fee for each child

☐ Fee is per child and discounted fee for two or more children

☐ Fee is per child up to a maximum per family

☐ No additional fee charged after certain number of children

X Fee is per family

☐ Fee is a percent of income and

☐ Fee is per child with the same percentage applied for each child

☐ Fee is per child and discounted percentage applied for two or more children

☐ Fee is per child up to a maximum per family

☐ No additional percentage applied charged after certain number of children

☐ Fee is per family

☐ Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe _____

☐ Other. Describe _____

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

☐ Yes, and describe those additional factors using the checkboxes below.

☐ Number of hours the child is in care

☐ Lower copayments for higher quality of care as defined by the State/Territory

☐ Other. Describe other factors _____

☒ No.

3.4.4 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 (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

☒ Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is $ 20,090 or 100% FPIG.

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

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.

☒ Limits the maximum co-payment per family. Describe. The annual co-payment may not exceed 11 percent of the family's annual income.

☒ Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe If the family's annual income is 100 percent of Federal Poverty Income Guidelines (FPIG) or less, the annual co-payment may not exceed 8 percent of FPIG.

☒ Minimizes 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 3.1.5. Describe The sliding scale is based on family size and annual income. At initial application, annual family income may not exceed 200% of FPIG, which is lower than the required 85% of State median income. Families continue eligibility until their income reaches 235% of FPIG. In addition, the lead agency will extend eligibility and payment following the loss of work to 90 calendar days.

Families are required to pay a minimum of $5 per week. The co-payment covers each child in the family that receives subsidized child care and includes each day of the week for which the child(ren) need(s) care.

☐ Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe _____

☐ Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe _____

☐ Other. Describe _____

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

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The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2)) This information is included on the application in the "Rights and Responsibilities" section. The CCIS worker reviews this section with the parent prior to enrollment during the parent's face- to-face visit. Parents receive a "Parent Handbook" when applying for the subsidized child care program. The booklet also contains this information

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

- ☐ Certificate form provides information about the choice of providers, including high quality providers
- ☐ Certificate is not linked to a specific provider so parents can choose provider of choice

☒ Consumer education materials on choosing child care

☐ Referral to child care resource and referral agencies

☒ Co-located resource and referral in eligibility offices

☒ Verbal communication at the time of application

☒ Community outreach, workshops or other in-person activities

☐ Other. Describe _____

4.1.3 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 in order to be paid in the certificate program.

☐ Yes. If yes, **describe:**

- the type(s) of child care services available through grants or contracts _____
- the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) _____
- the process for accessing grants or contracts _____
- the range of providers available through grants or contracts _____
- how rates for contracted slots are set through grants and contracts _____
- how the State/Territory determines which entities to contract with for increasing supply and/or improving quality _____
- if contracts are offered statewide and/or locally _____

☒ No. If no, skip to 4.1.4. Pennsylvania does not currently offer child care services through contracts or grants. However, discussions to provide child care services by this method have been initiated. Target groups to be potentially served by this method include children in federal and state funded early learning programs needing wrap-around child care, siblings of children already enrolled in care, children in foster placement, children in families experiencing homelessness, children of teen parents, and children needing non-traditional hours of care and/or in parts of the state where quality options are limited.

Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

☐ Increase the supply of specific types of care with grants or contracts for:

☐ Programs to serve children with disabilities

☐ Programs to serve infants and toddlers

☐ Programs to serve school-age children

☐ Programs to serve children needing non-traditional hour care

☐ Programs to serve homeless children

☐ Programs to serve children in underserved areas

☐ Programs that serve children with diverse linguistic or cultural backgrounds

☐ Programs that serve specific geographic areas

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- ☐ Urban
- ☐ Rural

☐ Other. Describe _____

☐ Improve the quality of child care programs with grants or contracts for:

☐ Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs

☐ Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards

☐ Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation

☐ Programs to serve children with disabilities or special needs

☐ Programs to serve infants and toddlers

☐ Programs to serve school-age children

☐ Programs to serve children needing non-traditional hour care

☐ Programs to serve homeless children

☐ Programs to serve children in underserved areas

☐ Programs that serve children with diverse linguistic or cultural backgrounds

☐ Programs that serve specific geographic areas

- ☐ Urban
- ☐ Rural

☐ Other. Describe _____

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4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access State Regulations for all regulated providers state that providers need to give a parent access to his/her children at all times. This requirement is reviewed with providers during Provider Orientation meetings through the Regional Certification Offices. It is also stated in the Provider Agreement which is reviewed with and signed by unregulated providers at the face-to-face meeting by the CCIS Offices.

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. Will the Lead Agency limit the use of in-home care in any way?

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

☐ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe _____

☐ Restricted based on provider meeting a minimum age requirement. Describe _____

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

☒ Restricted to care by relatives. Describe OCDEL will be limiting use of in-home care to care provided by providers related by federal definition to the children in care.

☒ Restricted to care for children with special needs or medical condition. Describe In-home care is permitted 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.

☐ Restricted to in-home providers that meet some basic health and safety requirements. Describe _____

☐ Other. Describe _____

☐ No

4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State

or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval.

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State 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 Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

☒ MRS

☒ Alternative Methodology. Describe OCDEL will be utilizing available technical assistance to use a "cost of quality" tool to better gauge true cost of providing quality child care. This evaluation will directly inform fiscal analyses OCDEL will be doing to seek sequential payment rate increases for providers serving subsidy-eligible children over the next few fiscal years.

☐ Both. Describe _____

☐ Other. Describe _____

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology. April through May of 2014, the State conducted the 2014 Market Rate Survey online using Survey Monkey. The survey collects weekly rates and other demographic information. All in-state regulated providers where sent a letter announcing the 2014 Market Rate Survey and the letter included the website for online survey completion. Providers without online access were advised to contact their Child Care Information Service agency to request a hard copy survey with instructions to mail the results back to the Bureau of Subsidized Services. Providers were asked to report Full-Time and Part-Time child care rates charged to private pay clients at the time of the survey. Providers entered rates in weekly amount. Prior to administering the survey, OCDEL met statewide with childcare groups to show them the new format of the survey, methodology and timeline for collecting date from providers. Childcare groups were then able to give input into the process.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

Represent the childcare market: The Office of Child Development and Early Learning received responses from 3,390 child care providers. This is 41% of the total child care providers.

Provide Complete and Current Data: Data collected was current as of May 2014, which was the deadline for submission.

Use Rigorous Data Collection Procedures: A team of OCDEL staff created a survey through survey monkey which was distributed to providers. Paper surveys were used for those providers with no internet access. The results of the paper survey were then entered into excel manually and combined with the results from survey monkey.

Reflect Geographic Variation: All 67 counties in Pennsylvania are represented in the market rate survey.

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

a) Geographic area (e.g., statewide or local markets) Child care costs in urban areas are higher than in rural areas.

b) Type of provider Center costs are higher than costs for family and group child care.

c) Age of child Infant costs are significantly higher than costs for other care levels. In general, the younger the age of the child, the higher the costs of child care.

d) Describe any other key variations examined by the market rate survey, such as quality level_____

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) In March 2014, the Office of Child Development and Early Learning (OCDEL) distributed the Market Rate Survey (MRS) to all regulated child care providers in Pennsylvania. The deadline for submission of the MRS was May 2014.

b) Date report containing results was made widely available, no later than 30 days after the completion of the report Data from the MRS was available beginning September 1, 2015 and was made available upon request.

c) How the report containing results was made widely available and provide the link where the report is posted if available Data from the 2014 MRS is available upon request. OCDEL plans to make results from the 2016 MRS and alternative methodology available to the public based on the required timeframes.

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here ☐. Describe how many jurisdictions set their own payment rates_____.

a) Infant (6 months), full-time licensed center care in most populous geographic region
- Rate $208.25 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
- Percentile 22.2%

b) Infant (6 months), full-time licensed FCC care in most populous geographic region
- Rate $168.25 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
- Percentile 17.2%

c) Toddler (18 months), full-time licensed center care in most populous geographic region
   - Rate $203.25 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 31.1%

d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
   - Rate $153.25 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 20.2%

e) Preschooler (4 years), full-time licensed center care in most populous geographic region
   - Rate $163.25 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 18.3%

f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
   - Rate $139.25 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 20.9%

g) School-age child (6 years), full-time licensed center care in most populous geographic region
   - Rate $135.25 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 21.4%

h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
   - Rate $128.25 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile 26.9%

i) Describe the calculation/definition of full-time care
   Calculation instructions for providers to convert rates to weekly:
   - Yearly rate to weekly = yearly rate ÷ 52 weeks
   - Monthly rate to weekly rate = monthly rate ÷ 4.33
   - Part Time hourly rate to weekly = 5 x hourly rate x 4.5
   - Full Time hourly rate to weekly = 5 x hourly rate x 9

   Definition of full-time care - Care provided for five or more hours per day.

j) Provide the effective date of the payment rates July 1, 2008

k) Provide the link to the payment rates
   https://www.pakeys.org/private/net/docs/3/MaximumChildCareAllowance.pdf

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special

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needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., 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).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- ☐ Tiered rate/rate add-on for non-traditional hours. Describe _____
- ☐ Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe_____
- ☐ Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe _____

☒ Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe Providers with a Keystone STARS level of 1, 2, 3 or 4 receive a daily tiered reimbursement for each subsidized child enrolled. The amount increases with the STAR level. The add-on rates information is available at: http://www.pakeys.org.

- ☐ Tiered rate/rate add-on for programs serving homeless children. Describe _____
- ☐ Other tiered rate/rate add-on beyond the base rate. Describe _____
- ☐ None.

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4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology The Subsidized Child Care program is allocated a set amount of funds each fiscal year as described in the State budget. Results of Market Rate Surveys and/or alternative methodologies such as a "cost of quality" tool will be utilized to seek increased funding in the next three state fiscal years.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary. In 2009, Pennsylvania began giving providers who achieved a STAR level of 2,3 or 4 a daily add-on rate to encourage and support programs to develop and sustain higher levels of quality. Since that time, STAR programs have continued to receive add-on rates for maintaining and improving quality. In 2015-16, STAR add-on amounts increase for STAR 3 & 4 providers to further close the gap between state subsidy reimbursement and the true cost of quality care. Also in this budget year, PA is establishing an additional add-on for infant/toddler STAR 2, 3 and 4 providers to ensure an adequate supply of high-quality infant/toddler care in all settings. These new initiatives will continue in 2016 through 2018.

