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**Child Care and Development Fund (CCDF) Plan  
for  
Pennsylvania.  
FFY 2025 – 2027**

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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## Overview

### *Introduction*

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), which is the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe and positive care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State and Territory application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine State and Territory compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in the CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, and the annual Quality Progress Report.

### *Organization of Plan*

In their CCDF Plans, States and Territories must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

### *Completing the Plan*

In responding to plan questions, States and Territories should provide brief, concise, and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. The CCDF Plan is intended to stand on its own to describe how the Lead Agency is implementing its CCDF program.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. State/Territory Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

### *Review and Amendment Process*

OCC will review submitted State/Territory plans for completeness and compliance with federal policies. Each Lead Agency will receive an approval letter approximately 90 days after the Plan is due that includes any plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt your programs to address evolving child care needs of families and providers. States and Territories must make amendments to their plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances, during the three-year plan cycle.

### *Appendix 1: Implementation Plan*

This revised Preprint aims to capture the most accurate and up-to-date information about how you are implementing the CCDF program in compliance with the requirements to best meet those needs. As part of the Plan review process, if OCC identifies any requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for states and territories to submit as its 60-day response to that preliminary notice. This template is Appendix 1: Lead Agency Implementation Plan in the CCDF Plan Preprint. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, allow the State or Territory flexibility to outline its steps and associated timeline needed to fully implement those unmet elements, and provide a mechanism for requesting technical assistance and resources to support full implementation.

### *CCDF Plan Submission*

States and Territories will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

## 1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

### 1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto in 658D; 658E(c)(1) and 98.16(a).

1.1.1 Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

a. Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: **PA Department of Human Services,**

**Office of Child Development and Early Learning (OCDEL)**

Street Address: **607 South Drive, 4th Floor Rotunda**

City: **Harrisburg**

State: **PA**

ZIP Code: **17120**

Web Address for Lead Agency: **[www.dhs.pa.gov](http://www.dhs.pa.gov)**

b. Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: **Valerie**

Lead Agency Official Last Name: **Arkoosh**

Title: **Secretary, Department of Human Services**

Phone Number: **717-787-2600**

Email Address: **[varkoosh@pa.gov](mailto:varkoosh@pa.gov)**

1.1.2 Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the

person with responsibility for administering the State's or Territory's CCDF program. The OCC 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, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator Contact Information:  
 CCDF Administrator First Name: **Shante'**  
 CCDF Administrator Last Name: **Brown**  
 Title of the CCDF Administrator: **Deputy Secretary, Office of Child Development and Early Learning**  
 Phone Number: **717-346-9324**  
 Email Address: [shantbrown@pa.gov](mailto:shantbrown@pa.gov)
- b. CCDF Co-Administrator Contact Information (if applicable):  
 CCDF Co-Administrator First Name: **Jessica**  
 CCDF Co-Administrator Last Name: **Sands**  
 Title of the CCDF Co-Administrator: **Human Services Program Executive 1**  
 Phone Number: **717-787-8082**  
 Email Address: [jsands@pa.gov](mailto:jsands@pa.gov)  
 Description of the Role of the Co-Administrator: **Primary point of contact for the CCDF plan, plan coordinator and cross-system coordinator.**

## 1.2 CCDF Policy Decision Authority

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

- 1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the State or Territory level or local level? Identify whether CCDF program rules and policies are established by the State or Territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards. Check one.
  - a.  All program rules and policies are set or established by the State or Territory. If checked, skip to question 1.2.2.
  - b.  Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.
    - i. Eligibility rules and policies (e.g., income limits) are set by the:
      - A.  State or Territory. Identify the entity. *Click or tap here to enter text.*
      - B.  Local entity (e.g., counties, workforce boards, early learning coalitions). Identify the entity and describe the eligibility policies the local entity(ies) can set. *Click or tap here to enter text.*
      - C.  Other. Describe: *Click or tap here to enter text.*

- ii. Sliding-fee scale is set by the:
  - A.  State or Territory. Identify the entity. *Click or tap here to enter text.*
  - B.  Local entity (e.g., counties, workforce boards, early learning coalitions). Identify the entity and describe the sliding-fee scale policies the local entity(ies) can set. *Click or tap here to enter text.*
  - C.  Other. Describe: *Click or tap here to enter text.*
- iii. Payment rates and payment policies are set by the:
  - A.  State or Territory. Identify the entity. *Click or tap here to enter text.*
  - B.  Local entity (e.g., counties, workforce boards, early learning coalitions). Identify the entity and describe the payment rates and payment policies the local entity(ies) can set. *Click or tap here to enter text.*
  - C.  Other. Describe: *Click or tap here to enter text.*
- iv. Licensing standards and processes are set by the:
  - A.  State or Territory. Identify the entity. *Click or tap here to enter text.*
  - B.  Local entity (e.g., counties, workforce boards, early learning coalitions). Identify the entity and describe the type of licensing standards and processes the local entity(ies) can set. *Click or tap here to enter text.*
  - C.  Other. Describe: *Click or tap here to enter text.*
- v. Standards and monitoring processes for license-exempt providers are set by the:
  - A.  State or Territory. Identify the entity. *Click or tap here to enter text.*
  - B.  Local entity (e.g., counties, workforce boards, early learning coalitions). Identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set. *Click or tap here to enter text.*
  - C.  Other. Describe: *Click or tap here to enter text.*
- vi. Quality improvement activities, including QIS, are set by the:
  - A.  State or Territory. Identify the entity. *Click or tap here to enter text.*
  - B.  Local entity (e.g., counties, workforce boards, early learning coalitions). Identify the entity and describe the type of quality improvement activities the local entity(ies) can set. *Click or tap here to enter text.*
  - C.  Other. Describe: *Click or tap here to enter text.*
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level: *Click or tap here to enter text.*

1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

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



CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R
i. Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
ii. Who assists parents in locating child care (consumer education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
iii. Who issues payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
iv. Who monitors licensed providers?	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Who monitors license-exempt providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
vi. Who operates the quality improvement activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

b. Other. List and describe any other State or Territory agencies or partners that implement or perform CCDF services and identify their responsibilities. **In the implementation of quality building activities, Office of Child Development and Early Learning (OCDEL) contracts with the Berks County Intermediate Unit to administer the Pennsylvania Key to manage statewide initiatives and to manage the Professional Development Registry. The Pennsylvania Key also manages the implementation of Infant Early Childhood Mental Health Consultation (IECMH) and supports child care providers in program observation instruments to support their Continuous Quality Improvement (CQI). The Early Childhood Education Professional Development Organizations (PDOs) are responsible for supporting child care workforce with access to credit bearing coursework. The contracts for six regions were awarded to two lead agencies, both covering multiple regions. The first is Shippensburg University on behalf of three institutions of higher education partners and the second was awarded to Public Health Management Corporation (PHMC) on behalf of a consortium of colleges and universities.**

1.2.3 For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

a. Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

- i. **X** Tasks to be performed. Describe: Each agreement or contract includes a work statement or the description of the work to be completed by the partnering agency.
  - ii. **X** Schedule for completing tasks. Describe: Both the start and end date of the agreement/contract is clearly stated, along with the terms of any possible agreement or contract extensions.
  - iii. **X** Budget which itemizes categorical expenditures in accordance with CCDF requirements. Describe: Contracts/agreements include a breakdown of funding categories to be utilized to perform services/work.
  - iv. **X** Indicators or measures to assess performance of those agencies. Describe: All agreements/contracts are subject to audit by Commonwealth agencies.
- b. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration.

Early Learning Resource Centers (ELRCs) are responsible for the administration and implementation of the CCDF program. ELRCs work on behalf of the Department of Human Services (DHS)/OCDEL. Through an application process, DHS awarded the ELRCs grants to complete all necessary responsibilities through written agreements. OCDEL monitors performance of the ELRCs, including completion of administrative and implementation responsibilities. ELRC monitoring takes place through reports, data analysis, program metrics and case file reviews. The written agreements are composed of a Technical Submittal, a Cost Submittal, various appendices, and the grant signature page. The Technical Submittal is completed by the ELRC to document how it will meet the grant requirements, a statement of the problem, a summary of the organization's management, the organization's prior experience, personnel and training plans, the organization's financial capability, their work plan, and how they will manage reports and controls. The appendices to the agreement include lobbying certification and disclosure, domestic workforce utilization, Iran-free procurement certification, a corporate reference questionnaire, a trade secret confidential proprietary information notice form, a business associate addendum and a contract "standard terms and conditions" common to all contracts, grants and agreements secured by DHS. For the subsidized child care program, ELRCs are monitored on compliance with the eligibility requirements and operational performance standards. Compliance staff evaluate if the ELRC met the following objectives: The agency maintains and processes eligibility forms for all (Low Income, Former TANF and TANF) subsidy clients accurately and timely; The agency utilizes the correct regulations for all priority groups (TANF, Former TANF and Special Needs) and processes those cases correctly; The agency determines that the parent/caretaker is meeting the eligible definition of parent/caretaker; The agency determines that the parent/caretaker resides in Pennsylvania and the county of application; The agency determines that the child(ren) receiving child care is/are qualified based on the regulations for age and citizenship; The agency determines that the hours of care provided to the child(ren) are based on the parent/caretaker(s) work/education/training hours and their documented need for care; The agency determines that the parent/caretaker(s) meet the work/education/training requirement based on their documented circumstances and eligibility criteria; The agency utilizes the correct income calculation and determines eligibility correctly based on all verification provided by the parent/caretaker; The agency determines that the household income meets the state's family gross income limit within the specified FPIG guidelines; The agency determines the amount of subsidy payment authorized based on income, family size, the Maximum Child Care Allowance

(MCCA) payment rate schedule, and assesses the correct co-pay; The agency determines that the child care services are provided by a center-based, group-based, family child care provider, relative provider, or in-home care provider that is legally operating and eligible to receive child care subsidies; The agency assures that all child care providers meet the regulatory requirements and are paid rates according to their specified regional MCCA rate scale and the rates are entered into the data base system correctly and paid timely. There are nine standards under three categories for operational performance standards; they are Customer Service: Objective 1 - The agency provides comprehensive information on all agency services, provides timely response to all inquiries, and resolves complaints in a timely and professional manner. Objective 2 - The agency provides comprehensive and consistent Parent Education, Information, and Resource and Referral services regarding all OCDEL programs and community programs. Caseload Management: Objective 1 - The agency processes case actions for authorized cases within the timeframes established by OCDEL. Objective 2 - The agency processes case actions for redeterminations within the timeframes established by OCDEL. Objective 3 - The agency processes and manages information received in their inboxes and update inboxes within the timeframes established by OCDEL. Administrative Management: Objective 1 -The agency manages their service allocations in a manner that maximizes expenditures, available funds, and encumbrances. Objective 2 - The agency timely and accurately manages Family Support Services Expenditures. Objective 3 - The agency timely and accurately submits reports and other financial information as requested by OCDEL. Objective 4 - The agency timely and accurately manages the staff training plan. For the quality rating improvement system, ELRC performance is measured through the following objectives: Data is accurately entered and maintained in state-defined data management systems in a timely manner. When coordinating Quality Keystone STAR work the ELRCs will define, collect, and analyze data-rich reports to inform the decision making of the Pennsylvania Key; Distribute reports to the Early Learning, School-Age, and stakeholder community; Respond to OCDEL report requests (both scheduled and special requests) within the established timeframes. The grantee plans, coordinates, implements, and assesses the status of state and agency deliverables/requirements within defined timeframes. Regional Leadership Council (RLC) is convened to ensure the ELRC is working in an integrated and collaborative way within the local early learning service community. They help build on the enhanced visibility of the ELRC as a hub for early learning resources by a diverse group of community stakeholders including early childhood programs, providers, families, school districts, higher education, businesses, and funders. RLCs help ELRCs assemble and strengthen strong, clear, and shared leadership at the local level by engaging a wide range of community stakeholders in the early learning agenda. RLCs are assessed considering the diversity of membership in terms of geography, ethnicity, language, disabilities, mental health, children in foster care, homelessness, OUD/SUD, existing services for families, etc. When convening the RLC, leveraging and/or incorporating existing community groups when convening the Local Leadership Council as well as strategies for including traditionally under represented, and or engaged groups, their ongoing engagement of the RLC and regional collaboration/partnerships.

OCDEL monitors the implementation of CCDF activities designated to the PA Key through monthly budget meetings with PA Key fiscal staff, OCDEL Finance Director and the Deputy Secretary. Fiscal reports are reviewed monthly, along with quarterly project reports. All completed project materials are reviewed by the appropriate OCDEL staff.

The Professional Development Organizations (PDOs) performance data is collected quarterly as well as annually through qualitative and quantitative reporting. The PDO manager has regular PDO

Director calls and attends all PDO stakeholder and advisory meetings. Monitoring of the PDOs using a Performance Review Instrument (PRI) occurs annually. The Division of Standards and Professional Development monitors program and financial activity on a regular and ongoing basis.

1.2.4 Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

a.  Yes.

b.  No. If no, describe: *Click or tap here to enter text.*

1.2.5 Briefly describe the Lead Agency’s policies related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds.

DHS holds all personally identifiable information about children and families receiving CCDF assistance confidential. Through ELRC grants and regulations for the CCDF program, DHS and OCDEL require ELRCs to keep case file information about children and families confidential and in a secure location. Data about families participating in the subsidized child care program that cannot be shared include: names, dates of birth, home addresses, work addresses, phone numbers, email addresses, and any other information that would enable unique identification of an individual. This information is held securely by ELRC grantees through secure files and information technology systems that can only be accessed by users with pre-approved, verified-need basis. Aggregate data about family participation in the subsidized child care program, such as numbers of families in a particular geography, numbers and ages of children enrolled in services, can be shared if the aggregate number is more than 10. DHS prohibits sharing of aggregated data of 10 or less as low numbers for a particular geography may enable unique identification of an individual. Aggregate data must be formally requested in writing before it is shared. The requestor must specify the parameters of the request, the reason the data is needed, the intended use of the data, and the date by which they would like to receive the data. All data requests are logged and tracked for progress to ensure no information is released until the resulting data has been reviewed and approved by the Department’s Data Governance protocol. Such requests are submitted by advocacy and research groups for the purposes of forwarding funding proposals and recommendations, making decisions about where to make investments and to answer research questions. Aggregate data is shared electronically using secure email and websites. Data about relative providers is maintained the same way family data is maintained. However, information about regulated providers is public and is made available through the Commonwealth of Pennsylvania Access to Social Services (COMPASS) provider search function at (<http://www.findchildcare.pa.gov> and through monthly postings on the Open Data Portal ([here](#)) where DHS maintains several interactive Early Learning Dashboards that provide aggregate numbers by user-selected geographic areas and other user-selected filter criteria.

### 1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan and meaningful input and feedback

from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of units of general-purpose local government. General purpose local governments are defined by the U.S. Census at [https://www2.census.gov/govs/cog/g12\\_org.pdf](https://www2.census.gov/govs/cog/g12_org.pdf).
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Describe the Lead Agency’s consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local governments: **OCDEL’s has several key members of the state advisory council who represent local municipalities or school districts including: Philadelphia, Allegheny, Bensalem, Lancaster and Towanda. Those members were consulted in the creation of this plan. In addition, staff will have the opportunity to participate in virtual feedback sessions, and three of the ELRCS represent county government. Those regions are 5, 15 and 17. All ELRCs were consulted in the development of the state plan.**
- b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **OCDEL’s State Advisory Council is known as Pennsylvania’s State Advisory Council on Early Childhood Education and Care (SAC). OCDEL engaged SAC in February 2024. An overview of the requirements was presented with small group break out occurring for discussion. OCDEL will also present the results of the Stakeholder listening sessions.**
- c. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State. **There are no federally recognized Tribal Governments in Pennsylvania.**

1.3.2 Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the early care and education workforce, or statewide afterschool networks) and briefly describe those consultation efforts: **Between November and December 2023, OCDEL participated in thirteen virtual listening sessions with the Start Strong campaign. Meetings were recorded and reviewed, and transcripts were analyzed for themes. Stakeholders engaged through this process were: Family, Group, center and School-age child care providers, Staff members of the ELRC including those responsible for subsidy and quality activities, OCDEL licensing, policy and professional development staff.**

1.3.3 Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to

comment on the provision of child care services under the CCDF Plan. Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

- a. Date of the public hearing: **04/17/2024**  
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- b. Date of notice of public hearing (date for the notice of public hearing identified in 1.3.2a.): **3/26/24**  
Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
  - i.  Yes.
  - ii.  No. If no, describe: *Click or tap here to enter text.*
- c. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice. **OCDEL posted the document at [Early Learning \(pa.gov\)](#) with instructions describing ways the public could comment or register to testify at a hearing including submission through online portal or via USPS. OCDEL utilized their provider listserv and OCDEL's Pennsylvania Early Education News, which has more than 13,000 recipients. Information was also shared through legislative offices; and state-wide and regional member organizations to include it in their communications.**
- d. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The public hearing was facilitated by virtual Zoom meeting to include all geographic regions and multiple stakeholders.**
- e. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The CCDF State Plan FFY 25-27 was posted on [Early Learning \(pa.gov\)](#). Information about the posting, public comment period, and ability to sign up for a slot to provide public testimony in the virtual public hearing were distributed in the Pennsylvania Early Education News and distributed via OCDEL listserv.**
- f. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **The CCDF State Plan posted for public comment is considered draft. Upon completion of the comment period and the Public Hearing, OCDEL will review all submitted comments. The public comments will be categorized into themes and plans to be posted by August 31, 2024 at <https://www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx>. Any future changes to the State Plan resulting from public comment will be noted at the time the plan is updated.**

1.3.4 Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and/or waivers (if applicable) are available. Note: A Plan amendment is required if the website address

where the Plan is posted is changed. [www.dhs.pa.gov/Service/children/pages/child-care-early-learning.aspx](http://www.dhs.pa.gov/Service/children/pages/child-care-early-learning.aspx)

- b. Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
- i.  Working with advisory committees. Describe: OCDEL will distribute the final draft for public comment to the SAC, the State Interagency Coordinating Council (SICC), the Early Learning Investment Commission (ELIC) and the Head Start State Collaboration Office (HSSCO) Homelessness Stakeholder Taskforce.
  - ii.  Working with child care resource and referral agencies. Describe: OCDEL will provide copies to the ELRCs to share with the members of their regional leadership councils.
  - iii.  Providing translation in other languages. Describe: OCDEL will translate the plan in Spanish.
  - iv.  Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe: Through the Pennsylvania Key, OCDEL will share information via Pennsylvania’s Promise for Children, which hosts pages on X (formerly Twitter), Facebook, LinkedIn and Instagram to provide information on child development, ways to support children’s learning, and how to access OCDEL services and programs at <https://www.facebook.com/papromiseforchildren>.
  - v.  Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: OCDEL offers the family-focused website: <http://www.papromiseforchildren.com>. A notice about the plan will be posted to this website. Additionally, advocacy organizations such PennAEYC and its affiliates, Pennsylvania Partnerships for Children, Pennsylvania Child Care Association, Pennsylvania Head Start Association, Trying Together in the Pittsburgh area and First Up in the Philadelphia region received communications. Members of the SAC also received notification as members of the SAC make up both providers and advocacy groups. ELIC also received notice to share with their county commissioners and partners who represent foundations and businesses around the Commonwealth. When plan amendments are completed and approved, OCDEL will update the posted copy on the <https://www.dhs.pa.gov> website and issue an announcement in the PA Early Education News and share via OCDEL listserv.
  - vi.  Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: Out of School time providers will receive notice about the plan being posted to this website: <http://www.papromiseforchildren.com> Additionally, we will share with entities that run out-of-school time programs, including those operated through Philadelphia’s Office of Children and Families and Allegheny County.
  - vii.  Direct communication with the child care workforce. Describe: OCDEL will

distribute the final draft for public comment to the SAC, whose members include child care providers. Child care providers will be invited to the public hearing. The hearing dates will be shared via OCDEL’s listserv and the Pennsylvania Early Education News.