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4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

Payment rates are set at the 75th percentile or higher of the most recent survey. Describe _____

☒ Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs. PA pays a daily tiered reimbursement rate for providers who serve subsidized children and achieve a STAR level of 1 through 4. These increases are not factored into the base payment rate calculations. Fiscal Year (FY) 2014-2015 parttime tiered reimbursement rates range from $0.15 for STAR 1 to $1.35 for STAR 4. FY 2014-2015 full- time tiered reimbursement rates range from $0.35 for STAR 1

to $5.00 for STAR 4. Additional increases are proposed in the FY 2015-2016 budget using federal funds .

Rates based on data on the cost to the provider of providing care meeting certain standards. Describe _____

☐ Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe _____

☒ Data on the proportion of children receiving subsidy being served by high-quality providers. Describe 54.5 % of children enrolled in the subsidized child care program in June 2015 attend a child care facility who obtained a STAR 1 through 4 quality rating. Of those children, 35.1% attend a facility with a STAR 2 through 4 rating.

☒ Data on where children are being served showing access to the full range of providers. Describe In fiscal year 2014-15, children enrolled in the subsidized child care program attended the following types of providers: 79.5% Center, 3.9% Group, 5.8% Family and 10.8% Relative/Neighbor.

Feedback from parents, including parent survey or parent complaints. Describe

Other. Describe_____

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

☒ Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access Pennsylvania defines equal access as eligible subsidy children having access to comparable child care services that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs.

In June 2015, 92% of Centers, 90% of Groups and 79% of Family Child Care participate in the subsidized child care program, suggesting that payment rates are adequate and low income families do have equal access to quality child care.

The experience of the user population is a leading indicator that payment rates are adequate. DHS receives constant feedback from families on the availability of care. CCISs provide parents/caretakers with resource and referral information, including benefits of quality care. We have not experienced any difficulty with finding quality child care for subsidy families.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and

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target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

☒ Fully implemented and meeting all Federal requirements outlined above. Describe using 4.5.2 through 4.5.3 below.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this

requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. The Lead Agency …

☐ Pays prospectively prior to the delivery of services. Describe _____

☒ Pays within no more than 21 days of billing for services. Describe Providers submit signed invoices by the 5th calendar day of the month following the month in which services were provided. The CCIS must make the payment by the 20th calendar day of the month following the month in which services were provided.

☒ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory's definition of occasional absences The CCIS will pay for a maximum of 25 days of absence during the State's fiscal year (July 1 – June 30) for each child. Children funded through the Food Stamp /Supplemental Nutrition Assistance Program are not subject to the 25 days absence limit. This is a cumulative number per child, regardless of provider transfers during the fiscal year. If a

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child's absences exceed 25 days, the parent/caretaker is responsible to pay the provider for all additional absences.

☐ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe _____

☐ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe _____

☒ Pays on a full-time or part-time basis (rather than smaller increments such as hourly) Child care providers are paid a full-time rate for care provided for five or more hours per day and a part-time rate for care provided in blocks of less than five hours per day.

☐ Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) _____

☒ Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment Child care providers receive a copy of all adverse action notices that are sent to parents. These notices document action that negatively affects the eligibility status of an individual or a case.

☐ Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe _____

☒ Other. Describe Paid Closed Days: OCDEL will pay for a maximum of 15 closed days per year from the period July 1 through June 30 for which the provider also charges private pay families.

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

☒ Policy on length of time for making payments. Describe length of time Providers submit signed invoices by the 5th calendar day of the month following the month in which services were provided. The CCIS must make the payment by the 20th calendar day of the month following the month in which services were provided

☒ Track and monitor the payment process Attendance invoices are generated monthly in the state's IT system PELICAN Child Care Works (CCW). On-line invoices are available at the beginnings of each month for review by providers who are signed up to receive invoices through the Internet. Paper attendance invoices are generated around the 24th of each month automatically in PELICAN CCW. The CCIS prints the attendance invoices and mails them to each provider. In PELICAN CCW, the provider invoice moves through various phases as the invoice is printed, received and

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processed through the system. Once the invoice is calculated and processed, the status will change to Payment Requested and a Payment Summary is printed for the provider or available through the Internet if the provider participates in on-line invoicing

☒ Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe Child care providers can participate in on-line attendance by signing up through Provider Self Service on the Internet. Through the on-line attendance process they can complete attendance invoices directly through the Internet and submit the invoices electronically. They can also receive payment summaries and starting in 2015 all adverse actions, enrollment summaries and other correspondence can all be electronic. All CCIS agencies offer providers an option of direct deposit of payments.

☐ Other. Describe_____

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

☒ Yes. Describe data sources Pennsylvania utilizes its "Reach and Risk" annual data to identify areas of need and available supply. Additionally, research partners at the University of Pennsylvania have developed a child care map for the City of Philadelphia that provides information on supply and demand in the City using a variety of factors.

No. If no, how does the State/Territory determine most critical supply needs? _____

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers

☒ Grants and contracts (as discussed in 4.1.3) Early Head Start – Child Care Partnerships

☐ Family child care networks

☒ Start-up funding Available through Pennsylvania's Race to the Top Early Learning Challenge Grant

☐ Technical assistance support

☒ Recruitment of providers Pennsylvania's RTTT grant targets rural recruitment of family child care home providers

☒ Tiered payment rates (as discussed in 4.4.1)

- ☐ Other. Describe _____

b) Children with disabilities

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

c) Children who receive care during non-traditional hours

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

d) Homeless children

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

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☒ Fully implemented and meeting all Federal requirements outlined above. Describe. In Pennsylvania's current system, investments are prioritized to programs providing highquality child care in two ways. Pennsylvania implemented a quality rating improvement system. As child care providers participate and are designated at increasingly higher levels of quality, they receive higher tiered quality add-on reimbursements for children receiving Child Care Works, the state's subsidized child care program. Examples of daily add-on rates are STAR 1 - $.35; STAR 2 - $.95; STAR 3 - $.2.80 and STAR 4 - $5.00. Is is OCDEL's intent to increase the add-on rates in 2015 – 2016 to further enhance the financial incentives for programs serving eligible children.

The second strategy Pennsylvania uses to prioritize funding to programs participating in the QRIS and serving low-income children is to offer Merit Grants and Education and Retention Awards. Under Pennsylvania's current structure, programs serving 10% combined enrollment of low-income children and children eligible for early intervention services can apply for Merit Grants to support ongoing activities to further enhance or maintain quality. These awards are scaled in two ways: first to reflect the size of the facility with differing awards for family, group, small center, medium center, large center and extra-large center; second to link to the level of quality award for STAR 2, 3 and 4.

In implementing Keystone STARS, OCDEL works with five regionallylocated community-based organizations. Part of the annual deliverable for these grants is for the organizations to recruit new providers into the provider community. OCDEL has set aside small grants to support start-up in rural communities where state data indicates a limited number of providers exist but high incidence of eligible children.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

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5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care. All child care centers, group child care homes and family child care homes must have a certificate of compliance or registration in order to legally operate and to participate in the CCDF program. The regulations include minimum health and safety standards. Child care centers and group child care homes are inspected on an annual basis. Family child care providers self-certify compliance during the application process.

- Child Care Center: The premises in which care is provided at any one time for seven or more children unrelated to the operator
- Group Child Care Home: The premises in which care is provided at one time for more than 6 but fewer than 16 older school-age level children or more than 6 but fewer than 13 children of another age level who are unrelated to the operator. The term includes a facility located in a residence or another premises
- Family Child Care Home: A home other than the child's home, operated for profit or not-for-profit, in which child day care is provided at any one time for 4, 5 or 6 children unrelated to the operator

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

☒ Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers Providers who serve three or fewer children unrelated to the operator are exempt from state certification regulations. As a funding standard, these relative/neighbor providers must meet the following minimum health and safety requirements:

- Follow handwashing protocol to prevent and control the spread of contagious diseases
- Have a working smoke detector on each level of the home in which child care is provided
- Ensure conditions in the home do not pose a threat to the health and safety of the children in care
- Lock cleaning materials and other toxic materials in areas away from the children
- Lock both weapons and ammunition in areas separate from each other
- Obtain federal and state criminal, and child abuse background clearances
- Participate in 12 hours of training every two years
- In the future, only relatives as defined in the CCDF regulations will be exempt from state certification regulations. They will continue to be expected to meet the health and safety requirements listed above

☐ No

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5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

☒ Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
  - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
   - State/Territory age definition A child from birth to 1 year of age
   - Ratio 4:1
   - Group size 8

2. Toddler
    - State/Territory age definition A child from 1 to 3 years of age
    - Ratio 6:1
    - Group size 12
3. Preschool
    - State/Territory age definition A child from 3 years of age to the date the child enters kindergarten in a public or private school system
    - Ratio 10:1
    - Group size 20
4. School-Age
    - State/Territory age definition A child who attends kindergarten through 15 years of age
    - Ratio 15:1
    - Group size 30
5. If any of the responses above are different for exempt child care centers, describe Not applicable. Child care centers are not exempted.
6. Describe, if applicable, ratios and group sizes for centers with mixed age groups When children are grouped in mixed age levels, the age of the youngest child in the group determines the staff:child ratio and maximum group size is in accordance with the group size for similar age level.

b) Licensed Group Child Care Homes:

1. Infant
    - State/Territory age definition A child from birth to 1 year of age
    - Ratio 4:1
    - Group size 12
2. Toddler
    - State/Territory age definition A child from 1 to 3 years of age
    - Ratio 6:1
    - Group size 12
3. Preschool
    - State/Territory age definition A child from 3 years of age to the date the child enters kindergarten in a public or private school system
    - Ratio 10:1
    - Group size 12
4. School-Age
    - State/Territory age definition A child who attends kindergarten through 15 years of age
    - Ratio 12:1 or 15:1-if all of the children are in 4th grade through the age of 15
    - Group size 12 (15 if all of the children are 4th grade through the age of 15)

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5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day No more than 12 children unrelated to the operator my simultaneously receive care except in a facility serving older school school-age children. In a facility serving only older school-age children, a license may be issued for up to 15 children unrelated to the operator. The related children of an operator shall be counted for the purposes of satisfying the staff:child ratio requirements and the allocated space capacity requirements.

6. If any of the responses above are different for exempt group child care homes, describe Not applicable. Group child care homes are not exempted.

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios 6:1, group size 6, the threshold for when licensing is required 6, maximum number of children that are allowed in the home at any one time 6 unrelated to the child care provider, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size related children are excluded from the count, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day No more than 2 infants may be in care at one time; no more than 5 infants and toddlers at any one time; if no infants are in care, 5 toddlers are permitted.

2. If any of the responses above are different for exempt family child care home providers, describe Not applicable. Family child care homes are not exempted.

d) Any other eligible CCDF provider categories: Relative/Neighbor Caregivers

Describe the ratios 3:1, group size 3, the threshold for when licensing is required 4 or more, maximum number of children that are allowed in the home at any one time 3 unrelated to the child care provider, if the State/Territory requires related children to be included in the child-to-provider ratio or group size related children are excluded from the count, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day No more than 2 infants may be in care at one time.

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher Age 18, high school diploma/GED with secondary training hours or work experience and assistant teacher qualifications Age 18, high school diploma/GED with secondary training hours or work experience

2. Toddler lead teacher Age 18, high school diploma/GED with secondary training hours or work experience and assistant teacher qualifications Age 18, high school diploma/GED with secondary training hours or work experience
3. Preschool lead teacher Age 18, high school diploma/GED with secondary training hours or work experience and assistant teacher qualifications Age 18, high school diploma/GED with secondary training hours or work experience
4. School-Age lead teacher Age 18, high school diploma/GED with secondary training or work experience and assistant teacher qualifications Age 18, high school diploma/GED with secondary training or work experience
5. Director qualifications Age 18, Degree and experience based on degree

b) Licensed Group Child Care Homes:

1. Infant lead teacher Age 18, high school diploma/GED with secondary training or work experience and assistant qualifications Age 18, high school diploma/GED with secondary training or work experience
2. Toddler lead teacher Age 18, high school diploma/GED with secondary training or work experience and assistant qualifications Age 18, high school diploma/GED with secondary training or work experience
3. Preschool lead teacher Age 18, high school diploma/GED with secondary training or work experience and assistant qualifications Age 18, high school diploma/GED with secondary training or work experience
4. School-Age lead teacher Age 18, high school diploma with secondary training or work experience and assistant qualifications Age 18, high school diploma with secondary training or work experience

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications Operator must be 18 years of age. Renewal of the registration certificate requires verification of high school diploma/GED

d) Other eligible CCDF provider qualifications No qualifications are required for relative/neighbor providers

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

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a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-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))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

☒ Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____

☒ Unmet requirement - Identify the requirement(s) not fully implemented Pennsylvania conducts informational orientations for persons seeking to become a licensed child care provider but the orientations do not count as training. And while Pennsylvania has training available on all of the required training topics, it is not required that the training is completed pre-service or during the first three months of working in the child care facility. There will need to be a regulatory change to accomplish this requirement.

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) A regulations change is needed.
    - Projected start date for each activity September 2015
    - Projected end date for each activity September 2016
    - Agency – Who is responsible for complete implementation of this activity OCDEL
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity Pennsylvania DHS Office of Legal Counsel

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address these training requirements.

☐ Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements _____

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s)

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not fully implemented (not yet started, partially implemented, substantially implemented, other) In progress

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____

- Unmet requirement - Identify the requirement(s) not fully implemented At least one facility person must be certified in first aid and be onsite when one or more children are in care. Each facility person is required to receive training regarding the emergency preparedness plan at the time of initial employment, on an annual basis and at the time of each plan update. Staff may attend training in any of the other topic areas. A regulatory change is proposed that will require all staff to receive pre-service training in all topic areas. Pre-service training is currently not required in all topic areas

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Legislative change in the current regulations are needed. Regulations are currently being amended to require that staff receive pre-service training in all 10 health and safety training topics.
  - Projected start date for each activity September 2015
  - Projected end date for each activity September 2016
  - Agency – Who is responsible for complete implementation of this activity OCDEL
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity DHS Office of Legal Counsel

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

☒ Nutrition. Describe Nutritional appropriately-timed meals and snacks are served to children

☒ Access to physical activity. Describe Facility is required to provide play space to be used for large muscle activity

☐ Screen time. Describe _____

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☒ Caring for children with special needs. Describe The operator shall make reasonable accommodation to include a child with special needs in accordance with applicable Federal and State laws.

☒ Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe. Child care staff are required to obtain at minimum, 6 hours of professional development on an annual basis in topics related to child development and health and safety of children

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. _____

☒ Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. Relatives as defined in the CCDF regulations will be exempt from state certification regulations; including the preservice requirements. One exception to the preservice training requirement is that all relative providers must complete three hours of "mandated reporting of child abuse" training prior to caring for children. Relatives will continue to be required to obtain 12 hours of health and safety training every two years.

No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

☒ Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities. List the policy citation 55 Pa Code 3270, 3280, 3290

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date

(no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives).

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

☒ Yes. The State/Territory certifies that it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting: "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 has a procedural and protocols manual. In addition, Licensing inspectors are trained at minimum, on an annual basis. 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 5 years. Licensing staff inspect for compliance of health, safety and fire standards.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
  - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for

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compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

☒ Yes. The State/Territory certifies that it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits. The Public Welfare Code and Chapter 20 of the Title 55 Pennsylvania Regulations provide the authority to conduct a prelicensure and annual inspection at child care centers and group child care homes. The inspection assesses compliance with health, safety and fire standards. A change in the Public Welfare Code is required to conduct a prelicensure and annual inspection at family child care homes. Regulations currently state that the annual inspection will be announced. A regulatory amendment is being pursued to make the annual inspection unannounced. Both changes are expected to be in place by November 2016.The state will have policies and procedures in place to conduct prelicensure and annual unannounced inspections for compliance with health, safety and fire standards at all facilities.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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  - Projected end date for each activity _____
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- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)** – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

☒ Yes. The State/Territory certifies that it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements: License exempt providers will have to become licensed to receive CCDF funds. These providers will be inspected on an annual basis. The policies and procedures will be in place by November 2016.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

☒ Yes. The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors: Pennsylvania does not have a specific policy citation that dictates the licensing inspector 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 that the state ensure adequate oversight by reducing inspectors' caseloads. Consequently, Pennsylvania is currently increasing the staff complement so the inspector to facility ratio will be 1:75.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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  - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____

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- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

e) **Child Abuse and Neglect Reporting –** That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

☒ Yes Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) 55 Pa Code Chapter 3270, 3280 and 3290 require that child care staff comply with the state's Child Protective Services Law (CPSL). Staff is required to report suspected child abuse/neglect to Pennsylvania's child abuse registry. In addition, staff must complete Mandated Reporter Training within 90 days of hire and every 5 years thereafter.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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  - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

☒ Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. Relatives as defined in the CCDF regulations will be exempt from state certification inspection requirements. They will continue to self-certify compliance with health and safety requirements as related to disease prevention, toxins, weapons, smoke detectors, etc.

Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt and include how the State/Territory ensures the health and safety of children in relative care. _____

No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories are required to have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as any other individuals in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check;

are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

☒ Fully implemented and meeting all Federal requirements outlined above. List the policy citation within the Lead Agency's rules 55 Pa Code 3270, 3280, 3290 and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2017) _____

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    - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
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5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and appealing the results of background checks. Pennsylvania requires the Child Abuse History Clearance be completed within 14 days of receipt of the request for the check. The Pennsylania Child Abuse History Clearance can be submitted and paid for on-line or through the mail. If submitted on-line, applicants can view and print the results on-line. The Pennsylvania State Police criminal clearance can be requested on line and the results are provided within minutes if the individual does not have a criminal record. If there is a criminal record, the information is generally returned to the applicant within 30 days. The FBI fingerprinting clearance is conducted by electronically scanning the fingerprints into a nationwide data search base. Results returned to the applicant in 14 days.

5.3.3 Describe how the State/Territory is helping other States process background checks, including any agencies/entities responsible for responding to requests from other states Office of Children, Youth and Families is the agency responsible to work with other states regarding background checks. States may request a background check of Pennsylvania's child abuse registry electronically or by submitting a paper application.

5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

☒ Yes. Describe. If the Department denies, refuses to renew or revokes a certificate of compliance or registration based on the results of background checks, the applicant or legal entity has the right to appeal that decision. An appeal of a negative sanction

relating to a certificate of compliance and registration is handled through the Department's administrative appeal procedure.

No

5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

☒ Yes. Describe. Prohibitions are outlined in the State's Child Protective Services Law (CPSL). The CPSL prohibits a person who meets any of the following from operating or working in a child care facility:
Named as perpetrator of a founded report of child abuse within the past 5 years
Convictions of any of the following crimes or the attempt, solicitation or conspiracy to commit any of the following crimes under Title 18 of the Pennsylvania Consolidated Statues or equivalent crimes in another state or under Federal law:
Chapter 25 (relating to criminal homicide)
Section 2702 (relating to aggravated assault)
Section 2901 (relating to kidnapping)
Section 2902 (relating to unlawful restraint)
Section 3121 (relating to rape)
Section 3122.1 (relating to statutory sexual assault)
Section 3123 (relating to involuntary deviate sexual intercourse)
Section 3124.1 (relating to sexual assault)
Section 3125 (relating to aggravated indecent assault)
Section 3126 (relating to indecent assault)
Section 3127 (relating to indecent exposure)
Section 4302 (relating to incest)
Section 4303 (relating to concealing death of child)
Section 4304 (relating to endangering welfare of children)
Section 4305 (relating to dealing in infant children)
Section 5902(b) Felony (relating to prostitution and related offenses)
Section 5903(c)(d) (relating to obscene and other sexual material and performances)
Section 6301 (relating to corruption of minors)
Section 6312 (relating to sexual abuse of children)
Felony offense under Act 64-1972 (relating to the controlled substance, drug devise and cosmetic act) committed within the past five years.

☐ No

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5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?

Yes, all relatives are exempt from all background check requirements.