- viii.  Other. Describe: OCDEL will share with the two PDOs to share with their local and regional partners.

## 2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent’s ability to work and may deter eligible families from participating in CCDF.

To address these concerns, states and territories must provide children with a minimum of 12 months between eligibility determination, limit reporting requirements during the 12-month period, and ensure eligibility determination processes do not interrupt a parent’s work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for eligible children and families.

### 2.1 Reducing Barriers to Family Enrollment and Redetermination

2.1.1 Does the Lead Agency implement any of the following eligibility practices to reduce barriers to enrollment? Check all that apply and describe those elements checked.

- a.  Establishing presumptive eligibility while eligibility is being determined. Describe the policy and identify how long the period of presumptive eligibility is: **At application and redetermination, families experiencing homelessness may be eligible for presumptive eligibility to conduct a job search for 92 days, if the parent/caretaker is not meeting the work requirement. If the parent/caretaker is meeting the work requirement by day 92, eligibility will continue for the remainder of the 12-month eligibility period. If the parent/caretaker is not meeting the work requirement by day 92, eligibility for the family will end. Families not meeting the work requirements at redetermination but have a job to return to within 92 days, may be eligible for 92 days of presumptive continued eligibility. If the parent or caretaker has returned to work, education or training by 92 days, eligibility will continue for the remainder of the 12-month redetermination period. If the parent or caretaker has not returned to work, education, or training by day 92, eligibility will end for the family.**
- b.  Leveraging eligibility from other public assistance programs. Describe: **The Office of Income Maintenance (OIM) County Assistance Office (CAO) is the TANF eligibility agent and determines the employment and training requirements for families receiving TANF benefits. Following the determination of eligibility for TANF families, the CAO refers the family to the ELRC for subsidized child care benefits. The ELRC provides resource and referral service, enrolls the child with a child care provider and issue payment to the child care provider.**



- c.  Coordinating eligibility determinations for children in the same household. Describe: [Click or tap here to enter text.](#)
- d.  Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: [Click or tap here to enter text.](#)
- e.  None.

2.1.2 Lead Agencies must have procedures and policies in place to ensure that parents are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency’s or designated local entity’s requirements for the redetermination of eligibility for assistance.

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

- a. Identify, where applicable, the Lead Agency’s procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State’s/Territory’s or designated local entity’s requirements for the redetermination of eligibility. Check all that apply.
  - i.  Advance notice to parents of pending redetermination
  - ii.  Advance notice to providers of pending redetermination
  - iii.  Pre-populated subsidy renewal form
  - iv.  Online documentation submission
  - v.  Cross-program redeterminations
  - vi.  Extended office hours (evenings and/or weekends)
  - vii.  Consultation available via phone
  - viii.  Other. Describe: **Parents/caretakers are required to participate in a personal interview within 30 days of being determined eligible, but it is no longer required to be a face-to-face, in-person meeting. The personal interview can be in-person, by telephone or through video conference. The ELRC must accommodate the parent/caretaker’s work hours in scheduling the meeting. The ELRC may extend the 30-day time frame for the personal interview if, on or before the 30th calendar day, the parent/caretaker claims hardship due to conflicts with work hours, or illness of the parent/caretaker or another family member. When the parent/caretaker claims hardship, the ELRC may grant an additional 30 days from the date the hardship is claimed. The ELRC may waive the requirement for the personal interview if the parent/caretaker has completed a personal interview with the eligibility agency within the previous 12 months.**

- b. Does the Lead Agency use different policies for families receiving TANF assistance?
  - i.  Yes. If yes, describe the policies: **The CAO completes redetermination for TANF families.**
  - ii.  No.

## 2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services and resides with a parent or parents not described in 2.2.2c.

2.2.1 Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the school year. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?
  - i.  Yes.
  - ii.  No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children. [Click or tap here to enter text.](#)

*Note:* Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?
  - i.  No.
  - ii.  Yes, and the upper age is (may not equal or exceed age 19): **18 years**
    - A. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **A child who is incapable of caring for themselves due to physical, mental, and/or developmental disabilities as determined by a licensed physician, physician's assistant, CRNP or psychologist.**

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?
  - i.  No.
  - ii.  Yes, and the upper age is (may not equal or exceed age 19): [Click or tap here to enter text.](#)

- d. How does the Lead Agency define the following eligibility terms?

- i. “residing with”: For non-TANF families, a family includes the child(ren) for whom subsidized child care is requested and the following individuals who reside with the child(ren): The parent of the child(ren) (biological, adoptive or stepparent). A caretaker. The spouse of a parent or caretaker. The biological, adoptive, foster child or stepchild of the parent or caretaker who is under 18 years of age. An unrelated child who is under 18 years of age and is under the care and control of the parent or caretaker. A child who is 18 years of age or older but under 22 years of age and is enrolled in adult basic education; English as a second language; high school or GED program; an HSE degree; internship, clinical placement, apprenticeship, lab work or field work required by a training institution and who is wholly or partially dependent upon the income of the parent or caretaker or the spouse of the parent or caretaker. For TANF families, a family is defined as the "budget group" composed of all individuals who live together, as defined in accordance with the TANF eligibility regulations.
- ii. “in loco parentis”: For non-TANF families, a "caretaker" is defined as a person who has legal custody of the child or a foster parent, a grandparent, an aunt or uncle or a sibling who is 18 years of age or older 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.

2.2.2 Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

Describe the Lead Agency’s work and educational criteria to qualify for child care assistance.

- a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?
  - i. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
    - A.  An activity for which a wage or salary is paid
    - B.  Being self-employed
    - C.  During a time of emergency or disaster, partnering in essential services

- D.  Participating in unpaid activities like student teaching, internships, or practicums
  - E.  Time for unpaid meals or breaks
  - F.  Time for travel
  - G.  Seeking employment or job search
  - H.  Other. Describe: *Click or tap here to enter text.*
- ii. Identify which of the following activities are included in your definition of “job training” by checking the boxes below:
- A.  Vocational/technical job skills training
  - B.  Apprenticeship or internship program or other on-the-job training
  - C.  English as a Second Language training
  - D.  Adult Basic Education preparation
  - E.  Participation in employment service activities
  - F.  Time for meals and breaks
  - G.  Time for travel
  - H.  Other. Describe: **For non-TANF families, the parent/caretaker would have to be working at least 10 hours per week in order for job training activities to count towards the 20 hour per week work requirement.**
- iii. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “education” by checking the boxes below:
- A.  Adult High School Diploma or GED
  - B.  Certificate programs (12-18 credit hours)
  - C.  One-year diploma (36 credit hours)
  - D.  Two-year degree
  - E.  Four-year degree
  - F.  Travel to and from classrooms or labs
  - G.  Study time
  - H.  Other. Describe including hour requirements: **For non-TANF families, the parent/caretaker would have to be working at least 10 hours per week in order education activities to count towards the 20 hour per week work requirement.**
- iv. Identify which of the following activities are included in your definition of “attending” by checking the boxes below:
- A.  Travel time

- B.  Hours required for associated activities such as study groups, lab experiences
  - C.  Time for outside class study or completion of homework
  - D.  Applicable meal and break times
  - E.  Other. Describe: *Click or tap here to enter text.*
- v. Does the Lead Agency impose a State-defined minimum number of hours of activity for eligibility?
- A.  No.
  - B.  Yes. If yes, describe any State or Territory-imposed minimum requirement for the following:
    - a.  Work. Describe: **20 hours per week**
    - b.  Education. Describe: *Click or tap here to enter text.*
    - c.  Combination of allowable activities. Describe: **Parent or caretakers, other than teen parents, must work at least 10 hours per week, in addition to the time they are in an education or training program. Teen parents do not have a work requirement in addition to their education.**
    - d.  Other. Describe: *Click or tap here to enter text.*
- b. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?
- i.  Yes. **Teen parents do not have a work requirement in addition to their education. All other parent/caretakers who are not teen parents must work at least 10 hours per week, in addition to the time they are in an education or training program.**
  - ii.  No. If no, describe the additional work requirements: *Click or tap here to enter text.*
- c. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”
- Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the protective services definition above.
- i.  No.
  - ii.  Yes. If yes:
    - A. Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:
      - a.  Children in foster care

- b.  Children in kinship care
  - c.  Children who are in families under court supervision
  - d.  Children who are in families receiving supports or otherwise engaged with a child welfare agency
  - e.  Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program
  - f.  Children whose family members are deemed essential workers under a governor-declared state of emergency
  - g.  Children experiencing homelessness
  - h.  Children whose family has been affected by a natural disaster
  - i.  Other. Describe: [Click or tap here to enter text.](#)
- iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?
- A.  No.
  - B.  Yes.
- iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?
- A.  No.
  - B.  Yes.
- v. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?
- A.  No.
  - B.  Yes.

2.2.3 Lead Agencies have the flexibility to define family income requirements to qualify for child care assistance. Lead Agencies choose what income to include and exclude from income eligibility criteria. Describe the Lead Agency’s income criteria to qualify for child care assistance at initial determination.

- a. Are income eligibility limits set Statewide?
  - i.  Yes (Skip to 2.2.3b.)
  - ii.  No. If no, how are eligibility limits established?
    - A.  There is a Statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits: [Click or tap here to enter text.](#)
    - B.  Eligibility limits vary locally with no Statewide limits. Provide the number of income eligibility tables and describe who sets the limits: [Click or tap here](#)

to enter text.

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

b. How does your Lead Agency set CCDF income eligibility limits at the time of initial eligibility determination within the required federal limit of 85% SMI?

If the income eligibility limits are not Statewide, complete the chart with each locally established income eligibility limits.

i. Does your Lead Agency set CCDF income limits at the time of initial eligibility determination at the maximum limit of 85% of SMI?

A.  Yes. If yes, provide in the table below the income eligibility limits for varying size families. Complete columns based on the Lead Agency's most current State median income (SMI).

Family Size	(i) 100% of SMI (\$/Month)	(ii) 85% of SMI (\$/Month) [Multiply (i) by 0.85]
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
3	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
4	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

B.  No. If no, and income eligibility limits are set below 85% of SMI, provide in the table below the income eligibility limits for varying size families, using the most current SMI.

Family Size	(i) 100% of SMI (\$/Month)	(ii) (IF APPLICABLE) (\$/Month) Maximum Initial Eligibility Limit (or Threshold) if <u>Lower</u> than 85% of Current SMI	(iii) (IF APPLICABLE) (% of SMI) [Divide (ii) by (i), multiply by 100] Maximum Initial Eligibility Limit if <u>Lower</u> than 85% of Current SMI
1	\$4,517	\$2,430	54%
2	\$5,906	\$3,287	56%
3	\$7,296	\$4,143	57%

4	\$8,686	\$5,000	58%
5	\$10,076	\$5,857	58%

iii. Does the Lead Agency set initial income eligibility limits for families **above the federal limit of 85% of SMI** (optional practice) using sources other than CCDF?

A.  No.

B.  Yes. If yes,

a. Identify the funding source: *Click or tap here to enter text.*

b. Provide the income eligibility limits in the table below for families of varying sizes using the most current SMI.

Family Size	(i) 100% of SMI (\$/Month)	(ii) (IF APPLICABLE) (\$/Month) Maximum Initial Eligibility Limit (or Threshold) if <u>Greater than 85% of Current SMI</u>	(iii) (IF APPLICABLE) (% of SMI) [Divide (ii) by (i), multiply by 100] Maximum Initial Eligibility Limit if <u>Greater than 85% of Current SMI</u>
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
3	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
4	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

i.  Gross wages or salary

ii.  Disability or unemployment compensation

iii.  Workers’ compensation

iv.  Spousal support, child support

v.  Survivor and retirement benefits

vi.  Rent for room within the family’s residence

vii.  Pensions or annuities



- viii.  Inheritance
  - ix.  Public assistance
  - x.  Other. Describe: *Click or tap here to enter text.*
- d. What is the effective date for these eligibility limits reported in 2.2.3b? **5/1/2023**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
- i.  LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: *Click or tap here to enter text.*
  - ii.  Other. Describe: **2023 NCSIA State Median Income and Federal Poverty Income Calculation Tool**
- f. Provide the direct URL/website link, if available, for the income eligibility limits.  
[https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm\\_medium=rss](https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss) .

2.2.4 Lead Agencies must demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings. The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of State median income (SMI) from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments. Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- a.  Average the family’s earnings over a period of time (e.g., 12 months). If checked, identify the period of time: *Click or tap here to enter text.*
- b.  Request earning statements that are most representative of the family’s monthly income.
- c.  Deduct temporary or irregular increases in wages from the family’s standard income level.
- d.  Are there other ways the Lead Agency takes into account irregular fluctuations in earnings? Describe: *Click or tap here to enter text.*

2.2.5

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
  - i.  Yes.
  - ii.  No. If no, describe (optional): *Click or tap here to enter text.*
- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as

receiving, or in need of, protective services?

- i.  No.
- ii.  Yes. If yes, describe the policy or procedure: **A foster child is counted as a family of one. We do not count income and assets of the foster parents.**

2.2.6 Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.5, do you have any additional eligibility criteria applied during:

- a. Eligibility determination? If yes, describe: **Families experiencing homelessness, not meeting the work requirements at application or redetermination, may be eligible to complete a job search for up to 92 days.**
- b. Eligibility redetermination? If yes, describe: **Families not meeting the work requirements at Redetermination, but have a job to return to within 92 days, may be eligible for 92 days of presumptive continued eligibility. If the parent or caretaker has returned to work, education or training by 92 days, eligibility will continue for the remainder of the 12-month redetermination period. If the parent or caretaker has not returned to work, education, or training by day 92, eligibility will end for the family.**

2.2.7 Lead Agencies must have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

- a. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Information and Description
<b>X</b>	<input type="checkbox"/>	i. Applicant identity. Describe: <b>Verification of identity is required one time only, at application. Acceptable verification of applicant identity includes a photo-ID or two non-photo-ID documents such as Social Security card, birth certificate, or voter registration card.</b>
<b>X</b>	<input type="checkbox"/>	ii. Applicant’s relationship to the child. Describe: <b>Relationship to child is required one time only, at application or upon adding a new child to the case. Acceptable verification of the applicant's relationship to the child includes a birth certificate, custody order, medical or school records.</b>
<b>X</b>	<input type="checkbox"/>	iii. Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: <b>This verification is required one time at application or upon adding a new child to the case. Acceptable verification of the child's eligibility information includes a birth certificate, medical or school records.</b>

X	X	iv. Work. Describe: This verification is required at application, redetermination, or any time a parent is requesting an increase in the number of authorized child care hours based on changes in the number of work hours. Acceptable verification of work includes any document that indicates the employer's name, address, telephone number, and the number of hours worked, a work schedule, or OCDEL's employment verification form signed by the employer.
X	X	v. Job training or educational program. Describe: This verification is required at application, redetermination, or any time a parent is requesting an increase in the number of authorized child care hours based on changes in the number of training hours. Acceptable verification for training and education includes a copy of the class or training schedule signed by the education or training representative, or OCDEL's training or education form signed by the education or training representative.
X	X	vi. Family income. Describe: This verification is required at application and redetermination. Acceptable verification for family income includes paystubs, OCDEL's employment verification form signed by the employer, child support payments, SSI or SSDI payments, tax returns, etc.
X	<input type="checkbox"/>	vii. Household composition. Describe: This verification is required one time at application or upon adding a new person to the case. Acceptable verification of household composition includes a birth certificate, custody order, medical or school records.
X	<input type="checkbox"/>	viii. Applicant residence. Describe: This information is required at application and whenever a parent reports a new address. Acceptable verification of residence includes mail received by the parent or caretaker, a copy of a lease, a utility bill, a deed, a driver's license, or rental agreement.
X	<input type="checkbox"/>	ix. Other. Describe: Care and control: This verification is required at application or when a new child enters the family. Acceptable verification includes a court order, medical or school records, social service records, religious records, or Domestic Relations office records. Former TANF eligibility: This verification is required one time at application. Acceptable verification of the transfer of TANF benefits includes documentation by the CAO indicating that TANF benefits ended within Pennsylvania or another state within the past 183 days.

b. If an entity other than the Lead Agency documents and verifies eligibility information,

describe how the Lead Agency accesses this information to support program integrity efforts: **Information is entered into Pennsylvania's Enterprise to Link Information about Children across Networks (PELICAN). Verification documents are kept in a family file, however the ELRCs are working on uploading documents so that all files are electronic.**

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

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

Describe how the Lead Agency informs parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6.

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

- a. Identify the TANF agency that established these criteria or definitions: **OIM Bureau of Policy in conjunction with OCDEL Bureau of Policy and Professional Development.**
- b. Provide the following definitions established by the TANF agency:
  - i. “Appropriate child care”: **Child care operating in accordance with the Pennsylvania state child care regulations and meeting the CCDBG regulations. This includes regulated child care centers, group child care homes, family child care homes, and unregulated care provided by a relative of the child(ren), as defined by CCDF. Unregulated care is primarily provided in the caregiver's home. Unregulated 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 6:00A.M. while the parent or caretaker is working.**
  - ii. “Reasonable distance”: **Travel time to and from the work, education, or training site that includes travel time to the child care provider, which is one hour or less each way (two hours roundtrip), by reasonably available public or private transportation.**
  - iii. “Unsuitability of informal child care”: **Any child care is unsuitable or inappropriate if it is reasonably expected to result in physical or serious emotional harm to the child.**
  - iv. “Affordable child care arrangements”: **Child care that costs less than or equal to the DHS-established child care daily maximum allowances for payment of child care services.**
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
  - i.  In writing
  - ii.  Verbally
  - iii.  Other. Describe: *Click or tap here to enter text.*
- d. Provide the citation for the TANF policy or procedure: **55 Pa. Code Chapter 165 Road to Economic**

Self-Sufficiency through Employment and Training (RESET) Program at § 165.21 (relating to exemptions from RESET participation requirements).

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes, and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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

2.3.1 Describe how the Lead Agency defines:

- a. “Children with special needs”: "Children with special needs" are defined as children between the ages of birth and 13 with physical, mental, and/or developmental disabilities. A child between the ages of 13 years, but younger than 19 years and who is incapable of caring for him/herself may continue to receive child care until the child no longer has the disability or turns 19 years of age.
- b. “Families with very low incomes”: "Families with very low incomes" are defined as families receiving TANF or are transitioning off TANF.

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis) as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots
i. Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Families with very low incomes	<span style="color: red;">X</span>	<span style="color: red;">X</span>	<span style="color: red;">X</span>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Children experiencing homelessness, as defined by CCDF	<span style="color: red;">X</span>	<input type="checkbox"/>	<span style="color: red;">X</span>	<input type="checkbox"/>	<input type="checkbox"/>

iv. Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	X	X	X	<input type="checkbox"/>	<input type="checkbox"/>
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- b. If applicable, check and describe any other ways the identified populations in the table above are prioritized.
- i.  Children with special needs. Describe: **Children with a developmental delay are paid at the developmental age, not the chronological age. This payment is usually higher.**
  - ii.  Families with very low incomes. Describe: *Click or tap here to enter text.*
  - iii.  Children experiencing homelessness. Describe: *Click or tap here to enter text.*
  - iv.  Families receiving TANF. Describe: *Click or tap here to enter text.*

2.3.3 Does the Lead Agency define any other priority groups?

- a.  No.
- b.  Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Foster children defined as a child in the legal custody of a children and youth agency, which maintains that custody while paying a licensed foster parent to care for the child; Children who are enrolled in PA Pre-K Counts, Head Start, or Early Head Start who need wrap-around child care at the beginning and/or end of the program day; Newborn siblings of children who are already enrolled and whose parent needs timely care so he/she can return to work; Teen parents defined as children under the age of 18 who are attending high school or participating in a GED program on a full-time basis; children 18 through 22 years of age who are attending high school or a cyber school as approved by the child’s school district, on a full-time basis. These children are placed on a priority waiting list and receive child care funding first before other children on the waiting list. Copayments are waived to the minimum amount of \$5.00 for foster children and teen parents.**

2.3.4 Lead Agencies are required to expend CCDF funds to allow (after an initial eligibility determination) children experiencing homelessness to receive services while required eligibility documentation is obtained.

Describe the procedures to permit the enrollment of children experiencing homelessness while required eligibility documentation is obtained: **For families experiencing homelessness, a non-working parent is provided presumptive eligibility for 92 days, during which the parent may conduct a job search, at application and redetermination. Verification of eligibility requirements may be waived for up to 92 days; however, the following eligibility requirements may not be waived: child's age; income limits; Pennsylvania residency; child's citizenship. Children**

experiencing homelessness are placed on a prioritized waiting list and receive funding sooner than others on the waiting list.

- 2.3.5 Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the State, Territorial, or Tribal health agency.

Note: Any payment for such a child during the grace period must not be considered an error or improper payment.

- a. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements:
- i. Children experiencing homelessness: OCDEL allows all families, if needed, a 90-day period from the date the family is determined eligible to receive subsidy, to get immunizations if the child does not have them. Immunizations are not required if the child has a medical reason, or the parent has religious reasons for not obtaining immunizations. Immunizations are self-certified, meaning the parent self-attests the child is properly immunized; this is accepted as sufficient proof of the child's immunization status. Pennsylvania's child care regulation dealing with immunizations was developed in consultation with the Department of Health and requires an initial health report no later than 60 days following the first day of attendance at the facility (55 Pa. Code §3270.131(a); §3280.131(a); §3290.131(a) ). The health report includes a record of immunizations. Pennsylvania's subsidized child care regulations build from the child care regulations and allow an additional 30 days for children to be immunized for subsidized child care eligibility purposes to account for the 30 days it may take a family to enroll the child with a provider.
  - ii. Children who are in foster care: OCDEL allows all families, if needed, a 90-day period from the date the family is determined eligible to receive subsidy, to get immunizations if the child does not have them. Immunizations are not required if the child has a medical reason or the parent has religious reasons for not obtaining immunizations. Immunizations are self-certified, meaning the parent self-attests the child is properly immunized; this is accepted as sufficient proof of the child's immunization status. Pennsylvania's child care regulation dealing with immunizations was developed in consultation with the Department of Health and requires an initial health report no later than 60 days following the first day of attendance at the facility (55 Pa. Code §3270.131(a); §3280.131(a); §3290.131(a) ). The health report includes a record of immunizations. Pennsylvania's subsidized child care regulations build from the child care regulations and allow an additional 30 days for children to be immunized for subsidized child care eligibility purposes to account for the 30 days it may take a family to enroll a child with a provider.
- b. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial or Tribal health agency?
- i.  Yes.
  - ii.  No. If no, describe (optional): [Click or tap here to enter text.](#)
- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help

families with children receiving services during a grace period comply with immunization and other health and safety requirements: **The ELRCs provide referral information to families related to immunizations, as needed. Regulated providers allow families up to 60 days to get children immunized and accept the religious and medical exemption. Regulated providers will not be cited for children who are not immunized based on exemption. Children eligible for subsidy are given up to 90 days to acquire age-appropriate immunizations for their children unless there is a medical or religious reason to not do so. An additional 30 days is given beyond the 60 days that regulated providers allow because, once determined eligible for subsidy, families have 30 days to enroll the child with a provider.**

## 2.4 State Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to eligible families experiencing homelessness, families with limited English proficiency, and persons with disabilities, including clearly communicating program information, such as requirements, consumer education information, and eligibility information, to these families and child care providers.

- 2.4.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with limited English proficiency. Check all that apply.
- a.  Application in languages other than English (application and related documents, brochures, provider notices)
  - b.  Informational materials in languages other than English
  - c.  Website in languages other than English
  - d.  Lead Agency accepts applications at local community-based locations
  - e.  Bilingual caseworkers or translators available
  - f.  Bilingual outreach workers
  - g.  Partnerships with community-based organizations



- h.  Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start
- i.  Home visiting programs
- j.  Other. Describe: [Click or tap here to enter text.](#)

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

- a.  Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities
- b.  Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)
- c.  Caseworkers with specialized training/experience in working with individuals with disabilities
- d.  Ensuring accessibility of environments and activities for all children
- e.  Partnerships with State and local programs and associations focused on disability-related topics and issues
- f.  Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g.  Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies
- h.  Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children
- i.  Other. Describe: [Click or tap here to enter text.](#)

2.4.3 Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

- a.  Lead Agency accepts applications at local community-based locations
- b.  Partnerships with community-based organizations
- c.  Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- d.  Other. Describe: [Click or tap here to enter text.](#)

2.4.4 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

- a. Describe the State's/Territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness.

**Pennsylvania released an update to policy guidance for interagency collaboration at state and local levels to identify young children experiencing homelessness and ensure access to quality early learning programs. An informational document titled "A State Level Brief**

Update A Call to Action: Participation of Young Children Experiencing Homelessness and Young Children in Foster Care in Early Childhood Programs in Pennsylvania" is posted on the PA Key website at [State-Level Brief Update, A Call to Action: Participation of Young Children Experiencing Homelessness and Young Children in Foster Care in Early Childhood Programs in Pennsylvania - The Pennsylvania Key \(pakeys.org\)](#) Children who are experiencing homelessness are considered at-risk for delays in development and are eligible for Early Intervention's screening and tracking program. Families that participate in the at-risk screening and tracking program regularly receive a developmental screening tool, Ages and Stages Questionnaire (ASQ). If developmental concerns are identified on an ASQ, the local Early Intervention (EI) program will offer to complete an evaluation to determine if the child is eligible for EI services. The Early Childhood Learning and Knowledge Center (ECLKC) interactive learning series Supporting Children and Families Experiencing Homelessness has been embedded into the Pennsylvania PD Registry and is available to all early learning providers across the Commonwealth in both English and Spanish. This interactive learning series is intended for professionals in Head Start, Early Head Start, and child care, including early childhood and school-age child care providers, CCDF Lead Agency staff, and other key stakeholders. Participants learn how to identify families experiencing homelessness, conduct community outreach, and much more All early learning providers have been made aware of the training modules and encouraged to complete them. In partnership with the PA Head Start Collaborative Office (HSCO), regional training opportunities will be provided for OCDEL, ELRC staff and other stakeholders. These trainings will be provided at no cost and will occur annually. Additional individual supports will also be made available should they be requested.

- b. Describe the State's/Territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. OCDEL, in partnership with the PA Key and EITA, developed professional development resources on identifying and working with children and their families experiencing homelessness, and connecting them with EI. The topics include resources for administrators, staff, and families, accessing programs through OCDEL, overview/discussion on child developmental milestones, basics of Early Intervention, the impact of homelessness on child development, and an overview of the ASQ. ELRC resource and referral staff, in addition to OCDEL staff were provided a series of interactive trainings in 2022 and 2023. These trainings provided clarification on the McKinney Vento definition of homelessness, the impact of homelessness on young children and families and the importance of forming local partnerships with housing and homeless providers. For ELRC staff, OCDEL has developed and distributed policy and associated training on presumptive eligibility, immunization grace period, and waiver for certain verification and forms requirements. Resources and training are available on demand for ELRC administrators to access for new staff hires.

## 2.5 Promoting Continuity of Care

### 2.5.1 Lead Agencies must consider children's development and promote continuity of care when

authorizing child care services.

Describe how the Lead Agency’s child care services policies promote continuity of care in order to support children’s development. **In order to ensure continuity of care, eligible children receive no less than 12 months of eligibility, even if the parent or caretaker loses employment or training. A child who turns 13 in between redeterminations remains eligible until the next redetermination. If the parent or caretaker leaves the household, the child remains eligible with the new parent or caretaker for the remainder of the original eligibility period, as long as the new parent’s or caretaker’s income does not exceed 85% SMI. The new parent or caretaker does not have to meet other eligibility criteria, such as work hour requirements, until redetermination. These policies ensure there is no disruption in the child care schedule, which supports the child’s development.**

2.5.2 Lead Agencies must establish a minimum 12-month eligibility and redetermination period in a manner that supports continuity in child care assistance and reduces barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the State's income eligibility threshold but not the federal threshold of 85 percent of State median income (SMI); and
  - Regardless of temporary changes in participation in work, training, or educational activities. Lead Agencies cannot put a time limit on any temporary changes (e.g., 60 days, 90 days, etc.).
- a. Does the Lead Agency certify that its definition of “temporary change” includes the minimum required elements?
1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness
  2. Any interruption in work for a seasonal worker who is not working
  3. Any student holiday or break for a parent participating in a training or educational program
  4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program
  5. Any other cessation of work or attendance at a training or educational program lasts a minimum of 3 months. Lead Agencies may establish a period longer than 3 months.
  6. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 2.2.1)
  7. Any changes in residency within the State or Territory
- i.  Yes.
- ii.  No. If no, describe (optional): [Click or tap here to enter text.](#)
- b. Provide the Lead Agency’s policies or procedures related to providing a minimum 12-month eligibility period for a child at initial eligibility determination: **Families are**

eligible 12 months of continued eligibility before eligibility is redetermined, regardless of a temporary change in the ongoing status of the parent or caretaker's employment, job training or educational program, and increases in the family's annual income as long as the family income does not exceed 85 percent of the state median income for the family size. Families are not terminated prior to the next redetermination if the p/c experiences a temporary job, training, or education loss such as summer/semester breaks, maternity leave, temporary disability or breaks in seasonal work. Families will not be ineligible for subsidy payments when experiencing a loss of work, training, or education between redeterminations. Children who turn 13 years of age during the 12-month eligibility period remain eligible until the next redetermination date. The 12-month eligibility period for children placed on the waitlist begins the date the child is moved from the wait list to Authorized Status, instead of the eligibility date.

- c. Are the policies different for redetermination?
- i.  No.
  - ii.  Yes. If yes, provide the additional/varying policies for redetermination: [Click or tap here to enter text.](#)

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

- a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.)
- i.  No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and at redetermination.
  - ii.  Yes. If yes, briefly describe: **At application and redetermination, a family experiencing homelessness is eligible for 92 days while competing a job search.**
- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?
- i.  Yes. The State/Territory continues assistance.
  - ii.  No, the Lead Agency discontinues assistance. If no:
    - A. Describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: [Click or tap here to enter text.](#)

- B. Describe what specific actions/changes trigger the job-search period after each such loss or cessation: *Click or tap here to enter text.*
    - C. How long is the job-search period where a family can continue assistance (must be at least 3 months)? *Click or tap here to enter text.*
  - c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
    - i.  Not applicable.
    - ii.  Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

A. Provide the Lead Agency’s policy defining the number of unexplained absences identified as excessive: **Pennsylvania defines unexplained absences as excessive when a child is absent for more than 60 consecutive days. The eligibility agency shall terminate subsidy for excessive unexplained absences after the subsidy has been suspended for a minimum of 60 consecutive days and the eligibility agency’s repeated attempts to contact the parent or caretaker regarding the child’s absences are unsuccessful and following proper notification to the family.**

iii. **X** A change in residency outside of the State or Territory: **Families must reside in the Commonwealth of Pennsylvania.**

iv. **X** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

A. Provide the Lead Agency’s definition of fraud/intentional program violations that lead to discontinued assistance: **Pennsylvania’s defines fraud as "the intentional act of a parent or caretaker that results in obtaining, continuing or increasing child care subsidy for which the family is not eligible and that involves either a false or misleading statement or the failure to disclose information.**

2.5.4 Lead Agencies may only require families to report limited changes during the minimum 12-month eligibility period. Families must report to the Lead Agency if the family’s income exceeds 85 percent of the State median income (SMI), taking into account irregular fluctuations in income, during the 12-month eligibility period. If the Lead Agency chooses the option to terminate assistance, as described in question 2.5.3 of the Plan, they may require families to report a non-temporary change in work, training, or educational activities (otherwise known as a parent’s eligible activity).

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency ensure that it does not require families to report changes beyond those described above?

a.  Yes.

b. **X** No. If no, describe (optional): **Pennsylvania requires families to report if the child no longer has a need for care, there is a change in the number of days or hours care is needed, there is a change in child care providers or the child is no longer residing in the household. Reporting these changes is important to ensure the child care provider is being paid for the correct number of days for the month and at the correct full-time or part-time rate. It is also important if the child is attending less days, so that the child is not marked absent on the invoice for those days, which would then count towards the child’s 40 days of allowable absences. Families are also asked to report if a foster child in the household is adopted by a parent or caretaker so that the ELRC can evaluate if the families income is over 85% SMI. It is recommended that families report a change of address or change of phone number so that the ELRC can contact the family if needed and the family receives redetermination and other important information. Not reporting the information will not immediately affect eligibility, it could**

potentially if the family does not complete the redetermination because they did not receive the redetermination packet due to an address change.

- 2.5.5 Lead Agencies that establish initial family income eligibility below 85 percent of State median income (SMI) must provide a graduated phase-out of assistance for families whose income has increased above the State's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the State median income.

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

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

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity (i.e., working or attending a job training or educational program) even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-pay amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

- a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.
  - i.  Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1)
  - ii.  The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: [Click or tap here to enter text.](#)
  - iii.  The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial

eligibility threshold.

- A. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three: **\$4,868, 67%**
- B. Describe how the second eligibility threshold:
  - a. Takes into account the typical household budget of a low-income family: **Families are initially determined eligible at application if their income is at or less than 200% of the FPIG. Parents remain eligible for a full 12-month period unless the family's annual income reaches 85 percent of the state median income. The upper income limits at redetermination, which is 235% of the FPIG, permit parents to receive raises and income increases without losing eligibility, while keeping copayments stable for the 12-month eligibility period.**
  - b. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: **Income is stabilized during the 12-month eligibility period. The 235 percent FPIG limit is only imposed at redetermination. The difference between the two limits permits the family's annual income to increase approximately 17 percent before the family reaches 235% of the FPIG.**
  - c. Reasonably allows a family to continue accessing child care services without unnecessary disruption: **Income is stabilized, and families remain eligible until the 12-month eligibility period expires, even if the family's annual income exceeds 235 percent of the FPIG.**
- b. If you implement graduated phase-out, check and describe all that apply.
  - i.  Adjust the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: **The family's co-payment is only increased at redetermination. The amount of the co-payment change is based on the amount of the increase of income reported at redetermination. The co-payment is determined by Pennsylvania's published copayment chart, which is based on the Federal Poverty Income Guidelines (FPIG). A family does not pay more than seven percent of the family's annual income. The co-payment is never increased in between redeterminations. If the family reports a decrease in income in between redeterminations, the family's co-payment may be decreased.**
  - ii.  Require additional reporting requirements during the graduated phase-out period. If checked, describe: *Click or tap here to enter text.*



### 3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children’s development. CCDF requires some families participating in CCDF to pay a co-payment set by the Lead Agency to cover a part of their care. High co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. To make child care more affordable for more families, Lead Agencies have broad flexibility to waive co-payments for certain populations and set low co-payments for other participants. The family co-payment should not impact the provider’s total payment.

In this section, Lead Agencies will identify how they determine an eligible family’s co-payment, the policies in place to waive or make co-payments affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

#### 3.1 Family Co-Payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use price of care or amount of subsidy payment in determining co-payments. Lead Agencies have the option to waive child care co-payments for families whose incomes are at or below the poverty level for a family of the same size, who have children who receive or need to receive protective services, or that meet other criteria established by the Lead Agency.

- 3.1.1 Provide the CCDF co-payments for eligible families in the table(s) below according to family size for **one** child in care.
- a. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?
    - i.  Yes.
    - ii.  No. If no, describe (optional): [Click or tap here to enter text.](#)
  - b. Is the sliding fee scale set Statewide?
    - i.  Yes. If yes, complete the table below:

	<i>(i)</i>	<i>(ii)</i>	<i>(iii)</i>	<i>(iv)</i>	<i>(v)</i>	<i>(vi)</i>
Family size	Lowest income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (i)?	What percentage of income is the co-payment in (ii)?	Highest income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (iv)?	What percentage of income is this co-payment in (iv)?
1	\$1	\$22	2200.00%	\$2430	\$160	6.6%
2	\$1	\$22	2200.00%	\$3,287	\$217	6.6%
3	\$1	\$22	2200.00%	\$4,143	\$273	6.6%
4	\$1	\$22	2200.00%	\$5,000	\$325	6.5%
5	\$1	\$22	2200.00%	\$5,857	\$381	6.5%

- ii.  No. If the sliding-fee scale is not Statewide (i.e., county-administered States):
- A. How is the sliding fee scale set? [Click or tap here to enter text.](#)
  - B. Complete the table for all variations:

	<i>(i)</i>	<i>(ii)</i>	<i>(iii)</i>	<i>(iv)</i>	<i>(v)</i>	<i>(vi)</i>
Family size	Lowest income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (i)?	What percentage of income is the co-payment in (ii)?	Highest income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (iv)?	What percentage of income is this co-payment in (iv)?
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
3	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
4	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

- c. What is the effective date of the sliding-fee scale(s)? **5/1/2023**
- d. Provide the link(s) to the sliding-fee scale(s): [Pennsylvania Bulletin \(pacodeandbulletin.gov\)](https://www.pacodeandbulletin.gov)

3.1.2 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding- fee scale, is affordable and is not a barrier to families receiving CCDF services? Lead Agencies may combine multiple strategies within a policy to make co-payments more affordable. Check all that apply:

- a.  Establish co-payments based on a sliding fee scale that takes into consideration income and family size.
- b.  Cap co-payments at 7% of a family’s gross income, regardless of the number of children participating in CCDF.
- c.  Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
- d.  Waive co-payments for families with incomes below 150% of SMI.
- e.  Waive co-payments for families with incomes below 100% of SMI.