Yes, some relatives are exempt from the background check requirements. Describe which relatives are exempt._____

☒ No, relatives are not exempt from background checks. Relatives as defined in the CCDF regulations will not be exempt from federal, state and child abuse background checks. Only the relative provider must obtain the clearances; however, the provider must also sign an attestation stating that no one in the home has been convicted of an offense listed in the Child Protective Services Law or is listed as an offender on Megan's List.

5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3rd party vendor or contractor, Lead Agencies can report that no fees are charged if applicable. Pennsylvania recently lowered the cost of the Pennsylvania State Police and Child Abuse background check to $8.00. The FBI fingerprinting clearance goes through a third party, Cogent. Cogent has also decreased the cost of the FBI clearance to 25.75. The fees cover the cost of processing and administration.

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue Requirements related to relatives as defined in the CCDF regulations are contained on the DHS public website. Go to: http://www.dhs.state.pa.us/; Select "For Children"; select "Child Care and Early Learning; select "Child Care Works"; scroll down to "CareCheck".

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes. List types of crime included in the aggregated data _____

☒ No

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that

emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements 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 across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such

as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements 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.

The Lead Agency assures that the State/Territory's training and professional development requirements:

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.

c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

☒ Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text

responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

☒ State/Territory professional standards and competencies. Describe
The Office of Child Development and Early Learning (OCDEL) sets the policies for the workforce system development. In consultation with OCDEL, the Pennsylvania Key is responsible for developing, updating and distributing the Core Knowledge Competencies (CKCs). The current CKCs were released in July 2014 and include the following Knowledge Areas:

- Child Growth and Development
- Curriculum and Learning Experiences

- Families, Schools and Community Collaboration and Partnerships
- Assessment
- Communication
- Professionalism and Leadership
- Health, Safety and Nutrition
- Program Organization and Administration

All training included in Pennsylvania's Professional Development Registry must be aligned to the CKCs. The CKCs support, align with and complement the following documents: PA Learning Standards for Early Childhood; PA Academic Standards; PA Child Care Regulations; PA Chapter 49-2 Standards for the Teaching Profession; Keystone STARS Standards; Head Start Performance Standards; NAEYC Teacher Preparation Standards; CDA Competency Goals and Functional Areas; and the Council for Exceptional Children: Division for Early Childhood.

☒ Career ladder or lattice. Describe The PA Early Learning Keys to Quality Career Lattice was created by a workgroup in 2005 that included state-wide representatives from higher education, professional development organizations, child care, Head Start, early intervention, Regional Keys, advocates, the Department of Education, the Office of Child Development and Early Learning and the Pennsylvania Key. The Career Lattice serves as a guide to the education levels required for many positions in the early learning and school-age field, as well as a framework for career planning, and has been revised several times over the past ten years, most recently in September 2014.

The Career Lattice encompasses Level I (High School diploma/GED plus 15 hours New Staff Orientation Training) through Level VIII (Ph.D/Ed.D)

The Career Lattice defines educational qualifications required at each level. To meet professional development standards specified in Keystone STARS, individuals working in child care centers, group child care homes or family child care homes must meet specific lattice levels. Required staff qualifications and placement on the lattice increase as programs attain higher STAR levels.

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☒ Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe There are currently fifty-six early childhood program-to-program articulation agreements between two and four-year institutions in Pennsylvania. All 14 State higher education institutions and all 14 Community Colleges in the commonwealth have program-to-program articulation agreements in early childhood education. Several private and academic baccalaureate institutions have also signed early childhood education program-to-program articulation agreements with two-year institutions, and many more institutions are working on developing early childhood education articulation agreements. These seamless articulation agreements between two and four year institutions of higher education allows practitioners, upon successful completion of the associate degree program in early childhood education, to transfer between 54 and 60 academic credits to a baccalaureate Pre-K to Grade 4 degree program. Early childhood education students admitted to the Pre-K to Grade 4 degree program through the program-to-program articulation agreement initiative do not have to repeat either General Education or Early Childhood Education courses with the same core competencies at the four year institution.

☐ Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe_____

☒ Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe Pennsylvania has had a registry data system for over ten years. The Pennsylvania Keys to Quality system includes three registries: the professional development registry, instructor registry and workforce registry. The current professional development registry, which was introduced in July 2014, is a Learning Management System that includes professional development opportunities offered by instructors approved through the Pennsylvania Quality Assurance System (PQAS). Individuals register for a professional development event and, after verification of participation and completion of an online evaluation, information is entered into a personal professional development transcript.

The instructor registry contains a listing of over 2,000 approved instructors. Instructor approval is aligned with the CKCs. Only approved instructors are permitted to post professional development events to the professional development registry.

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The current workforce registry is a voluntary system. Unlike other registries targeting early learning educators this registry is not restricted to individuals participating in a particular initiative, but rather is accessible to anyone and includes persons from across sectors. Current data elements of the workforce registry are aligned with the National Registry Alliance best practices; however there are a number of data elements currently not included or not required and all data are self-reported with no verification process.

Future enhancements to the registry system will result in a comprehensive workforce registry that contains all workforce data in one central location and can easily communicate this information to regional and state administrators as well as partners and early learning programs. Over the next two years we will be introducing enhancements to the workforce and PD registries which will allow the analysis of early educator workforce data, including movement along the Career Lattice, verified staff qualification information, and retention in the field.

☒ Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe In addition to the ELC, recommendations for the development, revision and implementation of the PD system are provided on an ongoing basis by a group of Regional Key and Professional Development Organization representatives that meet several times a year with the Professional Development Project Manager at the PA Key.

Beginning in the late fall of 2015, two Users Groups – one made up of Professional Development Organization and Regional Key representatives, and the other of early learning program directors and staff – will be convened several times a year (either face-to-face or virtually) to discuss the Professional Development Registry and provide input on the prioritization of requested enhancements.

☒ Continuing education unit trainings and credit-bearing professional development. Describe Each of the following types of professional development are recognized by Child Care Certification (Licensing) and Keystone STARS. Content must be related to the early childhood or school-age field, as outlined in the CKCs:

1. College credit offered through an accredited institution of higher education.

2. Act 48/Act 45 professional development which has been approved as acceptable for Act 48/45 hours through the Pennsylvania Department of Education.

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3. CEUs approved through a recognized professional association, college/university, or other specialty organization.

4. Pennsylvania Quality Assurance System (PQAS) hours offered by PQAS approved Professional Development Instructor or Technical Assistant Consultant.

- ☐ State-approved trainings. Describe_____
- ☐ Inclusion in state and/or regional workforce and economic development plans. Describe_____
- ☐ Other. Describe _____

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC.

In Pennsylvania, the State Advisory Council is referred to as the Early Learning Council (ELC). This is comprised of internal and external stakeholders who advise OCDEL on the successes and challenges of PA's early learning programs and recommendations for new directions in early education. The ELC focuses on early education, birth through age 8. The goals of the ELC are to develop a comprehensive, high quality birth to age 8 continuum of services with alignment and transition into K-12. Ad hoc workgroups are formed to address areas of emerging need or interest – recent groups related to professional development include a group focusing on the role of technology in PD, including access and familiarity issues, and another group focusing on a comprehensive infant/toddler strategy. In 2014, PA was awarded a Project LAUNCH grant; the statewide Young Child Wellness Committee operates as a committee of the ELC, and is exploring bringing the Michigan Infant Mental Health endorsement to PA.

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements.

Professional development on the standards is available to all providers through the PD Registry, and is required at the STAR 2 level for those participating in Keystone STARS; all Keystone STARS programs must at a minimum (STAR 1) maintain copies of the learning standards on-site. At the highest quality levels, the standards are incorporated into the program curriculum.

Anyone who wants to operate a child care facility in Pennsylvania, whether for the first time or opening an additional or new location, must attend an orientation training session within

12 months prior to opening. Orientation sessions, which are held on an ongoing basis across the state, focus on the state's health and safety standards. Additional professional development on health and safety topics are available to all providers through the PD Registry.

Professional development on social-emotional behavior intervention models is available through the PD Registry. Pennsylvania also supports facilities interested in implementing program-wide Positive Behavior Intervention Strategies (PBIS).

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)
N/A

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring 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 disabilities, and Native Americans, including Indians and Native Hawaiians.

Keystone STARS standards require that each staff member at facilities that are rated STAR 2 and higher develop an annual professional development plan based on needs identified in the Big Ideas and Individual Professional Development Plan. This online self-assessment tool allows individuals to choose areas of greatest interest to them to be highlighted in their annual plan. PD

is available on a wide variety of topics and modalities, including self-learning modules, webinars, online and face-to-face college courses, conferences, and stand-alone training events.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

☒ Financial assistance for attaining credentials and post-secondary degrees. Describe.
Pennsylvania's Rising STARS Tuition Assistance Program supports eligible applicants enrolling in college-credit bearing courses in order to attain credentials or post-secondary degrees in Early Childhood Education. Any current employee of a Keystone STARS facility, who has been working consecutively for such a facility for at least the past twelve months, and who meets salary guidelines, is eligible to apply. The program pays 95% of tuition costs, with a maximum benefit of $6,000 per individual each fiscal year; it was designed with the intention of paying tuition directly to the institution of higher education, at the beginning of a course so that the student does not have to pay first and then await reimbursement. The CDA Assessment Fee Voucher Program, available to individuals working at Keystone STARS facilities, supplies payment of the

$425 CDA Assessment Fee directly to the Council for Professional Development on behalf of the approved student. Keystone STARS programs that are eligible for Merit Awards may request approval of Merit Award funds for tuition costs after the individual student's access to Rising STARS Tuition Assistance has been exhausted.

☒ Financial incentives linked to education attainment and retention. Describe. Depending on the percentage of at-risk children served, individual teachers at STAR 2, 3 and 4 child care programs may be eligible for Education and Retention Awards (ERAs) on an annual basis. ERAs are available to teachers who have attained certain specified Levels on the PA Early Learning Keys to Quality Career Lattice. The amount of the ERA increases across STAR levels and across Career Lattice levels.