- f.  Waive co-payments for families with children with disabilities.
- g.  Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
- h.  Other. Describe: Families experiencing homelessness and families experiencing domestic violence may have their co-payment waived to the lowest co-payment, which is \$5 per week. Foster parents' income is waived, and they are charged the lowest co-payment, which is \$5 per week. TANF families that are in an unpaid work activity do not pay a co-payment.

3.1.3 What is the maximum percent of a family's gross income any family could be charged as a co-payment? Copays do not exceed seven percent of annual income.

3.1.4 Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

- a.  No.
- b.  Yes. If yes:
  - i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families. If a parent or caretaker selects a provider whose published rate exceeds the subsidy rate, which includes any quality tiered reimbursement, the provider may charge the parent or caretaker the difference between these two amounts, in addition to the weekly copayment. Providers cannot charge subsidy families more than they charge private pay families. This regulation was established to encourage providers who otherwise would not participate with the subsidized child care program because the reimbursement rates are lower, to serve subsidy families. OCDEL continues to work towards increasing the base payment rates. As rates get closer to the 75th percentile, OCDEL continues to re-evaluating the regulation that allows providers to charge the difference between the subsidy payment rate and their private pay rates.
  - ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families. Of providers with a CCW agreement, half (50.1%) indicated that they do not typically require CCW families to pay any difference between the private tuition rate and the subsidy payment amount (MCCA plus applicable Keystone STAR tiered imbursement). About one-third (31.8%) of providers with a CCW agreement typically charge families the full difference, while 7.3% require families to pay more than the subsidy payment amount but less than the full difference. Another 7.2% reported no difference between the subsidy payment amount and their private pay tuition. Family and Group Child Care Homes are more likely to require CCW families to pay the difference between the subsidy reimbursement amount than Child Care Centers.

## 3.2 Calculation of Co-Payment

3.2.1 How is the family's contribution calculated, and to whom is it applied? Check either a. or b. and then check all that apply under your selection.

- a.  The fee is a dollar amount and (check all that apply):
  - i.  The fee is per child, with the same fee for each child.
  - ii.  The fee is per child and is discounted for two or more children.
  - iii.  The fee is per child up to a maximum per family.
  - iv.  No additional fee is charged after a certain number of children.
  - v.  The fee is per family.
  - vi.  The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: [Click or tap here to enter text.](#)
  - vii.  Other. Describe: [Click or tap here to enter text.](#)
- b.  The fee is a percent of income and (check all that apply):
  - i.  The fee is per child, with the same percentage applied for each child.
  - ii.  The fee is per child, and a discounted percentage is applied for two or more children.
  - iii.  The fee is per child up to a maximum per family.
  - iv.  No additional percentage is charged after a certain number of children.
  - v.  The fee is per family.
  - vi.  The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: [Click or tap here to enter text.](#)
  - vii.  Other. Describe: [Click or tap here to enter text.](#)

3.2.2 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? Reminder: Lead Agencies may NOT use price of care or amount of subsidy payment in determining co-payments.

- a.  No.
- b.  Yes. If yes, check and describe those additional factors below.
  - i.  Number of hours the child is in care. Describe: [Click or tap here to enter text.](#)
  - ii.  Quality of care (as defined by the State/Territory). Describe: [Click or tap here to enter text.](#)
  - iii.  Other. Describe: [Click or tap here to enter text.](#)

### 3.3 Waiving Co-Payment

3.3.1 The Lead Agency has the option to waive contributions/co-payments from families to lower costs

and maximize affordability for families.

Does the Lead Agency waive family contributions/co-payments?

- a.  Yes. If yes, identify and describe which families have their family contributions/co-payments waived.
  - i.  Families with an income at or below 100% of the federal poverty level for families of the same size.
  - ii.  Families with an income between 101% and 150% of the Federal poverty level for families of the same size.
  - iii.  Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy: *Click or tap here to enter text.*
  - iv.  Families with children with disabilities.
  - v.  Families meeting other criteria established by the Lead Agency. Describe the policy: **Families experiencing homelessness and families experiencing domestic violence may have their co-payment waived to the lowest co-payment, which is \$5 per week. Foster parents' income is waived, and they are charged the lowest co-payment, which is \$5 per week. TANF families that are in an unpaid work activity do not pay a co-payment.**
- b.  No, the Lead Agency does not waive family contributions/co-payments.

#### 4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF policies approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential. Building a supply of high-quality child care that meets the needs and preferences of parents strengthens families, communities, businesses, and the economy. Successful strategies address the needs of populations facing particularly acute shortages (e.g., children with disabilities, infants and toddlers, non-traditional hours) and confront barriers to growing the supply—including thin operational margins, low wages, and difficult job conditions for child care providers and workers.

This section addresses many of the CCDF provisions related to equal access. This includes families being able to access the full range of providers available; adequate payment rates for providers informed by data collected by Lead Agencies on the price and cost of care at basic levels and at higher levels of quality; affordable co-payments for families; payment practices that fairly support providers' child care businesses; differential payment rates, if appropriate, and other strategies that support parental choice and access by helping to ensure that child care providers are

available to serve children funded by CCDF.

In responding to questions in this section, OCC recognizes that each State/Territory identifies and defines its own categories and types of care. OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

#### 4.1 Provider Participation

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies must require providers chosen by families to meet minimum health and safety standards and have the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

##### 4.1.1 Describe State/Territory data on the extent to which eligible child care providers participate in the CCDF system:

- a. Provider participation rate in the CCDF program: **As of January 2024, 89% of licensed child care providers had a subsidy agreement. Of those with a subsidy agreement, 88% had at least one CCW enrollment. In January 2024, there were 4,191 relative providers with a subsidy agreement; 51% had at least one CCW enrollment.**
- b. Percentage of licensed child care centers accepting families supported by CCDF: **91% (4,913 with a subsidy agreement / 5,413 total Center & Group)**
- c. Percentage of licensed family child care homes accepting families supported by CCDF: **82% (841 with a subsidy agreement / 1,027 total Family)**

##### 4.1.2 Identify any barriers to provider participation, including barriers related to payment rates and practices – including for family child care and in-home providers –based on provider feedback, public comment, and reports to the Lead Agency.

**Per the 2022 MRA Final Report: Among providers who did not have a CCW agreement, the most common reason for non-participation was that their capacity was at full enrollment with only private pay families; almost half (48.8%) of non-participating providers selected this reason. However, this reason was more prevalent among non-participating Family and Group Child Care Homes than Child Care Centers. Additionally, one-third (33.3%) of non-participating providers indicated that too few families in their community are eligible for CCW. Interestingly, this reason was more frequently indicated among Centers than Family or Group Child Care Homes. Only 12.9% reported that subsidy payment amounts are too low as a reason for not participating.**

*Reasons that have contributed to the decision not to participate in CCW*

	All (%)	Center (%)	Group (%)	Family (%)
My facility is at full enrollment with only private pay families	48.8	39.6	61.3	61.4
Not enough families in my community are eligible for CCW	33.3	43.1	12.9	21.9
The CCW process is too complicated/involves too much paperwork	13.5	12.2	12.9	15.8
Subsidy payment amounts are too low	12.9	12.7	16.1	12.3
My facility's hours/services do not meet CCW families' needs	9.9	14.7	3.2	3.5
We are not informed when families are eligible/ineligible for CCW	6.1	6.6	12.9	3.5
Difficulties receiving payments from CCW families	5.3	6.1	12.9	1.8
Difficulties receiving payments from the ELRC	1.8	2.0	3.2	0.9
Difficulties getting through to the ELRC for assistance	1.5	1.5	3.2	0.9
Other, please specify	20.5	24.4	9.7	16.7

Notes: n=342 respondents that did not participate in CCW, respondents could select all that apply

The findings reveal Family and Group Child Care Homes are more likely to require CCW families to pay the difference between the private pay rate and subsidy reimbursement amount than Centers, raising concerns about equity and access to affordable child care in these settings.

4.1.3 Does the Lead Agency offer child care assistance through vouchers or certificates?

- a.  Yes.
- b.  No.

4.1.4 Does the Lead Agency offer child care assistance through grants or contracts?

- a.  Yes.
- b.  No.

4.1.5 Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers. Consumer education materials are provided on choosing child care; referrals provided to child care resource and referral agencies; co-located resource and referral staff in eligibility offices; verbal communication at the time of the application; community outreach, workshops, or other in-person activities.

4.1.6 Describe what information is included on the child care certificate. Pennsylvania does not provide the family with an actual certificate. When a family is determined eligible for subsidy, the ELRC works with the family to find an eligible provider who meets the family's needs. Once the family chooses a provider, the ELRC communicates with the provider directly regarding enrollment.

4.2 Assess Market Rates and Analyze the Cost of Child Care



To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a cost survey that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services.

Prior to conducting the market rate survey (MRS) or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Regardless of whether Lead Agencies conduct a market rate survey or an ACF pre-approved alternative methodology, they must analyze the cost of providing child care, known as the narrow cost analysis.

Note: Any Lead Agency considering using an alternative methodology, instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology.

Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

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

Did the State/Territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check and describe all that apply.

- a.  MRS. When were the data gathered (provide a date range; for instance, September – December 2023)? **July 11, 2022 – October 11, 2022**
- b.  ACF pre-approved alternative methodology.

- i.  The alternative methodology was completed. If checked:
  - A. When were the data gathered and when was the study completed? *Click or tap here to enter text.*
  - B. Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios. *Click or tap here to enter text.*
- ii.  The alternative methodology is in process. If checked:
  - A. Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology). *Click or tap here to enter text.*

4.2.2 Describe when and how the Lead Agency engaged the following partners and how your consultation informed the development and execution of your market rate survey or alternative methodology, as appropriate.

- a. State Advisory Council or similar coordinating body: **OCDEL engaged Dr. Phillip M. Sirinides of Institute of State and Regional Affairs (IRSA) at Pennsylvania State University in Harrisburg to complete Pennsylvania’s 2022 MRS. ISRA presented at a Pennsylvania State Advisory Council (SAC) meeting, formerly the Early Learning Council-Equal Access Standing Subcommittee, on May 23, 2022. The presentation included information about child care costs, research, and the upcoming MRS and narrow cost study analysis. Members of the advisory council were provided with a draft of the MRS survey questions and methodology. Feedback, comments, and suggestions were requested to be shared with ISRA by June 3, 2022. The feedback received from the advisory council resulted in several modifications to the draft study protocols.**
- b. Local child care program administrators: **Program administrators are represented on SAC individually as well as by the Executive Directors of the Pennsylvania Child Care Association and the Pennsylvania Association for the Education of Young Children.**
- c. Local child care resource and referral agencies: **ELRCs are represented on SAC. OCDEL worked directly with ELRCs to coordinate communications to child care providers. OCDEL staff worked with the ELRCs to assist providers in understanding the importance of participation and the various methods available to participate in the MRS.**
- d. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **ISRA participated in a webinar with the Pennsylvania Child Care Association (PACCA) to provide information about the MRS and how members could help spread the word amongst other providers. Pre-survey interviews with child care providers to identify potential barriers to participation in an MRS and to learn more about providers’ preferences in completing the survey. The feedback from these interviews and the pre-survey presentation with the Pennsylvania Early Learning Council Equal Access Standing Subcommittee helped shape the MRS strategy to increase participation from a diverse range of programs.**

e. Other. Describe: [Click or tap here to enter text.](#)

4.2.3 A market rate survey must be statistically valid and reliable. An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about your market rate survey:

- a. When was the market rate survey completed? **The survey period ended October 11, 2022. A summary report was released in December 2022. The Final report, including the Narrow Cost Analysis, was published in June 2023.**
- b. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three month time period)? **July 11, 2022 – October 11, 2022**
- c. Describe how it represented the child care market, including what types of providers were included in the survey: **Out of 6,562 providers on the initial survey list developed in June 2022, 184 were no longer operating by the end of the survey period in October 2022. This left 6,378 providers that remained in operation throughout the entire survey period. A total of 4,383 child care providers participated in the 2022 MRS, representing a 68.7% response rate. The key attributes of the providers participating in the 2022 MRS include: provider type, Keystone STARS designation, ELRC region, and whether or not the provider has a CCW agreement. A CCW agreement permits certified provers to serve children enrolled in the CCW subsidy child care program. More than 50% of providers from each of these key attributes participated in the MRS.**
- d. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **Surveys were sent to a list of licensed providers from the PELICAN Certification Licensing System. Survey responses were collected and maintained internally by IRSA.**
- e. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **Three options were provided for completing the MRS: returning a paper survey by mail (with a pre-paid envelope), completing the survey online using an individualized survey link, or sharing information via telephone. The survey was offered in both English and Spanish to ensure accessibility. During the survey fielding period, ISRA employed a range of strategies to reach nonresponding providers. On July 6, 2022, the first mailing of the MRS was sent to 6,562 providers, followed by a second mailing, on August 17, 2022, to 5,167 providers which had not yet responded. Additionally, on August 23, 2022, an email was sent to 4,901 providers, followed by a second email on September 8, 2022, to 3,610 providers. Approximately 3,000 phone calls were made from September 9 to October 6, 2022, to further engage non-responding providers. On September 21, 2022, a third email was sent to 2,843 providers, and the survey ultimately closed on October 11, 2022. Throughout this period, ISRA offered assistance to providers via a project email address and a toll-free number, providing support to access and complete the survey. OCDEL utilized a robust communications strategy to inform providers of the importance of participating in the MRS. Along with the efforts of ISRA, various partners promoted the survey through multiple channels, including social media releases on Facebook, Twitter,**

and LinkedIn accounts. The PA Key also posted and shared MRS information on its website, and announcements were sent to subscribers of newsletters such as PA Early Ed News, OCDEL Early Childhood Education Recaps, and Certification Services News. Community partners, such as PACCA, Early Learning Resource Centers, Child Care Professionals Network, First Up: Champions for Early Education, and Trying Together, contributed to communication efforts. Additionally, ISRA presented at a webinar entitled “2022 Market Rate Survey and YOU,” hosted by PACCA on August 18, 2022. These efforts aimed to maximize participation and ensure that the resulting data accurately represented variations by geographic area, provider type, care level, type of care, and quality rating in the Pennsylvania child care market. To incentivize participation, an optional drawing for one of one hundred \$100.00 gift cards was offered to providers who completed the survey. Those who responded by September 1, 2022, were eligible to triple their chances to win. Winners were selected at the conclusion of the survey in October, and ISRA distributed 100 gift cards in early November 2022.

- f. What is the percent of licensed or regulated child care centers responding to the survey? 70.4% representing 3,268 MRS responses from a possible 4,645 child care centers.
- g. What is the percent of licensed or regulated family child care homes responding to the survey? 63.6% representing 716 MRS responses from a possible 1,126 family child care homes.  
65.7% representing 399 MRS responses from a possible 607 group child care homes.
- h. Was the survey conducted in any languages other than English? Yes. The survey was offered in both English and Spanish.
- i. Were data analyzed in a manner to determine price of care per child? No. The reported private pay tuition rates were compared to the 570 unique MCCAs (base subsidy rates) to determine which percentile each MCCA met.
- j. Were data analyzed from a sample of providers and if so, was the sample weighted? No.

4.2.4 The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

- a. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the state or territory were not represented by respondents and include information on how prices could be linked to local geographic areas. The regionally based rate model includes 570 rates representing 19 regions that encompass all 67 counties. Rates are developed by region, provider type and care level/age of child for both full and part time care. More than 50% of providers from each of the 19 ELRC regions, encompassing all 67 counties in Pennsylvania, participated in the MRS.
- b. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). The regionally based rate model includes 570 rates representing 19 regions that encompass

all 67 counties. Rates are developed by region, provider type and care level/age of child for both full and part time care. A total of 4,383 child care providers participated in the 2022 MRS, representing a 68.7% response rate - 70.4% representing 3,268 MRS responses from a possible 4,645 child care centers and 64.3% representing 1,115 MRS responses from a possible 1,733 group or family child care homes.

- c. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age). The regionally based rate model includes 570 rates representing 19 regions that encompass all 67 counties. Rates are developed by region, provider type and care level/age of child for both full and part time care. The survey asked respondents to provide the highest rate charged for each care level for both full and part time care.
- d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: Responses represented more than 63% of providers from each Keystone STAR level. The private pay rates collected in the 2022 MRS were also analyzed based on Keystone STAR designation. Providers receiving a STAR 2, 3, and 4 designation meet higher standards for staff qualifications, quality of care, and the learning environment. The tuition rates analyzed did not include tiered reimbursement payments, which are an add-on to the MCCAs based on STAR designation. A linear regression analysis showed that, after controlling for ELRC region, provider type, care level, and care length, providers with higher Keystone STAR designations do charge more than comparable providers with lower designation across all care levels and types of care, which is consistent with expectations. The analysis found that STAR 2 providers charge an average of \$1.34 more per day than STAR 1 providers. STAR 3 providers charge an average of \$3.17 more per day than STAR 1 providers, while STAR 4 providers charge an average of \$7.26 more per day than STAR 1 providers.

4.2.5 A Lead Agency is required to analyze the cost of providing child care services, known as the narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. For more information, see CCDF-ACF-PI-2018-01, February 2018. In the child care sector, the cost of providing child care services is typically higher than the price parents in the community can afford to pay.

Describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? In your analysis, were

there any relevant variations by geographic location, category of provider, or age of child? OCDEL engaged Dr. Phillip M. Sirinides of Institute of State and Regional Affairs (IRSA) at Pennsylvania State University in Harrisburg to complete a study aimed at understanding the cost of providing child care services in Pennsylvania. The ingredients method was utilized to calculate the economic cost of providing child care. Developed by economists to assess the cost-effectiveness of education interventions, the process entails collecting detailed data on the resources used to deliver an intervention or educational program, and then applying market prices to those resources. The types of resources incorporated into an ingredient analysis typically include personnel, facilities, equipment, consumable supplies, and other services. During the summer and fall of 2022, the IRSA research team conducted 60 site visits of child care providers representing a diverse mix of provider characteristics and locations and documented the resources (i.e., ingredients) used to deliver services. During the visits, the researchers interviewed key personnel, such as directors, regional supervisors, and owner/operators, and took photographs of physical resources during tours of each facility. In total, 1,207 different ingredients were identified during data collection. After each visit, the ingredients and ingredient quantities identified were entered into a database and assigned a state representative price. The median cost of care amongst STAR 1 providers (who are only eligible for the base subsidy rate without add-ons for quality) that participated in the study is \$320 per week. The increased subsidy base rate for a full-time infant in Pennsylvania's most populous county (i.e. Philadelphia) is \$59.58 per day or \$297.90 per week. This indicates a potential gap of \$22.10. It is important to note that other variables such as provider type, quality rating and geographic location impact both cost and subsidy rate.

- b. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)?

The research team conducted site visits of child care providers and documented the resources (i.e., ingredients) used to deliver services. The duration of the visits varied from two to six hours, depending on the program size. During the visits, the researchers interviewed key personnel, such as directors, regional supervisors, and owner/operators, and took photographs of physical resources during tours of each facility. After each visit, the ingredients and ingredient quantities identified were entered into a database.

The objective of using these methods was to gain insight into the economic value of resources utilized in delivering child care services, as two providers may pay different prices or use different means of payment for resources with the same economic value. The methodology does not reduce costs due to donations or efficiencies, nor does it increase costs above market value due to inefficiencies or premium prices.

The child-centric findings represent the expected cost to replicate the service if all expenses were paid at statewide-representative market prices. However, the expected cost does not necessarily reflect the actual funds required, as providers may find different avenues to offer the same value at a lower price, such as through donations, volunteer time, or shared professional services.

To ensure the analytic sample was balanced and without redundancy, 47 profiles were strategically chosen to complement the original 13 providers. The selection process utilized PROC OPTEX in SAS 9.1, employing a distance-based optimality criteria to expand

and model design points. This approach aimed to distribute the 60 profiles evenly across provider attributes. For instance, “Profile 27” was a STAR 2 large Child Care Center in Region 9, while “Profile 42” was a STAR 1 Family Child Care Home in Region 15 that did participate in CCW. This method achieved maximum coverage across all combinations of provider characteristics, facilitating planned subgroup analyses.

- c. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or state-defined quality measures). The study incorporates providers from all four Keystone STARS designations. All providers are required to meet minimum health and safety standards (i.e. STAR 1). STAR 2, 3, and 4 providers are also required to meet specific indicators to achieve increasing levels of quality. STAR 2, 3, and 4 providers have higher staff qualification requirements and programs must implement additional quality practices in standard areas of Early Childhood Programs, Professional Development and Staff Qualifications, Leadership and Management, and Relationships with Families and Communities.
- d. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? Overall, the study finds the median cost of child care per child per week to be \$339, varying by provider type and STAR designation. These results reflect a 16.9% increase since 2019, although the comparative range of median costs for provider subgroups has decreased. Findings suggest several possible reasons for provider subgroups’ narrower range of median costs. First, an improved study sample that is larger and more representative could better capture the range of costs across different provider attributes, resulting in a more accurate representation. Second, a genuine contraction in cost differences may have occurred, due to factors like economies of scale or changes in resource allocation becoming more consistent across provider types and STAR designation. Additionally, providers may have adapted their practices during and after the COVID-19 pandemic, leading to cost convergence. MCCA base subsidy rates were previously set to meet the 60th percentile based on the 2019 MRS. Upon release of the 2022 MRS, base subsidy rates were increased effective March 1, 2023 to maintain the 60th percentile. It is important to note that the percentile rank calculated in the MRS does not factor in Keystone STARS quality add-ons amounts. The 2024-25 Executive Budget proposal recommends increasing the MCCA base subsidy rates to the 75th percentile based on the 2022 MRS.

- 4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis.

The Lead Agency must make the report with these results widely available no later than 30 days

after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

- a. Provide the following dates:
  - i. Date the report was completed. Describe: **A summary report was released in December 2022. The Final report, including the Narrow Cost Analysis, was completed and published in June 2023.**
  - ii. Date the report containing results was made widely available (no later than 30 days after the completion of the report): **A summary report was released in December 2022. Rates were increased in March 2023 based upon findings in the summary report. The FINAL report, including the Narrow Cost Analysis, was completed and published in June 2023.**
- b. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **The report - titled A Closer Look at the Market Rate and Cost of Care in Pennsylvania, 2022 Child Care Market Rate Survey Final Report – is available at:**  
  
[https://www.dhs.pa.gov/Services/Children/Documents/Child%20Care%20Early%20Learn  
ng/2022\\_MRS\\_Summary\\_Report\\_FINAL.pdf](https://www.dhs.pa.gov/Services/Children/Documents/Child%20Care%20Early%20Learning/2022_MRS_Summary_Report_FINAL.pdf)  
  
[OCDEL MRS NCS ComprehensiveReport\\_FINAL.pdf \(pa.gov\)](#)
- c. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the final report: **ISRA conducted a series of phone interviews with child care providers who did not participate in Pennsylvania’s previous 2019 MRS. The aim was to identify potential barriers to participation and to learn about providers’ preferences in completing a survey. ISRA conducted twenty seven phone interviews in March 2022, including a range of provider types, geographic regions, Keystone STAR designation, and licensed capacities. The feedback from providers shaped the methods of communication and outreach. Three options were provided for completing the MRS: returning a paper survey by mail with a pre-paid envelope, completing the survey online using an individualized survey link, or sharing information via telephone. The survey was offered in both English and Spanish to ensure accessibility. ISRA presented at a Pennsylvania State Advisory Council (SAC) meeting, formerly the Early Learning Council, on May 23, 2022. The presentation included information about child care costs, research, and the upcoming MRS and narrow cost study analysis. Members of the advisory council were provided with a draft of the MRS survey questions and methodology. The feedback received from the advisory council resulted in several modifications to the draft study protocols. One member suggested ISRA proactively contact providers via telephone to increase participation instead of relying on reactionary responses from an invitation. The**



project team emphasized calling all providers who had not yet responded to the MRS invitation near the end of the survey period to ensure an adequate and equitable opportunity to participate. Another member suggested the importance of reaching out to providers directly and coordinating with various advocacy groups throughout the commonwealth. As a result, ISRA participated in a webinar with the Pennsylvania Child Care Association (PACCA) to provide information about the MRS and how members could help spread the word amongst other providers. With regard to the MRS structure, several modifications were made. Initially, providers were asked to either enter their current private pay tuition rates or indicate that their tuition rates were up to date in Provider Self Service (PSS). However, several members voiced concerns about these instructions, indicating that it may be better to have respondents enter their tuition rates to ensure the data was current and because some may not readily know if their rates are up to date in PSS (e.g., if a facility recently hired a new director). Therefore, the question about providers' rates in PSS was eliminated, and the MRS asked all providers to enter their current private pay tuition rates. In addition, several suggestions about answer choices (e.g., adding "Staff discount" to the list of tuition reductions) and question-wording (e.g., adding more explicit definitions of full-time and part-time enrollment in the tuition rate question) were also incorporated into the final survey draft.

Findings from the MRS and preliminary results from the Narrow Cost Analysis were presented to the Pennsylvania State Advisory Council (SAC) on March 15, 2023. This presentation sought input from council members after the meeting, although no subsequent feedback was received.

### 4.3 Adequate Payment Rates

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

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health and safety and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

#### 4.3.1 Reporting Payment Rates by Jurisdiction(s).

Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

- a.  Yes. If yes, check if the Lead Agency:
  - i.  Sets the same payment rates for the entire State or Territory
  - ii.  Sets different payment rates for different Regions in the State or Territory
- b.  No. If no:
  - i. Identify how many jurisdictions set their own payment rates: [Click or tap here to enter text.](#)
  - ii. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). [Click or tap here to enter text.](#)
  - iii. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? [Click or tap here to enter text.](#)
  - iv. Provide the citation, or link, if available, to the payment rates. [Click or tap here to enter text.](#)

#### 4.3.2 Base payment rates

- a. Analysis of the base payment rate based on the most recent market rate survey

Provide the base payment rates in the tables below, and if the Lead Agency completed a market rate survey, provide the percentiles based on the most recent MRS for the identified categories. Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS.

The preamble to the 2016 final rule indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75<sup>th</sup> percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers.

Base rates are the lowest, foundational rates and must be sufficient to ensure that minimum health and safety and staffing requirements are covered. Base rates do not include differentials (e.g., for higher quality or other purposes). Base rates are used to determine compliance with requirements to ensure equal access.

To facilitate compiling State by State payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

**\*The amounts reported in the charts below represent the established subsidy base payment rates for Pennsylvania's most populous region, Philadelphia.**

Infant (6 months)								
	Amount		According to Your Most Recent MRS				According to Your Most Recent Alternative Methodology	
		% of providers receiving this rate	What is the percentile of this rate?	What is the 50th percentile?	What is the 60th percentile?	What is the 75th percentile?	What is the estimated cost of care?	What percent of the estimated cost of care is the rate?
<b>Center Care for Infants</b>								
Base payment rate (per week)	\$297.20	24.7%						
Full-Time Weekly Base Payment Rate	\$297.90		60th	\$278.00	\$297.90	\$339.15	N/A	N/A
<b>Family Child Care for Infants</b>								
Base payment rate (per week)	\$275.10	30.1%						
Full-Time Weekly Base Payment Rate	\$275.10		60th	\$254.25	\$275.10	\$300.10	N/A	N/A

Toddler (18 months)								
	Amount		According to Your Most Recent MRS				According to Your Most Recent Alternative Methodology	
		% of providers receiving this rate	What is the percentile of this rate?	What is the 50th percentile?	What is the 60th percentile?	What is the 75th percentile?	What is the estimated cost of care?	What percent of the estimated cost of care is the rate?
<b>Center Care for Toddlers</b>								
Base payment rate (per week)	\$281.30	24.7%						
Full-Time Weekly Base Payment Rate	\$281.30		60th	\$262.75	\$281.30	\$317.45	N/A	N/A
<b>Family Child Care for Toddlers</b>								
Base payment rate (per week)	\$258.50	30.1%						
Full-Time Weekly Base Payment Rate	\$258.50		60th	\$244.95	\$258.50	\$290.75	N/A	N/A

Preschool (4 years)								
	Amount		According to Your Most Recent MRS				According to Your Most Recent Alternative Methodology	
		% of providers receiving this rate	What is the percent ile of this rate?	What is the 50th percentile?	What is the 60th percentile?	What is the 75th percentile?	What is the estimated cost of care?	What percent of the estimated cost of care is the rate?
<b>Center Care for Preschoolers</b>								
Base payment rate (per week)	\$249.65	24.7%						
Full-Time Weekly Base Payment Rate	\$249.65		60th	\$229.05	\$249.65	\$281.15	N/A	N/A
<b>Family Child Care for Preschoolers</b>								
Base payment rate (per week)	\$231.55	30.1%						
Full-Time Weekly Base Payment Rate	\$231.55		60th	\$211.65	\$231.55	\$262.95	N/A	N/A

School-Age (6 years)								
	Amount		According to Your Most Recent MRS				According to Your Most Recent Alternative Methodology	
		% of providers receiving this rate	What is the percentile of this rate?	What is the 50th percentile?	What is the 60th percentile?	What is the 75th percentile?	What is the estimated cost of care?	What percent of the estimated cost of care is the rate?
<b>Center Care for School-Age</b>								
Base payment rate (per week)	\$200.70	23.0%						
Full-Time Weekly Base Payment Rate	\$200.70		60th	\$194.95	\$200.70	\$227.75	N/A	N/A
<b>Family Child Care for School-Age (6 years)</b>								
Base payment rate (per week)	\$205.80	30.1%						
Full-Time Weekly Base Payment Rate	\$205.80		60th	\$194.35	\$205.80	\$244.30	N/A	N/A

- b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent Market Rate Survey?
- i.  Yes.
  - ii.  No. If no, what is the year of the MRS that the Lead Agency used? What was the reason for not using the most recent MRS? Describe: [Click or tap here to enter text.](#)

4.3.3 Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for serving children with special needs as both an incentive for providers to serve children with special needs and as a way to cover the higher costs associated with serving children with special needs).

- a. Do you provide any rate add-ons above your base rate?
- i.  Yes. If yes, please describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **A daily add-on rate is paid for each CCW child served based on care level and quality rating the provider has achieved.**

<u>Care Level</u>	<b>PT STAR 2</b>	<b>FT STAR 2</b>	<b>PT STAR 3</b>	<b>FT STAR 3</b>	<b>PT STAR 4</b>	<b>FT STAR 4</b>
<b>Infant</b>	\$1.20	\$2.00	\$4.15	\$8.70	\$5.25	\$13.20
<b>Young Toddler</b>	\$1.10	\$1.85	\$3.95	\$8.45	\$5.00	\$12.95
<b>Older Toddler</b>	\$1.10	\$1.85	\$3.95	\$8.45	\$5.00	\$12.95
<b>Preschool</b>	\$0.45	\$0.95	\$2.50	\$5.90	\$3.20	\$9.20
<b>School-Age</b>	\$0.45	\$0.95	\$2.50	\$5.90	\$3.20	\$9.20

- ii.  No.
- b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?
- i.  No. Tiered or differential rates are not implemented.
  - ii.  Yes. If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:
    - A.  Differential rate for non-traditional hours. Describe: [Click or tap here to enter text.](#)
    - B.  Differential rate for children with special needs, as defined by the State/Territory. Describe: [Click or tap here to enter text.](#)
    - C.  Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe: **Daily add-on rates were established prior to 2010 to provide an incentive for moving up in STARS as well as recognizing that**

operating at increased quality was more expensive. Through the years, add-ons have increased based on modeling how funds could be arrayed across the STAR levels based on available funds, CCW enrollments, and projections of STARS move-up in the coming year. Add-ons are differentiated by STAR 2,3 or 4 designation and by care level/age of child.

- D.  Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe: Daily add-on rates were established prior to 2010 to provide an incentive for moving up in STARS as well as recognizing that operating at increased quality was more expensive. Through the years, add-ons have increased based on modeling how funds could be arrayed across the STAR levels based on available funds, CCW enrollments, and projections of STARS move-up in the coming year. Add-ons are differentiated by STAR 2,3 or 4 designation and by care level/age of child.
  - E.  Differential rate for higher quality, as defined by the State/Territory. Describe: Daily add-on rates were established prior to 2010 to provide an incentive for moving up in STARS as well as recognizing that operating at increased quality was more expensive. Through the years, add-ons have increased based on modeling how funds could be arrayed across the STAR levels based on available funds, CCW enrollments, and projections of STARS move-up in the coming year. Add-ons are available for providers achieving a STAR 2, 3 or 4 designation.
  - F.  Other differential rates or tiered rates. For example, differential rates for geographic area, or for type of provider. Describe:
  - G. If applicable, describe any additional add-on rates that you have besides those identified above. [Click or tap here to enter text.](#)
- c. Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's payment rate?
- i.  Yes. If yes, describe: The subsidy payment rate is adjusted to be the lower of the MCCA or the provider's reported private pay rate.
  - ii.  No.

4.3.4 Describe how you established your rates as noted below:

- a. What was the Lead Agency's "methodology" or process for setting the rates or how did the Lead Agency use their data to set rates? OCDEL utilizes a tool built by a third-party vendor to compare provider private pay rates as reported in the MRS to the established child care subsidy payment rate for each region, provider type, and care level/age of child for both full-time and part-time care to determine percentile rank. PA increased subsidy base rates effective March 30, 2023 to meet the 60th percentile based on the 2022 Market Rate Survey results. When considering additional initiatives to increase base rates, OCDEL considers the availability of funds and possible future impacts to service



levels. The 2024-25 Executive Budget proposal recommends increasing the MCCA base subsidy rates to the 75th percentile based on the 2022 MRS.

- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Certified STAR 1 providers are required to meet basic health and safety standards and staffing requirements and receive only the established subsidy base rate with no add-ons. 82.5% (2,881 of 3,491) of all certified STAR 1 providers in Pennsylvania have a CCW agreement indicating the adequacy of the offered rate.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the Alternative Methodology to inform rate setting? **OCDEL recognized the provider cost of care as reported in the narrow cost analysis but utilizes a tool built by a third-party vendor to compare provider private pay rates as reported in the MRS to the established child care subsidy payment rate for each region, provider type, and care level/age of child for both full-time and part-time care. PA increased subsidy base rates effective March 30, 2023 to meet the 60th percentile based on the 2022 Market Rate Survey results. The 2024-25 Executive Budget proposal recommends increasing the MCCA base subsidy rates to the 75th percentile based on the 2022 MRS.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Providers receiving a STAR 2, 3, and 4 designation meet higher standards for staff qualifications, quality of care, and the learning environment. The tuition rates analyzed did not include tiered reimbursement payments which are an add-on to the MCCAs based on STAR designation. A linear regression analysis showed that, after controlling for ELRC region, provider type, care level, and care length, providers with higher Keystone STAR designations do charge more than comparable providers with lower designations across all care levels and types of care, which is consistent with expectations. The analysis found that STAR 2 providers charge an average of \$1.34 more per day than STAR 1 providers. STAR 3 providers charge an average of \$3.17 more per day than STAR 1 providers, while STAR 4 providers charge an average of \$7.26 more per day than STAR 1 providers. Tiered reimbursement for STAR 2, 3, and 4 providers remains unchanged and ranges from \$0.45 to \$13.20 per day.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **N/A**

#### 4.4 Payment Practices to Providers

Lead Agencies must demonstrate that they have established subsidy payment practices that reflect practices that are generally accepted in the private pay child care market, including ensuring the timeliness of payments, and, enrollment policies that support the fixed costs of providing child care by delinking provider payments from a child’s occasional absences as practicable. Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited

circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 The Lead Agency must demonstrate in the plan that their payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. Identify and describe the payment practices below that the Lead Agency has established for all CCDF child care providers:

a. Does the Lead Agency ensure the timeliness of payments by paying prospectively (i.e., in advance of or no later than the first day of service delivery)?

i.  Yes.

ii.  No. If no:

A. What does the Lead Agency do to ensure the timeliness of payments?

Paying within no more than 21 calendar days of the receipt of a complete invoice for services: Child care providers submit to the ELRC the receipt of attendance invoices for the previous month by the fifth of each following month. The ELRC ensure payment to the child care providers by the 20th of each month.

B. Do you have data to show that paying prospectively for fees is not a generally accepted payment practice? If so, describe: [Click or tap here to enter text.](#)

b. Does the Lead Agency pay based on authorized enrollment?

i.  Yes. The Lead Agency pays by enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

ii.  No. If no, which of the following absence policies or attendance policies does a Lead Agency use? (Lead Agencies must choose at least one.)

A.  Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure. OCDEL pays based on the monthly attendance invoice, which would be the full payment for that child. OCDEL pays for up to 40 days of absence per child per fiscal year. If a child exceeds 40 days of absence, the parent/caretaker is responsible for paying the provider their published rate for any absent days over 40. If a child is absent for more than five consecutive days, payment will be suspended. The child remains eligible for subsidy, but the provider is not paid until the child returns to care and the child is not charged with an absence towards the 40 days of absence.

B.  Providing full payment if a child is absent for five or fewer days in a four- week period. Describe the policy or procedure. OCDEL pays based on the monthly attendance invoice, which would be the full payment for that child. OCDEL pays for

up to 40 days of absence per child per fiscal year. If a child exceeds 40 days of absence, the parent/caretaker is responsible for paying the provider their published rate for any absent days over 40. If a child is absent for more than five consecutive days, payment will be suspended. The child remains eligible for subsidy, but the provider is not paid until the child returns to care and the child is not charged with an absence towards the 40 days of absence.