Registered apprenticeship programs. Describe _____

☒ Outreach to high school (including career and technical) students. Describe. The OCDEL/PA Key Career Resource Guide for Early Learning and School-Age Professionals includes information about PA's Students Occupationally and Academically Ready (SOAR) program, which allows Career and Technical Education students to earn free college credits. Students who are confirmed as completing their entire CTE program and who score well on a program approved test are awarded these credits. Additional information is available at http://www.collegetransfer.net/Search/PABureauofCTESOARPrograms/tabid/3381/Default.aspx

☒ Policies for paid sick leave. Describe. Depending on the percentage of at-risk children served, STAR 2, 3 and 4 child care programs may be eligible for Merit awards on an annual basis. Programs may choose to use Merit Award funds to supplement staff benefits, including the introduction of benefits such as paid sick leave, paid annual leave, health care benefits, and/or retirement benefits. With the exception of health care benefits, providers must work towards moving the cost of maintaining benefits into the provider's regular operating budget.

☒ Policies for paid annual leave. Describe. Depending on the number of at-risk children served, STAR 2, 3 and 4 child care programs may be eligible for Merit awards on an annual basis. Programs may choose to use Merit Award funds to supplement staff benefits, including the introduction of benefits such as paid sick leave, paid annual leave, health care benefits, and/or retirement benefits. With the exception of health care benefits, providers must work towards moving the cost of maintaining benefits into the provider's regular operating budget.

☒ Policies for health care benefits. Describe. Depending on the number of at-risk children served, STAR 2, 3 and 4 child care programs may be eligible for Merit awards on an annual basis. Programs may choose to use Merit Award funds to supplement staff benefits, including the introduction of benefits such as paid sick leave, paid annual leave, health care benefits, and/or retirement benefits. With the exception of health care benefits, providers must work towards moving the cost of maintaining benefits into the provider's regular operating budget.

☒ Policies for retirement benefits. Describe. Depending on the number of at-risk children served, STAR 2, 3 and 4 child care programs may be eligible for Merit awards on an annual basis. Programs may choose to use Merit Award funds to supplement staff benefits, including the introduction of benefits such as paid sick leave, paid annual leave, health care benefits, and/or retirement benefits.

☒ Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe. PA's Core Knowledge Competencies (CKCs) include items focused on the well-being of the provider as well as the development of the young child. Relevant competency statements are found in the Assessment, Professionalism and Leadership, and Health, Safety and Nutrition Knowledge Areas. Examples of professional development sessions available to providers through the PD Registry include: Conflict Resolution: Get Along Better with Your Coworkers; Leadership Solutions:

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Organize the Communication Chaos and Reduce Stress in Your Environment; Managing Stress: Taking Care of the Caregiver; Just Breathe: Discussing Ways to Relieve Workplace Stress; Resilient Caregivers: 'Bouncing back' from Stress; Stress: Seeing With Optimism. These sessions represent multiple competency levels and multiple formats (face-to-face; online synchronous, online asynchronous)

☒ Other. Describe. All early learning programs may post available positions on the PA Keys website, at no cost to the program. A link to the Job Opportunities page is included in each bi-weekly edition of the PA Early Education E-News.

Early learning programs may post available positions through the bi-weekly PA Early EducationNews listserv, at no cost to the program. A variety of retention strategies are targeted to Programs participating in Keystone STARS; these include CDA Assessment Voucher funds, Rising STARS Tuition Assistance, Education and Retention Awards (ERA), and benefits paid by Merit Award funds. The latter two strategies are part of the Keystone STARS grants and awards, which are available to Keystone STARS child care facilities where at least 10% of the children being served are receiving child care subsidies.

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6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

Pennsylvania has not addressed this issue in a statewide, systematic manner.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

☒ Informational materials in non-English languages

☒Training and technical assistance in non-English languages

☐ CCDF health and safety requirements in non-English languages

☐ Provider contracts or agreements in non-English languages

☐ Website in non-English languages

☒ Bilingual caseworkers or translators available

☒ Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce

☒ Other At this time, information and services are provided in English and in some cases in Spanish. Services in additional languages are available on a very local level.

☐ None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages _____

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

☒ Yes. The State certifies that no later than September 30, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers.

In the past two years, Pennsylvania has released policy guidance setting new standards for interagency collaboration at state and local levels to identify young children experiencing homelessness and to ensure access to quality early learning programs. A webinar focusing on this announcement and offering information about available resources is posted on the PA Keys and EITA websites. A two-page informational document titled "Caring for Young Children Who Are Experiencing Homelessness" is also posted on the PA Keys website.

OCDEL, in Partnership with the PA Key and Early Intervention Technical Assistance (EITA), is in the final planning stages of the training on Connecting Early Intervention (EI) to Infants, Toddlers, and Preschoolers who are Experiencing Homelessness. The topics will 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 Ages and Stages Questionnaire (ASQ).

☐ No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____

- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

☒ Yes. If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

OCDEL has established a monthly Keystone STARS participation report that reviews and allows for analysis of the number of participating programs by provider type and by STAR level. Information can be viewed by care level and program type. The report also allows for analysis of the number of "Move Ups and Move Downs" and the number of programs with suspended licenses who are STARS participants.
As part of the Race to the Top – Early Learning Challenge, the PD Registry will be enhanced in order to facilitate tracking of child care practitioners in terms of increased Career Lattice level, educational qualifications, and retention in the field.

b) Indicate which funds will be used for this activity (check all that apply)

X CCDF funds. Describe CCDF funds are used to support the development and delivery of high-quality, low-cost professional development for early learning practitioners, and the provision of a variety of technical assistance models to child care programs participating in Keystone STARS.

☒ Other funds. Describe

State funds are used as matching funds tosupport Keystone STARS in Pennsylvania, including professional development and technical assistance. Rising STARS Tuition Assistance is also supported with state funds.

c) Check which content is included in training and professional development activities. Check all that apply.

☒ Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe

Training and Professional Development aligned to 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.

☒ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social -emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe

Pennsylvania supports and promotes the implementation of program-wide Positive Behavior Interventions & Supports (PBIS)

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Early Childhood Mental Health (ECMH) Consultation, available to Keystone STARS programs, has as a primary explicit goal the reduction of expulsions of children from early learning programs due to challenging behaviors.

☒ 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. Describe

Training and Professional Development aligned to Knowledge Area 5 relate to the above topics.

Knowledge Area 5 – Family, Schools and Community Collaborations and Partnerships: The partnerships that early childhood and school-age professionals develop with families are critical to supporting children's successful and confident growth and educational experiences in the out-of-home setting. Children thrive when their learning professionals and family members work together to embed culture and values within the children's school experience and to develop ongoing, respectful and reciprocal communication strategies. Early childhood and school-age professionals must be aware of community resources and help families to make those connections when needed.

☒ Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe. Training and professional development aligned to Knowledge Area 2, Curriculum and Learning Experience, relate to these topics. Also, at the STAR 3 and 4 levels, programs are required to implement a learning curriculum that incorporates the PA Learning Standards for Early Childhood, including a written curriculum statement. The curriculum may be an approved published curriculum, or a homegrown curriculum that the program has demonstrated is aligned to the Early Learning Standards.

☒ On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe

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Training and professional development aligned to Knowledge Area 3, Families, Schools and Community Collaboration and Partnerships, relate to these topics: Early childhood and school-age professionals understand and respect the family, culture and community context in which each child lives. They demonstrate practices that build strong, positive connections to families and community resources for the benefit of children.

☒ Using data to guide program evaluation to ensure continuous improvement. Describe

Training and professional development aligned to 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.

☒ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe

Competencies within both the Child Growth and Development and Family, Schools and Community Collaborations and Partnerships 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 utlize multiple, strength-based strategies to educate families and staff with challenging issues such as divorce, abuse, unemployment, deployment, poverty, inclusion, etc."

☒ Caring for and supporting the development of children with disabilities and developmental delays. Describe

Professional development regarding caring for children with disabilities and developmental delays is available through Pennsylvania's Early Intervention Technical Assistance (EITA). EITA provides statewide training and technical assistance on behalf of OCDEL. Training is available both online and in face-

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to-face sessions, covering a wide variety of topics related to developmental delays, behavioral challenges, and Early Intervention services.

☒ Supporting positive development of school-age children. Describe

Pennsylvania supports School-Age Child Care projects through each of the five Regional Keys. The SACC projects deliver specialized PD and technical assistance focused on the needs of school-age children. In addition, the PA Key administers the PA School-Age Professional Credential (SAPC), modeled after the CDA Credential, through the Regional Keys. Finally, in 2013-2014, Pennsylvania began implementing the National Institute on Out-of-School Time's program in interested programs: "After-School Quality: The Process of Program Improvement."

☐ Other. Describe _____

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

☒ Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

☐ State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

☒ Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

☐ Other. Describe _____

☐ No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

☒ Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content
Currently there is not a pre-service requirement; Pennsylvania will be proposing a regulatory change requiring six-hours of pre-service training hours that encompass

nine of the ten topics included in the Reauthorization. Pediatric First Aid will be a separate requirement.

2) Number of on-going hours and any required areas/content
Certification requirement is 6 clock hours/year; this requirement increases at each STAR level to 24 (staff) or 27 (Director) hours at STAR 4. Required content at the Certification level includes First Aid, Fire Safety, and (if swimming is offered by the program) Water Safety. The hours for these required content areas are NOT included in the 6 hours. Required content increases at each STAR level, and encompasses topics such as health and safety, child observation, inclusive practices, Early Learning Standards, and child assessment, in addition to topics identified in the individual's annual professional development plan. OCDEL will be proposing increasing the number of on-going hours to 9 clock hours/year.

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content
Currently there is not a pre-service requirement; Pennsylvania will be proposing a regulatory change requiring six-hours of pre-service training hours that encompass nine of the ten topics included in the Reauthorization. Pediatric First Aid will be a separate requirement.

2) Number of on-going hours and any required areas/content
The basic Certification requirement is 6 clock hours/year; this requirement increases at each STAR level to 24 (staff) or 27 (Director) hours at STAR 4. Required content at the Certification level includes First Aid, Fire Safety, and (if swimming is offered by the program) Water Safety. The hours for these required content areas are NOT included in the 6 hours. Required content increases at each STAR level, and encompasses topics such as health and safety, child observation, inclusive practices, Early Learning Standards, and child assessment, in addition to topics identified in the individual's annual professional development plan. OCDEL will be proposing increasing the number of on-going hours to 9 clock hours/year.

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content
Currently there is not a pre-service requirement; Pennsylvania will be proposing a regulatory change requiring six-hours of pre-service training hours that encompass nine of the ten topics included in the Reauthorization. Pediatric First Aid will be a separate requirement.