- C.  Using an alternative approach for delinking provider payments from a child's occasional absence. If chosen, describe the policy or procedure and the Lead Agency's justification for why approaches at A and B are not practicable, including evidence that the alternative approach will not undermine the stability of child care programs. [Click or tap here to enter text.](#)
- c. Lead Agencies must use the following two practices of unless the Lead Agency provides evidence that such practices are not generally accepted in its State:
- i. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?
- A.  Yes.
- B.  No. If no:
- a. Describe the policies or procedures that are different than paying on a part-time or full-time basis: [Click or tap here to enter text.](#)
- b. What is the Lead Agency's rationale for not paying on a part-time or full-time basis? [Click or tap here to enter text.](#)
- ii. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?
- A.  Yes. If yes, identify the fees the Lead Agency pays for. **All DHS certified providers receive a registration fee for each newly enrolled CCW child, enrolled on or after January 1, 2023, regardless of whether the provider charges private pay families a registration fee. The amount of the registration fees are: Child Care Centers - \$75, Group Child Care Homes - \$50 and Family Child Care Homes - \$50. These amounts represent the 75th percentile of registration fees as reported in the 2022 Market Rate Survey.**
- B.  No. If no, identify the data and how data were collected to show that paying for fees is not a generally accepted payment practice. [Click or tap here to enter text.](#)
- d. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **OCDEL ensures child care providers are paid in accordance with their written payment agreement with the ELRC. The provider agreement serves as an authorization for services including information regarding provider payment policies, rates, schedules, and any fees charged by providers.**

- e. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family’s eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **ELRCs ensure prompt notice is sent through automatic letters within PELICAN of any changes to the family’s eligibility status that could impact payments. Such notice is sent no later than the day the ELRC becomes aware such a change will occur. The ELRCs have checks and balances in place to ensure this action takes place in accordance to their contract with OCDEL.**
- f. Describe how the Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes: **OCDEL works with the ELRC and uses the DHS Bureau of Hearings and Appeals (BHA) statute timelines to ensure a timely appeal and resolution process for any payment inaccuracies and disputes. Procedures relating to the method of appeal will be as follows: (i) A hearing request must be made to the agency which notified the [p/c] of its decision or action. When an appeal is taken, the appeal letter and proposed action must be forwarded to the BHA. (ii) A request for a hearing will usually be made in writing. Appeals must specify the action appealed from and must be signed by the parent/caretaker. (iii) If an oral request for a hearing is made, the ELRC will either give the parent/caretaker the appropriate form to complete or record the request for a hearing with a statement of the action appealed from and the reasons given by the parent/caretaker on the proper form, and obtain the signature of the parent/caretaker. (iv) An oral appeal shall be reduced to a written appeal by the parent/caretaker within 7 calendar days following the date the parent/caretaker orally requested an appeal ). (v) Appeals to be scheduled for a hearing must be forwarded to the BHA within 3 working days from the date the appeal was received and date-stamped.**
- g. Other. Describe any other payment practices established by the Lead Agency: Click or tap here to enter text.

4.4.2 Describe how the Lead Agency’s payment practices described in 4.4.1 support equal access to a full range of providers. For example, have families reported that payment practices have facilitated enrolling their child in programs? Do payment practices facilitate provider participation in all categories of care? **Paying providers a full-time or part-time daily rate, instead of paying for only the number of hours the child attends; paying a full payment if a child attends at least 85 percent of the authorized time; and paying certified child care providers a registration fee, affords providers comparable compensation received from private pay families, therefore granting equal access to providers for families enrolled in Child Care Works.**

## 4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is needed to meet CCDF’s core purposes.

4.5.1 Child care services available through grants or contracts.

- a. Does the Lead Agency provide direct child care services through grants or contracts for child care slots?
  - i.  No. If no, skip to question 4.5.2.

ii.  Yes, in some jurisdictions but not Statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots. [Click or tap here to enter text.](#)

iii.  Yes, Statewide. If yes, describe:

The Infant Toddler Contracted Slots (ITCS) Program is an alternative to the traditional voucher system. Instead of having funding follow the child, as in the traditional voucher system, the ITCS program, awards funding to a provider. If a child leaves the funded provider, the provider continues to be paid for the slot and is responsible to fill the slot with a different child eligible for CCW. The program provides funding for 850 slots through ELRC contracts with 56 eligible Keystone STAR 3 or 4 providers. The eligibility for ITCS follows the same eligibility criteria for CCW funding. At the time eligibility is determined, families are provided information on the ITCS program (if slots are available). Eligible families may choose to enroll in either ITCS program or traditional subsidy funding.

A. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: [Click or tap here to enter text.](#)

B. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency: ITCS program slots are awarded through competitive Request for Application (RFA) processes at each ELRC when expansion funding is available. Contracts are continued from each year as long as providers maintain eligibility and are meeting the program policies which are monitored annually by Infant Toddler Specialists. Eligible entities must meet the following criteria at time of application and throughout the entire grant period: 1) have a regular certificate of compliance issued by DHS 2) be a STAR 3 or STAR 4 center or group home in Pennsylvania's QRIS system. 3) currently serve Pennsylvania Pre-K Counts (the state-funded pre-K program) children at the location where the ITCS program slots will be served, and 4) have the capacity to serve infants and toddlers.

b. Identify the populations of children that are primarily served through grants or contracts for child care slots (check all that apply):

- i.  Children with disabilities
- ii.  Infants and toddlers
- iii.  Children needing non-traditional hour care.
- iv.  School-age children
- v.  Children experiencing homelessness
- vi.  Children with diverse linguistic or cultural backgrounds
- vii.  Children in underserved areas
- viii.  Children in urban areas
- ix.  Children in rural areas

- x.  Other populations. Describe: *Click or tap here to enter text.*
- c. How are rates for contracted slots within grants and contracts determined by the Lead Agency? **The goals of the ITCS program include providing fiscal stability for high-quality child care providers serving CCW eligible infants and toddlers, and establishing a continuum of care for children and families in high-quality child care settings with a focus on strengthening the link between high-quality child care programs and high quality pre-kindergarten programs. The rates for ITCS range from \$14,000 per slot to \$20,000 per slot and are regionalized based on consideration of the annualized CCW rates for Infants and Toddlers plus an annualized STAR 4- tiered rate. OCDEL then compared the total average annual revenue a provider would collect serving CCW children over a 3-year period to the proposed Infant/Toddler Slot rates. OCDEL also compared the annualized private pay rates for Infants and Toddlers to the proposed Infant/Toddler Slot rates.**

4.5.2 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?

- a.  No.
- b.  Yes. If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
  - i.  Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: *Click or tap here to enter text.*
  - ii.  Restricted based on the provider meeting a minimum age requirement. Describe: **Must be a relative provider at least 18 years of age.**
  - iii.  Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: **In-home care may only be used by a parent or caretaker between the hours of 9:00p.m. and 6:00 a.m.**
  - iv.  Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: **Relatives as defined in the Child Care and Development Block Grant.**
  - v.  Restricted to care for children with special needs or a medical condition. Describe: **In-home care is permitted at any time where care outside the home is a risk to the child's health. The child's health condition and risk to health must be documented by a licensed physician or psychologist and explain the necessity for in-home care for reasons related to the child's health.**
  - vi.  Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: *Click or tap here to enter text.*
  - vii.  Other. Describe: **While Pennsylvania does not restrict in-home care to a minimum number of children to meet the minimum wage requirement, if the ELRC payment and parent's co-payment do not equal the minimum hourly wage, the parent is required to pay the provider**

the additional amount necessary to meet the minimum wage requirement. The parent must also agree to pay applicable federal and state taxes per the IRS Household Employers Tax Guide.

- 4.5.3 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs, including any analysis of child care deserts in your State/Territory. Also describe the method of tracking progress to support equal access and parental choice.

What child care shortages have you identified in your state? What is your plan to address the child care deserts and shortages?

- a. In infant and toddler programs:
  - i. Data sources used to identify shortages: Utilizing PDG funding, OCDEL has partnered with IRSA to conduct a state-wide needs assessment noting areas that are in need of specific program and or resources.
  - ii. Method of tracking progress: OCDEL has partnered with IRSA to conduct the statewide needs assessment which is funded through PDG. IRSA will provide OCDEL memos to help guide future work prior the completion of the assessment.
  - iii. What is your plan to address the deserts and child care shortages in family child care homes and/or child care centers? OCDEL will utilize PDG funding to provide mini-grants to early learning providers to help expand facilities in child care and quality deserts around the Commonwealth.
- b. In different regions of your State or Territory:
  - i. Data sources used to identify shortages: Utilizing PDG funding, OCDEL has partnered with IRSA to conduct a state-wide needs assessment noting areas that are in need of specific program and or resources.
  - ii. Method of tracking progress: OCDEL has partnered with IRSA to conduct the statewide needs assessment which is funded through PDG. IRSA will provide OCDEL memos to help guide future work prior the completion of the assessment.
  - iii. What is your plan to address the child care deserts and shortages in family child care homes and/or child care centers? OCDEL will utilize PDG funding to provide mini-grants to early learning providers to help expand facilities in child care and quality deserts around the Commonwealth..
- c. In care for special populations?
  - i. Data sources used to identify shortages: *Click or tap here to enter text.*
  - ii. Method of tracking progress: *Click or tap here to enter text.*
  - iii. What is your plan to address the child care deserts and shortages in family child care homes and/or centers? *Click or tap here to enter text.*

- 4.5.4 Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies should address child care in underserved areas;

infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care service and what strategies are used to address those gaps for:

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

Tiered payment rates: Keystone STARS tiered add-ons incentivize programs to increase their quality and STAR level and help to off-set the higher costs of providing high-quality child care. The STARS add-ons begin at STAR 2 and increase through STAR 4 among all program types and care levels. STAR add-ons are only available to programs serving children eligible for the subsidized child care program. Add-ons are tiered to be higher for infants and toddlers than preschool or school-age add-ons. The add-ons provide support for improving business practices, such as management training, paid sick leave for employees, and shared services.

Pennsylvania supports the shared services concept, particularly as such services strengthen the business practices of small programs, and consideration of shared services models is reflected in the Keystone STARS performance standards. Programs can earn points in the Leadership and Management Performance Standard category through participating in shared services that support cost savings, greater efficiencies related to operations, and/or program quality enhancements.

Mental health consultation: Mental health consultation (MHC) services are available by request for any program participating in QRIS, not including HS/EHS. MHC services have been expanded, through PDG-R, to include school age child care environments, in addition to those programs caring for children birth to age 5. Consultants are regionally located and available to provide tiered consultation supports including Virtual Office Hours (universal consultation), child-specific and classroom focused consultation to adult caregivers related to the social-emotional development and relational health of infants/toddlers, young and middle childhood aged children in the child care environment. The program focuses on reducing the number of children expelled from child care due to behavior challenges, increasing understanding among ECE practitioners and families of social-emotional development and its impact on educational success, and linking and bridging systems and services on behalf of the child, family, and program. Pennsylvania offers supports through the Keystone STARS program to all child care programs.

- b. **Infants and toddlers. Describe:**

Grants and contracts: The Infant Toddler Contracted Slots (ITCS) Program is an alternative to the traditional voucher system. Instead of having funding follow the child, as in the traditional voucher system, the ITCS program, awards funding to a provider. If a child leaves the funded provider, the provider continues to be paid for the slot and is responsible to fill the slot with a different CCW eligible child. The program provides funding for 850 slots through ELRC contracts. The eligibility for ITCS follows the same eligibility criteria for CCW funding. At time eligibility is determined, families are provided information on the ITCS program (if slots are available). Eligible families may choose to enroll in either ITCS program or traditional subsidy funding. The limited availability of the ITCS program currently does limit the number of available slots for the program. The goals of the ITCS program include providing fiscal stability for high-quality child care providers serving CCW eligible infants and toddlers and establishing a continuum of care for children and families in high-quality child care settings with a focus on strengthening the link between high-quality child care programs and high-quality pre-kindergarten programs.

Technical assistance support: Infant Toddler Specialists are available to providers for targeted technical



assistance on improving quality in developmentally appropriate practices for infants and toddlers, and other areas of need specific to physical health and development of children 0-3 years old. Tiered payment rates: Keystone STARS tiered add-ons incentivize programs to increase their quality and STAR level and help to off-set the higher costs of providing high-quality child care. The STARS add-ons begin at STAR 2 and increase through STAR 4 among all program types and care levels which include higher rates paid for infants and toddlers. The add-ons provide support for improving business practices, such as management training, paid sick leave for employees, and shared services. Pennsylvania supports the shared services concept, particularly as such services strengthen the business practices of small programs, and consideration of shared services models is reflected in the Keystone STARS performance standards as well as supported through outside funding opportunities to seed innovation. Programs can earn points in the Leadership and Management Performance Standard category through participating in shared services that support cost savings, greater efficiencies related to operations, and/or program quality enhancements.

Child care health consultation: Child care health consultants are placed at the ELRCs and are intended to provide rapid response where necessary while also providing general best practice and professional development to providers. This model allows providers to maintain child enrollment if they have a special need (like medication administration) and supports providers in building a high-quality environment for all children. Mental health consultation: Mental health consultation (MHC) services are available by request for any program participating in QRIS, not including HS/EHS. MHC services have been expanded, through PDG-R, to include school age child care environments, in addition to those programs caring for children birth to age 5. Consultants are regionally located and available to provide tiered consultation supports including Virtual Office Hours (universal consultation), child-specific and classroom focused consultation to adult caregivers related to the social-emotional development and relational health of infants/toddlers, young and middle childhood aged children in the child care environment. The program focuses on reducing the number of children expelled from child care due to behavior challenges, increasing understanding among ECE practitioners and families of social-emotional development and its impact on educational success, and linking and bridging systems and services on behalf of the child, family, and program. Pennsylvania offers supports through the Keystone STARS program to all child care programs.

- c. **Children with disabilities: Describe:** Technical assistance support: ELRCs are instructed to target STAR 1 and STAR 2 programs serving high numbers of children accessing CCW to ensure vulnerable children have access to high-quality care. In addition, this targeting ensures children accessing CCW funding have high-quality options in their home communities. Bureau of Early Intervention and Family Supports (BEISFS) has prioritized the development of coaching supports for caregivers in the natural environment in which eligible children are enrolled. When developmental or therapeutic supports are authorized for a child, there is intentional work to include the child care staff in coaching to assure ongoing supports are available to the child beyond their designated units of EI service. The add-ons provide support for improving business practices, such as management training, paid sick leave for employees, and shared services. Pennsylvania supports the shared services concept, particularly as such services strengthen the business practices of small programs, and consideration of shared services models is reflected in the Keystone STARS performance standards and supported through outside funding opportunities to seed innovation. Programs can earn points in the Leadership and Management Performance Standard category through participating in shared services that support cost savings, greater efficiencies related to operations, and/or program quality enhancements. Mental health consultation: Mental health consultation (MHC) services are available by request for any program participating in QRIS, not including HS/EHS/MHS. MHC services have been expanded, through PDG-R, to include school age child care environments, in addition to those programs caring for children birth to age 5. Consultants are regionally located and available to provide tiered consultation supports including Virtual Office Hours (universal consultation), child-specific and classroom focused consultation to adult caregivers related to the social-emotional development and relational health of infants/toddlers, young and middle childhood aged children in

the child care environment. The program focuses on reducing the number of children expelled from child care due to behavior challenges, increasing understanding among ECE practitioners and families of social-emotional development and its impact on educational success, and linking and bridging systems and services on behalf of the child, family, and program. The program does collect data relative to children served who are also concurrently receiving Early Intervention services. If a child has a developmental delay, the payment rate is based on the child's developmental age, not their chronological age.

- d. Children who receive care during non-traditional hours. Describe: Certified child care providers who provide care to children receiving Child Care Works (CCW) during non-traditional hours are eligible for a non-traditional care add-on effective January 1, 2022. Non-traditional hours is defined as at least two hours during the hours of 6:00pm and 6:00am on weekdays or any amount of time on weekends. The add-on rate is 25 percent above the established subsidy base rate for each child served during non-traditional hours.
- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe:

4.5.5 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. Data comparisons take place minimally on a monthly basis and OCDEL reports out to the Governor's office on the ratio of high-quality child care programs within each ELRC region. OCDEL's strategic plan has a goal to maximize stable and equitable access to high quality early care and education with specific focus on underserved populations and regions. OCDEL plans to meet this goal with the objective of increasing the supply of high-quality providers for CCW-eligible families' access across the Commonwealth by prioritizing programs to increase STAR levels of STAR 1 and 2 programs serving CCW to move to STAR 3 or 4 and increasing compensation for high-quality ECE providers participating in child care subsidy and Keystone STAR programs. By May 2025, OCDEL will have increased the total number of children enrolled in CCW in STAR 3 or 4 programs from approx. 36.7K to 47K. OCDEL, in partnership with the ELRCs and other connecting agencies, prioritize increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment through the analysis of data collected and reviewed in the PELICAN system. Areas where access to high-quality programs needs additional outreach are a focus for OCDEL. Details on closings, low capacity and limited access are a focus of ongoing strategic planning and the work of PDG.

## 5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a baseline for child care health and safety policies and practices but leaves authority to States/Territories to design standards that appropriately protect children's safety and promote nurturing environments that

support their healthy growth and development. Lead Agencies should set standards for ratios, group sizes, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children’s development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt and must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the State/Territory. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, States and Territories set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. These requirements help ensure children attending child care are healthy and safe. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, State/Territory licensing requirements and exemptions, and policies and procedures for comprehensive background checks.

When responding to questions in this section, OCC recognizes that each State/Territory identifies and defines its own categories of care. OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

## 5.1 Licensing Requirements

Each Lead Agency must ensure their State/Territory has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements.

5.1.1 For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

a. Identify the center-based provider types subject to child care licensing: **Pennsylvania defines a Child Care Center as the premises in which care is provided at any one time for seven or more children unrelated to the operator. Pennsylvania also certifies facilities it calls Group Child Care Homes. A Group Child Care Home is the premises in which care is provided at one time for more than six but fewer than 16 older school-age level children or more than six but fewer than 13 children of another age level who are unrelated to the operator. A group home may operate in a residence or another premises.**

i. Are there categories of regulated or registered center providers the State/Territory does not categorize as license-exempt?