2) Number of on-going hours and any required areas/content
Currently the basic Registration requirement is 12 clock hours every two years; this requirement increases at each STAR level to 24 (Secondary staff) or 27 (Primary staff) hours at STAR 4. Required content at the Certification level includes First Aid, Fire Safety, and (if swimming is offered by the program) Water Safety. The hours for these required content areas are NOT included in the 6 hours. Required content increases at each STAR level, and encompasses topics such as health and safety, child observation, inclusive practices, Early Learning Standards, and child

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assessment, in addition to topics identified in the individual's annual professional development plan. As Pennsylvania moves Family Child Care Homes from a Registration process to a Certification process, it will be proposed that the number of on-going hours increase to nine hours per year.

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content
Currently there is not a pre-service requirement

2) Number of on-going hours and any required areas/content
Currently the basic Registration requirement is 12 clock hours every two years; As Pennsylvania moves the Friend and Neighbor Care providers from Unregulated to Family Child Care Home status, the requirements will be as described above.

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

☒ Fully implemented. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

Training and professional development aligned to 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 PA Quality Assurance System (PQAS) approved professional development 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.

At the STAR 3 level, Directors must achieve a PA Director Credential or approved equivalent; Director Credential programs, delivered by accredited institutions of higher education, include a 3-credit course on business practices.

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☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
    - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
    - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will 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, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory's early learning and development guidelines appropriate for children from birth to kindergarten entry.

☒ The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency

  Pennsylvania's Infant/Toddler and Pre-Kindergarten Learning Standards for Early Childhood were both updated in 2014.

☒ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
  - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
  - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
  - Projected start date for each activity _____
  - Projected end date for each activity _____
  - Agency – Who is responsible for complete implementation of this activity _____

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- Partners – Who is the responsible agency partnering with to complete implement this activity _____

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

☒ Birth-to-three. Provide a link:

https://www.pakeys.org/uploadedContent/Docs/Career%20Development/2014%20Pennsylvania%20Learning%20Standards%20for%20Early%20Childhood%20Infants%20Toddlers.pdf

☒ Three-to-Five. Provide a link:

https://www.pakeys.org/uploadedContent/Docs/Career%20Development/2014%20Pennsylvania%20Learning%20Standards%20for%20Early%20Childhood%20PreKindergarten.pdf

☐ Birth-to-Five. Provide a link _____

☐ Five and older (check if State/Territory has standards for five and older that complement but cover child development areas not covered by k-12 academic standards). Describe and provide a link

☐ Other. Describe. All of Pennsylvania's early learning standards can be accessed at:

https://www.pakeys.org/pages/get.aspx?page=career_standards

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

☒ Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

☒ Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines. Describe

Keystone STARS Technical Assistance (STARS TA) is available to all child care programs participating in Pennsylvania's TQRIS. The goals of each STARS TA Service Plan are determined by the program and the individual TA Consultant,

and may include goals related to increasing and/or enhancing the use of the Early Learning Standards in the development of learning activities.

☒ The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe

Pennsylvania has a well-developed system of technical assistance models, including STARS TA, Early Childhood Mental Health Consultation, Child Care Health Consultation, Infant/Toddler Specialists, School-Age Child Care Specialists, and Regulatory Referral. All of these models, with the exception of Regulatory Referral TA, are available only to programs participating in Keystone STARS. Furthermore, STARS TA has supporting the program in movement to a higher STAR level as a primary focus.

☒ Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe

The Regional Keys' Infant-Toddler Specialists work with a maximum of 10 sites within a 6 month period providing 35-50 hours of consultation. Priority is given to STAR 2 sites. The Specialists' primary work occurs within the infant/toddler classroom with the goal of enhancing relationship based practices throughout the facility. Plans and strategies are designed so that they can be applied throughout the program.

☒ Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe

STARS TA is an intensive, one-on-one service provided to early learning programs to help the facility achieve specific Keystone STARS quality performance standards and movement in STAR levels. STARS TA Consultants have demonstrated skills necessary to guide programs in the Keystone STARS content areas, including the area of Early Learning Program.

☒ Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe

The School-Age Care projects administered through the Regional Keys include a primary focus on professional development and technical assistance to support SACC providers participating in Keystone STARS. SACC TA Consultants employ

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research-based methods for improving program quality and impacting positive outcomes forchildren.

b) Indicate which funds are used for this activity (check all that apply)

☒ CCDF funds. Describe

CCDF funds are used to support the development, delivery, and evaluation of the technical assistance models at no cost to programs participating in Keystone STARS.

☒ Other funds. Describe

State funds are used as matching funds to support Keystone STARS in Pennsylvania, including technical assistance services

6.3.4 Check here ☒ to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- 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 effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality

activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

1) Supporting the training and professional development of the child care workforce (as described in Section 6)
2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
4) Improving the supply and quality of child care programs and services for infants and toddlers
5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
8) Supporting providers in the voluntary pursuit of accreditation
9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
10) Other activities to improve the quality of child care services 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, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

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7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services.

Pennsylvania's overarching goals for quality improvement are to increase the number of child care providers participating in the state's quality rating and improvement systems, Keystone STARS (STARS) and to increase the number of children enrolled at centers, groups or family homes at the highest designation in STARS.

OCDEL plans to continue or undertake the following systems improvements:

- Program standards
  - Strengthen and revise the Keystone STARS standards
  - Identify and implement to the extent possible integrated monitoring and quality improvement processes to create efficiencies and a more streamlined process for providers participating in Keystone STARS.
- Supports to programs to improve quality
  - Enhance understanding and practice of the continuous quality improvement process throughout the early learning system
  - Continue to develop the infant-toddler specialist network, professional development and technical assistance, and support of families with infants and toddlers to improve child outcomes and school readiness
- Financial incentives and supports
- Review, analyze and implement changes to the financial incentives and supports available to child care providers serving low income children and participating in Keystone STARS
- Quality assurance and monitoring
- Continue to improve the analysis and use of data in the continuous quality improvement of state level systems
- Continue development of a standardized automated designation database and review of designator reliability
- Outreach and consumer education
- Continue to update parent materials describing quality early learning used by Child Care Works, other programs and community stakeholders

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

☒ Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.

☒ Indicate which funds will be used for this activity (check all that apply)

☒CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Pennsylvania implements a QRIS called Keystone STARS. STARS is a four-tier block system, where programs are awarded a greater number of STARS for each quality level they achieve.

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☒Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) State funds are used as matching funds to support the TQRIS system in Pennsylvania.

☒ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

☒Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside,, including whether designated infant- and toddler set aside, etc.) funds are being used along with other CCDF funds Funds are used to support improving the supply and quality of child care services for infants and toddlers. The infant toddler funds provide additional quality add-ons to the Child Care Works reimbursement for infants and toddlers; professional development; purchase of materials and supplies; and technical assistance.

Other funds Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

Other funds Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☒ Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

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☒ Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) OCDEL will continue to leverage our integrated state data systems and document the statistical relationships between the array or supports to providers and indicators of program quality including parent and child outcomes.

☒ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) As part of Race to the Top Early Learning Challenge Grant, OCDEL will be identifying a core set of questions for investigation in the RTT-ELC validation study of Keystone STARS. Results of this validation will continue to guide improvements and enhancements to Keystone STARS as we continue to evolve in the future.

☒ Supporting accreditation. If checked, respond to 7.7.

☒ Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Keystone STARS supports the allowable use of funds for child care to pursue accreditation.

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☐ Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☐ Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.

Indicate which funds will be used for this activity (check all that apply)

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CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

☒ Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available Pennsylvania's QRIS is operating state-wide. Information about the QRIS can be found at: www.pakeys.org.

☐ Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available _____

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

☒ Participation is voluntary

☐ Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) _____

☐ Participation is required for all providers

☐ Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels

☒ Supports and assesses the quality of child care providers in the State/Territory

☒ Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers

☐ Embeds licensing into the QRIS. Describe _____

☒ Designed to improve the quality of different types of child care providers and services

☐ Describes the safety of child care facilities

☒ Addresses the business practices of programs

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☒ Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled

☒ Provides, to the maximum extent practicable, 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. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality. In Pennsylvania's current system, investments are prioritized to programs providing high quality child care in two ways. PA implements a quality rating and improvement system. As child care providers participate and are designated at increasingly higher levels of quality, they receive higher tiered quality add-on reimbursements for children receiving Child Care Works, Pa's child subsidy program for low-income children. Examples of daily add-on rates are STAR 1- $.35 , STAR 2- $ .95, STAR 3-$ 2.80, and STAR 4- $5.00. It is OCDEL's intent to increase the add-on rates in 2015-2016 to further enhance the financial incentive to programs serving eligible children.

The second strategy Pennsylvania uses to prioritize funding to program participating in the QRIS ad serving low income children is to offer Merit Grants and Education and Retention Awards. Under Pennsylvania's current structure, programs serving 10% low-income children or 10% combined enrollment of low-income and children eligible for early intervention services can apply for Merit Awards to support ongoing activities to further enhance or maintain quality. These awards are scaled in two ways. One, to reflect the size of the facility with differing awards for family, group, small center, medium center, large center and extra-large center. The second tier is linked to the level of quality award for STAR 2, STAR 3 and STAR 4.

In implementing Keystone STARS, OCDEL works with 5 regionally-located community based legal entities. Part of the annual deliverable for these partners is to recruit new providers into the provider community. OCDEL has set aside small grants to support start up in rural communities where state data indicates a limited number of providers exist but there are high incidence of eligible children.

☒ Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

☒ Licensed child care centers

☒ Licensed family child care homes

License-exempt providers

☒ Early Head Start programs

☒ Head Start programs

☒ State pre-kindergarten or preschool program

☒ Local district supported pre-kindergarten programs

☒ Programs serving infants and toddlers

☒ Programs serving school-age children

☒ Faith-based settings

☒ Other. Describe. All participants seeking to participate who are identified as child care must be regulated. All the indicated providers may participate, but the grants and awards available for Keystone STARS are only available to licensed child care providers serving low-income children

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. OCDEL has established a monthly Keystone STARS participation report that reviews and allows for analysis of the number of participating programs by provider type, STAR level and also indicates the number of low income children receiving Child Care Works. Information can be viewed by care level and program type. The report also allows for analysis of the number of "Move Ups and Move Downs" and the number of programs with suspended licenses who are STARS participants.