A.  Yes. If yes, describe: [Click or tap here to enter text.](#)

- B.  No.
  - ii. Briefly summarize the licensing requirements, including any applicable licensing requirement variations (e.g., school-age licensing separate from other child care center licensing requirements): **Prior to licensure, a provider must attend an orientation session and submit a complete application. An initial or renewal inspection must be conducted prior to issuance of a certificate of compliance. Provider must maintain compliance with DHS regulations for child care providers.**
  - b. Identify the family child care providers subject to licensing: **Pennsylvania defines a family child care home as any home in which child care is provided simultaneously for four, five, or six children who are not relatives of the operator.**
    - i. Are there categories of regulated or registered family child care providers the State/Territory does not categorize as license-exempt?
      - A.  Yes. If yes, describe: *Click or tap here to enter text.*
      - B.  No.
    - ii. Briefly summarize the licensing requirements for family child care providers: **Prior to licensure, a provider must attend an orientation session and submit a complete application. An initial or renewal inspection must be conducted prior to issuance of a certificate of compliance. Provider must maintain compliance with DHS regulations for child care providers.**
  - c. Identify the in-home providers subject to licensing: **Pennsylvania does not regulate in-home care providers.**
    - i. Are there categories of regulated or registered in-home providers the State/Territory does not categorize as license-exempt?
      - A.  Yes. If yes, describe: *Click or tap here to enter text.*
      - B.  No.
    - ii. Briefly summarize the licensing requirements for in-home providers: *Click or tap here to enter text.*
- 5.1.2 Identify the categories of CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children. Do not include exempt relative care providers; this information will be collected in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.
  - i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Pennsylvania does not have any CCDF-eligible license exempt providers**
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**
- b. License-exempt family child care. Describe by answering the questions below.
  - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Pennsylvania does not have any CCDF-eligible licensed exempt providers.**
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**
- c. In-home care (care in the child’s own home by a non-relative). Describe by answering the questions below.
  - i. Identify the categories of CCDF-eligible in-home care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. **Relative care is license-exempt in- home care. However, if the family is receiving child care subsidy, then ratios and maximum group size applies and the staff to child ratio is 1:3 unless they are grandchildren. A grandparent may care for up to six grandchildren if no other children are present**
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Relative care is license-exempt, and therefore no ratio and group size requirements apply to in- home relative care. However, if the family is receiving child care subsidy, then ratios and maximum group size applies and the staff to child ratio is 1:3 unless they are grandchildren. A grandparent may care for up to six grandchildren if no other children are present**
  - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **The exemptions do not endanger the health, safety, and development of children in care, due to the number of children not related to the operator does not meet the regulatory requirements to become licensed. Also, if receiving subsidy there is a maximum number of grandchildren that can be present. Making the overall number of children in care not more than nine related and unrelated.**

## 5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, and they must address appropriate ratios between the number of children and number of staff providing care, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Describe how the State/Territory defines the following age classifications. For instance, Infant: 0 – 18 months.

- a. Infant. Describe: **A child from birth to one year of age.**
- b. Toddler. Describe: **Pennsylvania defines toddlers in two groups; young toddler is a child from one to two years of age; and an older toddler is a child from two to three years of age.**
- c. Preschool. Describe: **A child from 3 years of age to the date the child enters kindergarten in a public or private school system.**
- d. School-Age. Describe: **Pennsylvania defines school age in two groups; a young school age child is a child who attends kindergarten to the date the child enters the 4th grade of a public or private school system is defined as a young school-age child; and an older school age child is a child who attends the 4th grade of a public or private school system through 15 years of age is defined as an older school-age child.**

5.2.2 Provide the ratio and group size for settings and age groups below.

- a. Licensed CCDF center-based care:
  - i. Infant.
    - A. Ratio: **1:4 for both Child Care Centers and Group Child Care Homes**
    - B. Group size: **Maximum group size for infants in Child Care Centers is 8, while maximum group size for infants in Group Child Care Homes is 12**
  - ii. Toddler.
    - A. Ratio: **1:5 for young toddlers and 1:6 for older toddlers, for both Child Care Centers and Group Child Care Homes.**
    - B. Group size: **Maximum group size for young toddlers in Child Care Centers is 10, while the maximum group size for older toddlers in Child Care Centers is 12. The maximum group size for young and old toddler in Group Child Care Homes is 12**
  - iii. Preschool.
    - A. Ratio: **1:10 for both Child Care Centers and Group Child Care Homes**
    - B. Group size: **The maximum group size for preschoolers in Child Care Centers is 20, while the maximum group size for preschoolers in Group Child Care Homes is 12**

- iv. School-Age.
  - A. Ratio: 1:12 for young school-agers and 1:15 for older school-agers in both Child Care Centers and Group Child Care Homes. A Group Child Care Home can have 15 older school aged children if only caring for older school aged children.
  - B. Group size: The maximum group size for young school-agers in Child Care Centers is 24 and the maximum group size for older school-agers in Child Care Centers is 30. While the maximum group size for young school agers in Group Child Care Homes is 12 and the maximum group size for old school agers in Group Child Care Homes is 15.
- v. Mixed-Age Groups (if applicable).
  - A. Ratio: When children are grouped in mixed age levels, the age of the youngest child in the group determines the staff: child ratio in both Child Care Centers and Group Child Care Homes.
  - B. Group size: When children are grouped in mixed age levels, the age of the youngest child in the group determines the maximum group size for both Child Care Centers and Group Child Care Homes.
- vi. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
  - A. Infant: N/A. Child care centers are not license-exempt providers.
  - B. Toddler: N/A. Child care centers are not license-exempt providers.
  - C. Preschool: N/A. Child care centers are not license-exempt providers.
  - D. School-Age: N/A. Child care centers are not license-exempt providers.
  - E. Mixed-Age Groups: N/A. Child care centers are not license-exempt providers.

b. Licensed CCDF family child care home providers:

- i. Infant (if applicable)
  - A. Ratio: The operator may provide care to no more than five related and unrelated infants and toddlers at any one time. No more than two related and unrelated infants may receive care at any one time. The following numbers of infants and toddlers are permitted in a family child care home: if no infants are in care, five toddlers are permitted; if one infant is in care, four toddlers are permitted; or if two infants are in care, three toddlers are permitted.
  - B. Group size: The number of children in care may not exceed six children at any one time who are unrelated to either the legal entity or the staff person. At any one time, the related children of either the legal entity or the staff person, but not both, may be excluded in determining compliance with this section.
- ii. Toddler (if applicable)
  - A. Ratio: The operator may provide care to no more than five related and unrelated infants and toddlers at any one time. No more than two related and unrelated infants may receive care at any one time. The following numbers of infants and toddlers are

permitted in a family child care home: if no infants are in care, five toddlers are permitted; if one infant is in care, four toddlers are permitted; or if two infants are in care, three toddlers are permitted.

- B. **Group size:** The number of children in care may not exceed six children at any one time who are unrelated to either the legal entity or the staff person. At any one time, the related children of either the legal entity or the staff person, but not both, may be excluded in determining compliance with this section.
- iii. **Preschool (if applicable)**
  - A. **Ratio:** N/A
  - B. **Group size:** The number of children in care may not exceed six children at any one time who are unrelated to either the legal entity or the staff person. At any one time, the related children of either the legal entity or the staff person, but not both, may be excluded in determining compliance with this section.
- iv. **School-Age (if applicable)**
  - A. **Ratio:** N/A
  - B. **Group size:** The number of children in care may not exceed six children at any one time who are unrelated to either the legal entity or the staff person. At any one time, the related children of either the legal entity or the staff person, but not both, may be excluded in determining compliance with this section.
- v. **Mixed-Age Groups**
  - A. **Ratio:** The operator may provide care to no more than five related and unrelated infants and toddlers at any one time. No more than two related and unrelated infants may receive care at any one time. The following numbers of infants and toddlers are permitted in a family child care home: if no infants are in care, five toddlers are permitted; if one infant is in care, four toddlers are permitted; or if two infants are in care, three toddlers are permitted.
  - B. **Group size:** The number of children in care may not exceed six children at any one time who are unrelated to either the legal entity or the staff person. At any one time, the related children of either the legal entity or the staff person, but not both, may be excluded in determining compliance with this section.
- vi. **Are any of the responses above different for license-exempt child care homes?**
  - A. N/A
  - B. No.
  - C. Yes. If yes, describe how the ratio and group size requirements for license- exempt providers vary by age of children served. [Click or tap here to enter text.](#)
- c. **Licensed in-home care (care in the child’s own home):**
  - i. **Infant (if applicable)**
    - A. **Ratio:** N/A
    - B. **Group size:** N/A



- ii. Toddler (if applicable)
  - A. Ratio: N/A
  - B. Group size: N/A
- iii. Preschool (if applicable)
  - A. Ratio: N/A
  - B. Group size: N/A
- iv. School-Age (if applicable)
  - A. Ratio: N/A
  - B. Group size: N/A
- v. Mixed-Age Groups (if applicable)
  - A. Ratio: N/A
  - B. Group size: N/A.
- vi. Are any of the responses above different for license-exempt in-home care?
  - A.  N/A.
  - B.  No.
  - C.  Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **Relative care is license-exempt, and therefore no ratio and group size requirements apply to in-home relative care. However, if the family is receiving child care subsidy, then ratios and maximum group size applies and the staff to child ratio is 1:3 unless they are grandchildren. A grandparent may care for up to six grandchildren if no other children are present.**

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

- a. Licensed center-based care
  - i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **The lead teacher is known in Pennsylvania’s system as a Group Supervisor for Child Care Centers. The minimum required qualifications are: age 18 and: a bachelor’s degree from an accredited college or university in early childhood education, child development, special education, elementary education, or the human services field; a bachelor’s degree from an accredited college or university, including 30 credit hours in early childhood education, child development, special education, elementary education, or the human services field and 1 year of experience with children; an associate degree from an accredited college or university in early childhood education, child development, special education, elementary education or the human services**

field and 2 years of experience with children; or an associate degree from an accredited college or university, including 30 credit hours in early childhood education, child development, special education, elementary education or the human services field and 3 years of experience with children.

The assistant teacher is known as an Assistant Group Supervisor for Child Care Centers. The minimum required qualifications are age 18 and: a high school diploma or a general educational development certificate and 30 credit hours from an accredited college or university in early childhood education, child development, special education, elementary education or the human services field; a high school diploma or a general educational development certificate, including 600 or more hours of secondary training described in § 3270.31(c) (relating to age and training); a high school diploma or a general educational development certificate, 15 credit hours from an accredited college or university in early childhood education, child development, special education, elementary education or the human services field and 1 year of experience with children; a high school diploma or a general education development certificate and completion of a post-secondary training curriculum described in § 3270.31(c); or a high school diploma or a general educational development certificate and 2 year's experience with children.

For Group Child Care Homes the lead teacher is known as the primary staff person and their minimum required qualifications are: be 18 years of age or older; have a high school diploma or a general educational development certificate and 30 credit hours from an accredited college or university in early childhood education, child development, special education, elementary education or the human services field; a high school diploma or a general educational development certificate including 600 or more hours of secondary training described in § 3280.31(c) (relating to age and training); a high school diploma or a general educational development certificate, 15 credit hours from an accredited college or university in early childhood education, child development, special education, elementary education or the human services field and 1 year of experience with children; a high school diploma or a general educational development certificate and completion of a postsecondary training curriculum described at § 3280.31(c); or a high school diploma or a general educational development certificate and 2 years of experience with children.

The assistant teacher in s known as a secondary staff person and their minimum required qualifications are: to be 18 years of age or older; have a high school diploma or general education development certificate; have a minimum of an 8<sup>th</sup> grade education and enrollment in a training curriculum described at § 3280.31(c) (relating to age and training). The classroom portion of the curriculum must be completed. Documentation of completion of classroom training and continuing enrollment in the training curriculum must be included in the staff persons file; or a minimum of an 8<sup>th</sup> grade education and 2 years of experience with children.

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff

employed: The qualification is age 18 and: a bachelor’s degree from an accredited college or university in early childhood education, child development, special education, elementary education, or the human services field and 1 year of experience with children; a bachelor’s degree from an accredited college or university, including 30 credit hours in early childhood education, child development, special education, elementary education or the human services field and 2 years of experience with children; an associate degree from an accredited college or university in early childhood education, child development, special education, elementary education or the human services field and 3 years of experience with children; or an associate degree from an accredited college or university, including 30 credit hours in early childhood education, child development, special education, elementary education or the human services field and 4 years of experience with children.

- b. Licensed family child care
  - i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Age 18, have a high school diploma or a general educational development certificate and submit proof to the appropriate regional office of the Department no later than the submission of the second renewal application.**
- c. Regulated or registered in-home care (care in the child’s own home by a non-relative)
  - i. Describe the qualifications for licensed in-home child care providers (care in the child’s own home) including any variations based on the ages of children in care: **N/A**

5.2.4 Provide the provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers identified in question 5.1.2 under the following categories of care:

- a. License-exempt center-based child care. **N/A**
- b. License-exempt home-based child care. **N/A**
- c. License-exempt in-home care (care in the child’s own home). **N/A**

**Pennsylvania does not utilize in-home care providers who do not meet the definition of relative as defined by CCDF.**

### 5.3 Health and Safety Standards for CCDF Providers

States and Territories must have health and safety standards for providers (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements.

Exemptions for relative providers’ standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics identified in questions 5.3.1–5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.6.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety Standard(s)

- a. Provide the standard that addresses the prevention and control of infectious diseases:  
All health reports require a statement that the child is free from contagious disease and a record of the child's immunizations. The facility also must adhere to the Pennsylvania Department of Health regulations relating to immunization requirements.
- Prevention of infectious disease results, from the regulatory requirement that children receive the proper immunizations pursuant to the recommendations of the Advisory Committee on Immunization Practices (ACIP).
- Control for infectious disease results, from the regulatory requirements that parents be notified when there is a suspected outbreak of a communicable disease or an outbreak of an unusual illness that represents a public health emergency.
- An operator who observes an enrolled child with symptoms of a communicable disease or infection that can be transmitted directly or indirectly, and which may threaten the health of children in care shall exclude the child from attendance until the operator receives notification from a physician or a CRNP that the child is no longer a threat to the health of others. The notification shall be retained in the child's file. Diseases and conditions which require exclusion are specified in 28 Pa. Code Chapter 27 (relating to communicable and noncommunicable diseases).
- A staff person shall ensure that a child's hands are washed before meals and snacks, after toileting and after being diapered. Cloth towels shall be labeled with child's name and laundered weekly. The Director shall arrange a laundry schedule with the parent. Paper towels may be used as towels and wash cloth but shall be discarded after every use. Liquid or powdered soap shall be used for handwashing.
- b. Provide the standard that addresses that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency:
- c. Check to certify that the standards reported in a. and b. apply to all CCDF-eligible providers in the State/Territory who fall into each of these categories:
- i.  All CCDF-eligible center care
  - ii.  All CCDF-eligible family child care homes
  - iii.  All CCDF-eligible in-home care
  - iv.  Other. Identify any other provider types in your State/Territory that these standards apply to: [Click or tap here to enter text.](#)
- d. Are these standards in place for both licensed and license-exempt providers?

- i.  Yes.
  - ii.  No. If no, provide the alternate standard(s) that addresses the prevention and control of infectious diseases (including immunizations) for each provider to which the above standard does not apply: **PA does not have license exempt providers.**
- e. Check if these standards are in place for the following age groups:
- i.  Infants
  - ii.  Toddlers
  - iii.  Preschoolers
  - iv.  School-age children
- f. How are providers held accountable for implementing these standards?
- i.  Inspections
  - ii.  File reviews
  - iii.  Signed provider agreements
  - iv.  Self-report
  - v.  Other. Describe: **Department of Health monitoring**

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard(s)

- a. Provide the standard that addresses the prevention of sudden infant death syndrome and use of safe sleeping practices. **Infants must be placed in the sleeping position recommended by the American Academy of Pediatrics unless there is a medical reason an infant should not sleep in this position. The medical reason shall be documented in a statement signed by a physician, physician assistant or a CRNP and placed in the child's record at the facility.**
- All cribs must be free of toys, bumper pads, and pillows while an infant is sleeping in the crib.**
- Individual, clean age-appropriate rest equipment must be provided for toddler and infant children as agreed between the child's parent and the operator.**
- b. Check to certify that the standard reported in a. applies to all CCDF-eligible providers in the State/Territory who fall into each of these categories:
- i.  All CCDF-eligible center care
  - ii.  All CCDF-eligible family child care homes
  - iii.  N/A All CCDF-eligible in-home care
  - iv.  N/A Other. Identify any other provider types in your State/Territory that this standard applies to: *Click or tap here to enter text.*

- c. Is this standard in place for both licensed and license-exempt providers?
  - i.  Yes.
  - ii.  No. If no, provide the alternate standard(s) that addresses the prevention of sudden infant death syndrome and the use of safe-sleep practices for each provider to which the above standard does not apply: **PA does not have license exempt providers.**
- d. Check if this standard is in place for the following age groups:
  - i.  Infants
  - ii.  Toddlers
- e. How are providers held accountable for implementing this standard?
  - i.  Inspections
  - ii.  File reviews
  - iii.  Signed provider agreements
  - iv.  Self-report
  - v.  Other. Describe: *Click or tap here to enter text.*

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard(s).

- a. Provide the standard that addresses the administration of medication. **All medications must be administered pursuant to current regulations, including but not limited to mandatory signed, written parental consent to administer medication. As a matter of practice, regulations require that medication be accepted only in an original container; is administered by staff pursuant to parental consent; is identified on the label by its name; identifies the name of the child for whom the medication is intended; that medication is stored in a locked area of the facility or in an area that is out of reach of children ,in accordance with the manufacturer's/health professional's instructions; and that medication, once administered, is recorded in a medication log established and maintained by the operator.**
- b. Provide the standard that addresses obtaining permission from parents to administer medications to children. **A parent must provide written consent for administration of a medication.**
- c. Check to certify that the standards reported in a. and b. apply to all CCDF-eligible providers in the State/Territory who fall into each of these categories:
  - i.  All CCDF-eligible center care

- i.  All CCDF-eligible family child care homes
  - ii.  All CCDF-eligible in-home care
  - iii.  Other. Identify any other provider types in your State/Territory that these standards apply to: [Click or tap here to enter text.](#)
- d. Are these standards in place for both licensed and license-exempt providers?
- i.  Yes.
  - ii.  No. If no, provide the alternate standard(s) that addresses the administration of medication, consistent with standards for parental consent for each provider to which the above standards do not apply: **PA does not have license exempt providers.**
- e. Check if these standards are in place for the following age groups:
- i.  Infants
  - ii.  Toddlers
  - iii.  Preschoolers
  - iv.  School-age children
- f. How are providers held accountable for implementing these standards?
- i.  Inspections
  - ii.  File reviews
  - iii.  Signed provider agreements
  - iv.  Self-report
  - v.  Other. Describe: [Click or tap here to enter text.](#)

5.3.4 Prevention of and response to emergencies related to food and allergic reactions health and safety standard(s).

- a. Provide the standard that addresses the prevention of emergencies due to food and allergic reactions. **All facility phones must list phone numbers for the nearest hospital, police department, fire department, ambulance, and poison control center.**

**All health reports must list the child's allergies, and regulations require that all facility persons be competent in pediatric first aid and pediatric cardiopulmonary resuscitation.**

**Emergency contact information for the child includes information on the child's special needs, as specified by the child's parent, physician, physician assistant or CRNP, which is needed in an emergency.**

**During an emergency, a staff person must accompany and stay with the child and document the emergency.**

**A written plan identifying the means of transporting a child to emergency care and**

staffing provisions in the event of an emergency shall be displayed conspicuously in every child care space and accompany a staff person who leaves on an excursion with children.