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7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and 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.

7.3.1 What activities 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? Check all that apply and describe.

Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer

high-quality, age-appropriate care to infants and toddlers from low-income families. Describe _____

Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe _____

☒ Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe Pennsylvania Core Knowledge Competencies linked to the Professional Development Calendar and Workforce Registry. Each STAR level requires an increase in the number of hours of professional development. There are significant offerings available to support infant and toddler providers.

☒ Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe.

In the current Pennsylvania proposed budget, the Governor established specific add-on rates for the tiered reimbursement for Child Care Works. This would begin with STAR 2 and increase at each level for STAR 3 and STAR 4. This increase is designed to provide further incentives, but also to recognize that the cost of quality for infants and toddlers is more expensive for child care. By increasing the add-ons at STAR 2-4, OCDEL hopes to provide resources to have a greater number of slots available at quality levels.

☒ Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe Pennsylvania supports technical assistance related to infants and toddlers in 3 ways. The first is Child Care Health Consultation, which support the integration of health and safety practices in infant toddler rooms. The second model, STARS TA can address general practices and supports around program structure and the infant toddler environments. The third model, Infant Toddler technical assistance is a more in-depth TA to further enhance the activities and relationships in the provider's setting and with relationships with the parents

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 _____

Developing infant and toddler components within the State's/Territory's QRIS. Describe _____

☐ Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe _____

☒ Developing infant and toddler components within the early learning and development guidelines. Describe Pennsylvania recently completed revisions,

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distribution and professional development around the Pennsylvania Early Learning Standards for Infants and Toddlers.

☒ Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe Pennsylvania is in the process of developing a landing page to make locating information easier for parents. The website will have an easy to recall URL and provide prompts to assist parents locating information they are looking for. This website will connect parents with the required consumer education information for CCDBG as well as other interesting material parents can access.

☐ Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe _____

Other. Describe _____

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory. Pennsylvania captures financial information as well as program participation information in PELICAN, a web-based data system. OCDEL is able to evaluate the amount of incentives used for purchase of infant-toddler specific materials and resources, professional development and staff retention. Additionally in the PELICAN system for subsidy, OCDEL can track and evaluate the number of infants and toddlers participating by care level and by quality level. Using both data sets, staff are able to analyze and prioritize targets.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

☒ State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system Pennsylvania's CCR&R system is operated through OCDEL's sub-recipients, the Child Care Information Services (CCISs). Families needing help with locating child care and with getting information on quality programs may contact their local CCIS. State wide there are 42 CCISs offering services in each of the state's 67 counties. Families may also access resource and referral services at the state wide COMPASS network at www.compass.state.pa.us.

State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe

State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory 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.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe. Quality funds are used to provide a source of ongoing professional development (PD) and technical assistance (TA) to child care providers across a variety of topics. OCDEL partners with the PA Chapter of the American Academy of Pediatrics for health content for both PD and TA; the Office of Mental Health and Substance Abuse Services to support Early Childhood Mental Health TA; Bureua of Early Intervention and its partners support PD and TA for Positive Behavior Supports; as well as managing the PA Quality Assurance System to offer needs based TA. In the structure of supporting child care providers, there is also a relationship with the Bureau of Certification and the Regional Keys to provide specific support around regulatory referrals. Regulatory referrals are specific TA/PD requests related to Child Care licensing infractions such as supervision or basic helath and safety. The Regional Keys, supported by quality funds, offer the necessary supports to address individual child care corrective action plans.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. OCDEL monitors a number of data elements from the PELICAN System to analyze compliance with health and safety requirements. Each Regional Key receives reports relevant to the child care providers they support. The reports can be used to coordinate professional development with Certification staff or other PD/TA providers.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children.

OCDEL has established a monthly Keystone STARS participation report that reviews and allows for analysis of the number of participating programs by provider type, STAR level and also

indicates the number of low income children receiving Child Care Works. Information can be viewed by care level and program type. The report also allows for analysis of the number of "Move Ups and Move Downs" and the number of programs with suspended licenses who are STARS participants.

As part of Keystone STARS, providers, beginning at STAR 2, must enter demographic information about their program, administration and staff into the web-based reporting system, PELICAN. At STAR 3 and 4, providers must participate in child outcomes reporting. These two sets of information allow for data analysis for professional development and resource deployment.

As part of Keystone STARS, participating providers are required to reach increasing hours of professional development. This is accomplished through the PA Professional Development Calendar and Workforce Registry. This web-based system currently captures participant entered qualifications, linking them with the provider they are working for. Additionally the practitioners complete the online self-assessment based on the Core Knowledge Competencies. This information can be access at the individual, program, region or state level to evaluate workforce as well as professional development needs.

A final source of information is provided through the Environment Rating Scales system. Pennsylvania uses the suite of tools developed by Dick Clifford, Thelma Harms and Debbie Cryer. Tools are used to assess classrooms or environments at STAR 3 and 4. The information is entered into the ERS database BIG. Analysis and reports are available and allow OCDEL and its partners to develop supporting professional development.

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7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. OCDEL monitors a monthly Keystone STARS report which provides information as to the number of child care and other early learning programs who have entered, moved up or down in the STARS Levels, or who have a suspended child care Certificate of Compliance. This information is generated from PELICAN. OCDEL also uses three supplementary systems for data analysis around quality movement. The first is the Professional Development Calendar. OCDEL and its partners can review and analyze the frequency and demand around approved professionals development 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 Core Knowledge Competencies. This analysis allows for the prioritization and individualization of PD by region statewide. The second system is the information management system for the Environment Rating tools. The System allows for the review of the various tools and the scoring of each. By looking at associated reports, trends are able to be determined with also contribute to needs in supporting PD or TA for child care in the STAS system. The final system is the SMART database. SMART is the web-based tool used by the quality designators. The reports and analysis available from this source identify barriers to a STAR designation and also contribute to deployment of reources.

7.7 Accreditation Support

7.7.1 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?

☒ Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation.

OCDEL has developed an accreditation crosswalk, which accrediting bodies can compare their process and procedures with the Keystone STARS Standards. In most cases the crosswalk does not completely align with the STARS Standards. If accredited by one of the successful accrediting bodies, the accreditation serves as documentation for an approved list of STARS components, which in turn decreases the amount of evidence or documentation a provider must provide to be designated in STARS. Currently OCDEL recognizes the National Association for the Education of Young Children (NAEYC), National Early Childhood Program Accreditation (NECPA), and National Association for Family Child Care (NAFCC). Providers may use one of the STARS incentives, Merit Grants to financially support the program's accreditation process.

Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe _____

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

OCDEL designates programs participating in accreditation as STAR 4A. By creating a separate designation, OCDEL can monitor all the data elements collected as part of the STARS program participation and complete analysis by provider types. Accredited programs continue to participate in the biennial STARS renewal process: submit information in to the child outcomes reporting system and professional development system; and have their environments evaluated with the appropriate ERS tool. This allows for OCDEL to monitor their performance based on accreditation.

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe.

At present there are not specific STARS standards related to health, mental health, nutrition, physical activity, and physical development per se. However in the Keystone STARS standards there are ongoing requirements for professional development and standards around developing and implementing a continuous quality improvement plan. To that end, there are a number of supports, professional development opportunities or mini-grants that support these priorities.

As part of technical assistance or through individual programs' selection of continuous quality improvement activities, there are several supports to increase high quality practices around children's mental health. OCDEL has supported professional development with Mind in the Making and makes technical assistance available for Positive Behavior Interventions and Supports (PBIS) and Early Childhood Mental Health Consultation.

In a public-private partnership with the Heinz Foundation, mini-grants are available to child care programs participating in STARS called Healthy and Green Mini-grants. The intent is to educate practitioners about environmental hazards which can adversely impact children's health and development. Practitioners must complete a two part professional development series and complete a self-assessment. Upon completion the practitioner can apply for funds to address and mitigate identified hazards or implement Healthy & Green activities.

Through Race to the Top-Early Learning Challenge funds, a family engagement, nutrition initiative is being offered to child care providers at STAR 2 or greater. Family Meals mini-grants allow for programs to work with a registered dietician to provide nutrition education and healthy meal preparation activities over a four session event. Activities are scheduled at times convenient to parents and address healthy nutrition, ways to decrease food expenses and how to encourage healthy nutrition habits in young children.

OCDEL supports Keystone Kids Go, which a modification of the North Carolina nutrition/activity curriculum. OCDEL has also worked with the developer of I Am Moving, I Am Learning (IMIL) for

supplemental Keystone Kids Go physical activities as well as adapting IMIL specifically to Pennsylvania. Keystone Kids Go and IMIL professional development are available through the PA Professional Development Calendar.

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Overall there is the monitoring and analysis of the Professional Development Calendar as to the numbers, types and frequency of offerings. The PD Calendar collects evaluation information as to the relevance of the materials can content to the students role in their program.

Information related to health practices is collected and reviewed from a number of sources. The Environment Rating Scales have health related content to which the BIG data base is able to generate reports which can contribute to OCDEL and its partners offering of targeted supports.

STARS Technical assistance, STARS TA, Infant Toddler Specialist data, Child Care Health Consultation and After School Quality SAC are all tracked in PELICAN. Early Childhood Mental Health consultation is tracked in a customized database outside of the PELICAN system.

Consultants and administrators are able to access PELICAN, enter a unique provider identifier, and then fill in templates for Requests, Intakes, Action Plans, Progress Interaction Logs, and Contact Logs. TA data elements captured in PELICAN include, but are not limited to: Consultant and TA Organization assigned to the request, requested area of service, number of children by care level, STAR level, Request start date; date, hours, highlights, and strategies used at each interaction; goals, action steps, due dates, and person responsible for each step of the action plan.

Consultants, TA Organizations, and Regional Key staff are able to pull reports on the facilities to which they are assigned. They are able to get reports on total time spent on a request and its current status, the goals that are assigned to an action plan, and progress interaction log information. In April, 2015, a data warehouse was launched. This allows us to track data elements from PELICAN in different combinations that were not previously available through our PELICAN reports.

OCDEL and its partners analyze reports around intakes, time spent on goals in different STARS categories, time spent on requests by STAR levels and facility type, and relationships between ERS scores and TA received.

PBIS - OCDEL programs implementing program wide PBIS receive support from the OCDEL professional development systems to evaluate their program's fidelity using the nationally recognized tools including the Benchmarks of Quality and the Teacher Observation Tool.

Information on the two mini-grant projects are collected and review by an narrative report submitted by each applicant.

7.9 Other Quality Improvement Activities

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7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. OCDEL has adopted a P-3 Alignment philosophy under the Race to the Top-Early Learning Challenge Grant. P-3 is the concept of prenatal to 3rd grade alignment. In order to improve the quality of services in communities, OCDEL is supporting professional development for teams around enhancing services to children, engaging families and strengthening community and k-12 connections. In some instances, RTT-ELC grants are supporting targeted work in communities with child care as a required partner. This effort is designed for local child care and K-12 to become more familiar with the other, strengthen professional development and better support enrolled families as they transition.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

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8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. Pennsylvania's definition of intentional program violation is reflected in 55 PA Code, Chapter 3041 Subsidized Child Care Eligibility, which 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. Unintentional program violation is addressed in 55 PA Code, Chapter 255 Restitution, where "non-fraud" is defined as follows an overpayment resulting from the client's misunderstanding of eligibility requirements or of his responsibility for providing the county office with information, from the innocent concealment of facts, or from county office omission or administrative error in securing or acting on information. Chapter 255 also refers to administrative error as an error on the part of the agency.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

☒ Issue policy change notices

☒ Issue new policy manual

☒ Staff training

☒ Orientations

☒ Onsite training

☒ Online training

☒ Regular check-ins to monitor implementation of the new policies. Describe The lead agency monitors the sub-recipients alerts associated with the newly revised policies or procedures to ensure timely processing. The lead agency also monitors the sub-recipients business processes by reviewing reports and researching cases on a sporadic basis. In some instances follow-up sessions are scheduled when issues are identified as recurring for a specific sub-recipient.

☒ Other. Describe The lead agency also provides a variety of job aids, work flows and question and answer documents to be used by the sub-recipient when training new staff or existing staff faces challenges regarding the revised policies or procedures. In addition to the pre-developed materials, the lead agency has established a protocol by which the sub-recipients 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 the lead agency's subject matter specialist, based upon the topic to which the question is related. Telephone or in-person conferences are held, as

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needed, for very complex circumstances or if multiple lead agencies are vested in the final resolution.

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8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. For its sub-recipient CCISs, OCDEL conducts annual monitoring which includes an on-site review of a random sample of cases. OCDEL uses the Performance Standards Monitoring Tool to provide monitoring consistency across all sub-recipients. The Monitoring Tool addresses customer service, including resource and referral, caseload management which includes eligibility and policy compliance, and Administration, which addresses fiscal/ funds management. CCISs are informed of the results of the monitoring and a plan of correction is required if deficiencies exist. CCISs are required to have independent audits annually and agree to follow all terms of the grant which governs their operations. Pennsylvania is a Year 1 State for completing the 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 and updates and State customized language. The Worksheet provides a standardized format to assess the case record, to determine whether the child was eligible and received the correct subsidy payment for the sample review month. For Federal review years, Pennsylvania has chosen the federal sample size of 276 cases. In addition, if the federal cases to be reviewed don't include at least 10 cases per sub-recipient, the State guarantees a minimum of 10 cases will be reviewed each year for each sub-recipient but the additional cases over and above the 276 cases will not be included in the final State Improper Payments Report (ACF-404). All cases reviewed on non-federal review years and all cases over and above the federally required cases will use a standardized compliance monitoring tool that is based on the Federal Record Review Worksheet. Any error rate, including payment error rates, which exceed 10%, require a Corrective Action Plan from the sub-recipient. For Federal Review years, federally required Corrective Action Plans and requested progress reports will be submitted to the Assistant Secretary for review and approval. Non-Federally required Corrective Action Plans will be written and reviewed with the sub-recipient. The State will review the sub-recipient's progress until compliance is met.

The sub-recipients managing the Keystone STARS program are referred to the Regional Keys. There are five Regional Keys in Pennsylvania; OCDEL maintains Monitoring-Agreements with all of them. All agreements are reviewed and signed by subrecipient personnel as well as various commonwealth personnel, including the Program Deputy Secretary, Comptroller Operations personnel, the DHS Office of Legal Counsel, etc. In addition, the agreement package includes detailed budgets outlining the proposed use of the CCDF Funds. Budgets are reviewed by OCDEL personnel to ensure the activities are allowable and in compliance with program regulations. After the budgets are reviewed, they become part of the authorized agreement between the commonwealth and grantee.

On-site monitoring of the Regional Keys is performed annually to determine whether the subrecipients are in compliance with state and federal regulations, program deliverables and policies and to ensure costs and activities are allowable. The standard areas of testing are:

- Regional Key compliance with the Program Review Instrument
- Programmatic requirements
- Provider monitoring procedures
- Regional Key Administrative Management

The Regional Keys are monitored (on-site) annually in June each year by OCDEL. A final report is issued to the Regional Keys along with a Plan of Correction for any findings or items that need improvement (if any). After final reports are completed and sent to the Bureau Director for review and approval.

The PA Key in is monitored (on site) in September by FAP and the BELS Unit. A final report is issued to the PA Key along with a Plan of Correction for any findings or items that need improvement (if any). Annual monitoring documents are maintained in the PA Key monitoring file.

All of the subrecipients are subject to Single Audits in accordance with OMB Circular A-133 (or the new Uniform Administrative Requirements. Cost Principles, and Audit Requirements for Federal Awards. "The Super Circular". 2 C.F.R. Part 200.)

Quarterly monitoring of all Regional Keys is performed by evaluating programmatic performance by using the Program Review Instrument. After review and approval of Bureau Director, final evaluations are communicated to all Regional Keys including any areas needing improvement.

> **Definition**: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93).Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors").The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

☒ Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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))

☒ Run system reports that flag errors (include types). Describe OCDEL has the option to run 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 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 Temporary Assistance for Needy Families (TANF) benefits; and accurate co-payment assessment or waiver of co-payment.

☒ Review of enrollment documents, attendance or billing records

☒ Conduct supervisory staff reviews or quality assurance reviews

☐ Audit provider records

☒ Train staff on policy and/or audits

☒ Other. Describe The lead agency reviews case and eligibility-related information contained with the Pennsylvania's Enterprise to Link Information for Children across Networks (PELICAN) 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.

☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

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☒ Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), 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))

☒ Run system reports that flag errors (include types). Describe The lead agency has the option to run 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 Temporary Assistance for Needy Families (TANF) benefits; and accurate co-payment assessment or waiver of co-payment.

☒ Review of enrollment documents, attendance or billing records

☒ Conduct supervisory staff reviews or quality assurance reviews

☐ Audit provider records

☒ Train staff on policy and/or audits

☒ Other. Describe The lead agency reviews case and eligibility-related information contained with the Pennsylvania's Enterprise to Link Information for Children Across Networks (PELICAN) 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.

☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

☒ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount There is no minimum dollar amount for payments issued by a CCIS sub-recipient. For payments issued by the Regional Key sub-recipients, the minimum dollar amount is $1.00.

☒ Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)

☒ Recover through repayment plans

☒ Reduce payments in subsequent months

☐ Recover through State/Territory tax intercepts
☐ Recover through other means
☐ Establish a unit to investigate and collect improper payments. Describe _____

☒ Other. Describe Pennsylvania 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, or increasing the parent's or caretaker's co-payment. PA regulations restrict collection of an overpayment by increasing the parent's or caretaker's co-payment for cases in which the parent or caretaker is a current recipient of TANF benefits; these overpayments are collected solely through the arrangement of a payment plan. There is no minimum dollar amount on what the lead agency will attempt to collect.

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 Office of Inspector General (OIG) to report misspent funds or alleged fraud by Providers. Should the OIG agree that the violation is in fact fraud; the violation is handed over to the District Attorney for further review/ prosecution, if deemed appropriate.

☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines _____

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

☒ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount There is no minimum dollar amount for payments issued by a CCIS sub-recipient. For payments issued by the Regional Key sub-recipients, the minimum dollar amount is $1.00.

☒ Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)

☒ Recover through repayment plans

☒ Reduce payments in subsequent months

☐ Recover through State/Territory tax intercepts
☐ Recover through other means
☐ Establish a unit to investigate and collect improper payments. Describe composition of unit below

☒ Other. Describe CCISs refer suspected intentional program violations (IPV) and fraud to the state's Office of Inspector General for investigation and follow-up prosecution if appropriate. However, prosecution is only sought when the amount of the improper payment equals or exceeds the minimum dollar amount established by the local District Attorney's office handling the case.

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 Office of Inspector General (OIG) to report misspent funds or alleged fraud by Providers. Should the OIG agree that the violation is in fact fraud; the violation is handed over to the District Attorney for further review/ prosecution, if deemed appropriate.

☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines _____

c) Check which activities the Lead Agency will use for administrative error?

☒ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount For payments issued by the Regional Key sub-recipients, the minimum dollar amount is $1.00.

☐ Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)

☒ Recover through repayment plans (for Regional Keys sub-recipients)

☒ Reduce payments in subsequent months (for Regional Keys sub-recipients)

☐ Recover through State/Territory tax intercepts
☐ Recover through other means
☐ Establish a unit to investigate and collect improper payments. Describe composition of unit below

☒ Other. Describe Pennsylvania's 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. Collection of overpayments due to administrative error for cases in which the parent or caretaker is a current recipient of TANF benefits are handled solely through the arrangement of a payment plan. The regulations restrict collection of an overpayment due to administrative error by increasing the parent's or caretaker's co-payment for TANF recipients. Once the

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error has been identified, OCDEL reviews the error with the CCIS. The CCIS is expected to correct the error going forward. If warranted, a Plan of Correction will be issued.

☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines _____

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

☒ Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified. 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 the Pennsylvania Department of Human Services (DHS). However, the parent or caretaker cannot appeal the disqualification decision through the Department. 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/caretaker can file an appeal through the Commonwealth Court of Pennsylvania.

☒ Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. 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 the Department's Bureau of Hearings and Appeals and the provider may appeal to the Commonwealth Court if Hearings and Appeals decides against the provider.

☒ Prosecute criminally

Other. Describe _____

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