Prevention is contemplated in the requirement for providers to establish and regularly update child(ren)s' health reports to specifically include information about allergies. If emergency medical care is needed for a child, the child(ren)'s parent must be contacted per Department regulation as soon as possible by a staff person.

Provide the standard that addresses the response to emergencies due to food and allergic reactions. **Within 90 days of hire all staff must complete professional development training in the prevention and response to emergencies due to food and allergic reactions.**

- c. Check to certify that the standards reported in a. and b. apply to all CCDF-eligible providers in the State/Territory who fall into each of these categories:
- i.  All CCDF-eligible center care
  - ii.  All CCDF-eligible family child care homes
  - iii.  All CCDF-eligible in-home care
  - iv.  Other. Identify any other provider types in your State/Territory that these standards apply to: *Click or tap here to enter text.*
- d. Are these standards in place for both licensed and license-exempt providers?
- vi.  Yes.
  - vii.  No. If no, provide the alternate standard(s) that addresses the prevention of and response to emergencies due to food and allergic reactions for each provider to which the above standards do not apply: **Pennsylvania does not have license exempt providers.**
- e. Check if these standards are in place for the following age groups:
- i.  Infants
  - ii.  Toddlers
  - iii.  Preschoolers
  - iv.  School-age children
- f. How are providers held accountable for implementing these standards?
- i.  Inspections
  - ii.  File reviews
  - iii.  Signed provider agreements



- iv.  Self-report
- v.  Other. Describe: [Click or tap here to enter text.](#)

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard(s).

- a. Provide the standard that addresses the identification of and protection from building and physical premises hazards. **As a condition precedent for certification, the facility must provide a certificate of occupancy as proof compliance with the applicable requirements of the Department of Labor and Industry.**

Physical site regulations further address safety, including but not limited to the measurement and use of indoor child care space, the measurement and use of play space, outdoor space, outside walkways, protective electrical covers, toxics, sanitation, smoking, water, indoor temperature, hot water pipes and other sources of heat, paint, lighting, firearms, stairs, glass, and ventilation.

Regulations have been promulgated that require all building surfaces be free from visible hazards; that require operators to notify parents and local authorities about vehicular routes, pickup, and drop off points around the facility; that require operators to secure and store toxics such that they are made inaccessible to children and do not contaminate food areas or play surfaces; that require operators to ensure hot water temperatures do not exceed 110° F and that hot water pipes accessible to children be insulated; that require operators to ensure that protective receptacle covers are used in all electrical outlets accessible to children; that require operators to render inaccessible to children access to any in-ground (via fencing with a locked gate), above-ground, and indoor swimming pools, and that require operators to otherwise use fencing or natural barriers to restrict children from unsafe areas or conditions in or near outdoor play spaces.

- b. Provide the standard that addresses the identification of and protection from bodies of water. **Regulations have been promulgated that require operators to render inaccessible to children access to any in-ground (via fencing with a locked gate), above-ground, and indoor swimming pools, and that require operators to otherwise use fencing or natural barriers to restrict children from unsafe areas or conditions in or near outdoor play spaces. This would include bodies of water.**
- c. Provide the standard that addresses the identification of and protection from vehicular traffic hazards. **Regulations have been promulgated for Child Care Centers that require an operator to notify local traffic safety authorities annually in writing of the location of the facility and the program’s use of pedestrian and vehicular routes around the child care facility. The operator must also determine safe pedestrian crossways, pick up and drop-off points and bike routes in the vicinity of the facility and this must be communicated to the children and parents in writing. The operator is required to post written notification of safe routes at a conspicuous location in the child care facility and children are only able to be picked up and discharged at locations specified by the facility as safe locations.**

For Group Child Care, the operator must notify local traffic safety authorities in writing of the location of the facility and about the program's use of pedestrian and vehicular routes around the group child care facility and determine safe pedestrian crossways, pick-up and drop-off points and bike routes in the vicinity of the facility and communicate to children and parents in writing. Written notification of safe routes must be posted in the facility in a conspicuous location. Children must only be picked up and discharged at locations specified by the operator as safe locations.

- d. Check to certify that the standards reported in a. through c. apply to all CCDF-eligible providers in the State/Territory who fall into each of these categories:
- i.  All CCDF-eligible center care
  - ii.  All CCDF-eligible family child care homes
  - iii.  N/A All CCDF-eligible in-home care
  - iv.  Other. Identify any other provider types in your State/Territory that these standards apply to: [Click or tap here to enter text.](#)
- e. Are these standards in place for both licensed and license-exempt providers?
- i.  Yes.
  - ii.  No. If no, provide the alternate standard(s) that addresses building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic for each provider to which the above standards do not apply: **Pennsylvania does not have license exempt providers.**
- f. Check if these standards are in place for the following age groups:
- ii.  Infants
  - iii.  Toddlers
  - iv.  Preschoolers
  - v.  School-age children
- g. How are providers held accountable for implementing these standards?
- ii.  Inspections
  - iii.  File reviews
  - iv.  Signed provider agreements
  - v.  Self-report
  - vi.  Other. Describe: [Click or tap here to enter text.](#)

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard(s).

- a. Provide the standard that addresses the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to. **Staff may not use any form of**

physical discipline, including spanking a child; they may not single out a child for ridicule or otherwise degrade or threaten a child or the child's family; they may not use harsh, demeaning or abusive language in the presence of children; they may not restrain a child by using bonds, ties or straps to restrict a child's movement nor may staff enclose a child in a confined space, closet, or locked room. Additionally, staff must obtain training regarding child abuse and mistreatment as required by the child protective services law. Announcement C-22-03 "Prevention of Shaken Baby Syndrome, Abusive Head Trauma, and Child Maltreatment" issued on January 24, 2022, demonstrates compliance with 98.41 (a)(1)(vi). This announcement addresses new certification requirements for child care providers to develop a policy and procedure to identify the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. Announcement C-22- 03 also addressed that prevention of shaken baby syndrome, abusive head trauma, and child maltreatment is a required health and safety training topic that must be completed before a child care staff can care for children unsupervised. This means untrained child care staff must be supervised at all times by a trained, qualified child care staff person (at a minimum assistant group supervisor or primary staff person) until the untrained staff have obtained required training. This requirement was outlined in Announcement C-22-02 "Updates to Health and Safety Training and Professional Development Requirements. "Beginning April 29, 2022, the citations for non-compliance with federal requirements at 45 CFR 98.41(a)(1)(vi) will be issued under 55 Pa. Code § 3270.14, § 3270.21, § 3280.14, § 3280.20, and § 3290.18, all pertaining to compliance with pertinent laws and regulations.

- b. Provide the standard that addresses the prevention of child maltreatment and indicate the age of children it applies to. Applicable to all age children.

The Child Protective Services Law (CPSL) requires child abuse reporting and does not address the prevention of the acts defined in the law as child abuse, including shaking a baby, abusive head trauma and child maltreatment. Child abuse includes, but is NOT limited to intentionally, knowingly or recklessly:

- Causing bodily injury to a child through any recent act or failure to act;
- Creating a reasonable likelihood of bodily injury to a child through any recent actor failure to act; and
- Forcefully shaking a child under one year of age.

In addition to 55 Pa. Code § 3270.32(a), § 3280.32(a), and § 3290.32(a) relating to suitability of persons in the facility and compliance with CPSL, and Chapter 3490, certified child care providers must ensure that they are compliant with the federal requirements at 45 CFR 98.41(a)(1)(vi) relating to the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

To maintain compliance with 45 CFR 98.41(a)(1)(vi), in addition to the training requirements, child care providers must have a policy and procedure to identify the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. The policy must include, but is not limited to:

- Recognition of potential signs and symptoms of shaken baby syndrome and abusive head trauma;
- Strategies for coping with a crying, fussing, or distraught child; and
- Address the prevention and identification of child maltreatment..

- c. Check to certify that the standards reported in a. and b. apply to all CCDF-eligible providers in the State/Territory who fall into each of these categories:
  - i.  All CCDF-eligible center care
  - ii.  All CCDF-eligible family child care homes
  - iii.  All CCDF-eligible in-home care
  - iv.  Other. Identify any other provider types in your State/Territory that these standards apply to: [Click or tap here to enter text.](#)
- d. Are these standards in place for both licensed and license-exempt providers?
  - i.  Yes.
  - ii.  No. If no, provide the alternate standard(s) that addresses the prevention of shaken baby syndrome, abusive head trauma, and maltreatment for each provider to which the above standards do not apply: **PA does not have license exempt providers..**
- e. How are providers held accountable for implementing these standards?
  - i.  Inspections
  - ii.  File reviews
  - iii.  Signed provider agreements
  - iv.  Self-report
  - v.  Other. Describe: [Click or tap here to enter text.](#)

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)) health and safety standard(s).

Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in- place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

- a. identify by checking below that the standard addresses emergency preparedness and response planning due to natural disasters and human-caused events in the following areas:
  - i.  Evacuation
  - ii.  Relocation
  - iii.  Shelter-in-place
  - iv.  Lock down
  - v.  Staff emergency preparedness

- A.  Training
  - B.  Practice drills
- vi. Volunteer emergency preparedness
  - A.  Training
  - B.  Practice drills
- vii.  Communication with families
- viii.  Reunification with families
- ix.  Continuity of operations
- x. Accommodation of
  - A.  Infants
  - B.  Toddlers
  - C.  Children with disabilities
  - D.  Children with chronic medical conditions
- b. Check to certify that the standard reported in a. applies to all CCDF-eligible providers in the State/Territory who fall into each of these categories:
  - i.  All CCDF-eligible center care
  - ii.  All CCDF-eligible family child care homes
  - iii.  **N/A**  All CCDF-eligible in-home care
  - iv.  Other. Identify any other provider types in your State/Territory that this standard applies to: *Click or tap here to enter text.*
- c. Is this standard in place for both licensed and license-exempt providers?
  - i.  Yes.
  - ii.  No. If no, provide the alternate standard(s) that addresses emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event for each provider to which the above standard does not apply: **Pennsylvania does not have license exempt providers.**
- d. Check if these standards are in place for the following age groups:
  - i.  Infants
  - ii.  Toddlers
  - iii.  Preschoolers
  - iv.  School-age children
- e. How are providers held accountable for implementing this standard?
  - i.  Inspections

- ii.  File reviews
- iii.  Signed provider agreements
- iv.  Self-report
- v.  Other. Describe: [Click or tap here to enter text.](#)

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio contaminants health and safety standard(s).

- a. Provide the standard that addresses the handling and storage of hazardous materials. **The Department's regulations require operators to secure and store all toxic materials (with the contents listed) and ensure that they are inaccessible to children, and do not contaminate food areas or play surfaces. Trash must be removed from the facility at least once a day and be removed from the facility grounds at least once per week. Trash that has been contaminated by human secretions or excrement shall be contained in closed, plastic-lined receptacles. Department regulations require that when children are diapered, the facility must use disposable diapers, a diaper service, or arrange for a daily diaper supply with the parent. All soiled diapers must be disposed of in accordance with requirements depending on whether the diapers are disposable or cloth material. Diaper changing surfaces must be cleaned after each use by wiping it with a sanitizing solution or by changing any surface covering. Diapering surfaces may not be used for food preparation or food service. Staff must check a child's diaper at least every two hours and whenever there is indication of a soiled diaper, staff must change a child's diaper when the diaper is soiled. A training chair may be used, if emptied and sanitized after each use.**
- b. Provide the standard that addresses the disposal of bio contaminants. **OCDEL is currently in the process of drafting an announcement listing the requirements for handling, storage, and disposing of hazardous and biological contaminants.**
- c. Check to certify that the standards reported in a. and b. apply to all CCDF-eligible providers in the State/Territory who fall into each of these categories:
  - i.  All CCDF-eligible center care

- ii.  All CCDF-eligible family child care homes
  - iii.  All CCDF-eligible in-home care
  - iv.  Other. Identify any other provider types in your State/Territory that this standard applies to: [Click or tap here to enter text.](#)
- d. Are these standards in place for both licensed and license-exempt providers?
- i.  Yes.
  - ii.  No. If no, provide the alternate standard(s) that addresses the handling and storage of hazardous materials and the appropriate disposal of biocontaminants for each provider to which the above standards do not apply: *Pennsylvania does not have license exempt providers.*
- e. Check if these standards are in place for the following age groups:
- i.  Infants
  - ii.  Toddlers
  - iii.  Preschoolers
  - iv.  School-age children
- f. How are providers held accountable for implementing these standards?
- i.  Inspections
  - ii.  File reviews
  - iii.  Signed provider agreements
  - iv.  Self-report
  - v.  Other. Describe: [Click or tap here to enter text.](#)
  - vi.

5.3.9 Precautions in transporting children (if applicable) health and safety standard(s).

- a. Provide the standard that addresses precautions in transporting children: *Department regulations require a facility to notify local traffic authorities as well as parents in writing of its location, the use of pedestrian and vehicular routes around the facility, all pick-up and drop-off points, bike routes, and crossways. All transportation by the facility requires written parental consent, and there shall be written notification of safe routes posted conspicuously by the operator in the facility. When transporting children, regulations require that specific staff-child ratios be used by the operator to ensure the proper supervision of children, with the driver considered a part of such ratio only when school-age children are being transported. When children are being transported, all safety restraints installed in the vehicle at the time of manufacturing must be used by all occupants, with instructions for their use to be always kept in the vehicle. As well, children 7 years of age or younger must be transported pursuant to the Pennsylvania vehicle code as it relates to requirements for all parents and guardians. Regulations further require that all vehicles used to transport children must be insured; the doors*

locked when in motion; with no more than three persons in the front seat. There is also a regulatory prohibition against the use of the back of pick-up trucks or the cargo areas of station wagons to transport children; as well as against the use of 11-15 passenger vans. Finally, a first-aid kit that meets Department requirements must be stored in any vehicle with children being transported.

- b. Check to certify that the standard reported in a. applies to all CCDF-eligible providers in the State/Territory who fall into each of these categories:
  - i.  All CCDF-eligible center care
  - ii.  All CCDF-eligible family child care homes
  - iii.  All CCDF-eligible in-home care
  - iv.  Other. Identify any other provider types in your State/Territory that this standard applies to: [Click or tap here to enter text.](#)
- c. Is this standard in place for both licensed and license-exempt providers?
  - i.  Yes.
  - ii.  No. If no, provide the alternate standard(s) that addresses precautions in transporting children for each provider to which the above standard does not apply: **Pennsylvania does not have license-exempt providers.**
- d. Check if this standard is in place for the following age groups:
  - i.  Infants
  - ii.  Toddlers
  - iii.  Preschoolers
  - iv.  School-age children
- e. How are providers held accountable for implementing this standard?
  - i.  Inspections
  - ii.  File reviews
  - iii.  Signed provider agreements
  - iv.  Self-report
  - v.  Other. Describe: [Click or tap here to enter text.](#)

### 5.3.10

Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard(s).

- a. Provide the standard that addresses pediatric first aid for all staff: **Regulation requires all staff persons to renew their certification in pediatric first aid and pediatric CPR on or before the expiration of the most current certification. In instances where a facility has all new staff, the requirement is to have one or more facility persons competent in pediatric first aid and pediatric CPR resuscitation techniques be at the facility when one or more children are in care.**



A Family Child Care Home provider is required to present documentation of Pediatric First Aid and Pediatric CPR at application, prior to being issued a Certificate of Compliance.

In all facility types, staff are required to complete Pediatric First Aid and Pediatric CPR training within first 90 days of hire and prior caring for children unsupervised.

- b. Provide the standard that addresses pediatric cardiopulmonary resuscitation: Regulation requires all staff persons to renew their certification in pediatric first aid and pediatric CPR on or before the expiration of the most current certification. In instances where a facility has all new staff, the requirement is to have one or more facility persons competent in pediatric first aid and pediatric CPR resuscitation techniques be at the facility when one or more children are in care.

A Family Child Care Home provider is required to present documentation of Pediatric First Aid and Pediatric CPR at application, prior to being issued a Certificate of Compliance.

In all facility types, staff are required to complete Pediatric First Aid and Pediatric CPR training within first 90 days of hire and prior caring for children unsupervised.

- c. Check to certify that the standards reported in a. and b. apply to all CCDF-eligible providers in the State/Territory who fall into each of these categories:
- i.  All CCDF-eligible center care
  - ii.  All CCDF-eligible family child care homes
  - iii.  All CCDF-eligible in-home care
  - iv.  Other. Identify any other provider types in your State/Territory that these standards apply to: [Click or tap here to enter text.](#)
- d. Are these standards in place for both licensed and license-exempt providers?
- i.  Yes.
  - ii.  No. If no, provide the alternate standard(s) that addresses pediatric first aid and pediatric CPR for each provider to which the above standards do not apply: *Pennsylvania does not have any license exempt providers.*
- e. Check if these standards are in place for the following age groups:
- i.  Infants
  - ii.  Toddlers
  - iii.  Preschoolers
  - iv.  School-age children
- f. How are providers held accountable for implementing these standards
- i.  Inspections

- ii.  File reviews
- iii.  Signed provider agreements
- iv.  Self-report
- v.  Other. Describe: [Click or tap here to enter text.](#)

5.3.11 Identification and reporting of child abuse and neglect health and safety standard(s).

- a. Provide the standard that addresses the identification of child abuse and neglect: **An operator or a staff person who has reason to believe that a child enrolled in the facility has been abused is required to report suspected child abuse to ChildLine as mandated by the Child Protective Services Law (CPSL). A facility person who has reasonable cause to suspect that a child is a victim of child abuse shall immediately make a report of suspected child abuse to ChildLine through the hotline at (800) 932-0313, online, or any other method as prescribed by the Department. Within 48 hours, a written report regarding the suspected child abuse shall be submitted by the operator or designated staff person to the CPS unit which has responsibility for investigating the report. The operator shall comply with the CPSL and with Chapter 3490 (relating to protective services). Questions relating to the requirements of the CPSL shall be directed to the appropriate regional child care office. The operator may not allow an individual to enter the facility if the operator knows that the individual has been convicted or is awaiting trial on charges involving a crime of child abuse, child neglect, physical violence or moral corruptness. DHS regulations require adherence to the CPSL, which requires all mandated reporters to be trained on an approved curriculum every five years. Approved training is provided on the Keep Kids Safe website. Upon successful completion, participants are provided with a certificate to document compliance with the law. In addition to training requirements, the CPSL codifies the regulatory requirement that employees of child care services who have direct contact with children in the course of employment are mandated reporters; they must make a report of suspected child abuse if the person has reasonable cause to suspect that a child is a victim of child abuse, with reporting procedures codified in the CPSL, to include submission of a written report within 48 hours.**
- b. Provide your standard that addresses the reporting of child abuse and neglect: **An operator or a staff person who has reason to believe that a child enrolled in the facility has been abused is required to report suspected child abuse to ChildLine as mandated by the CPSL. A facility person who has reasonable cause to suspect that a child is a victim of child abuse shall immediately make a report of suspected child abuse to ChildLine through the hotline at (800) 932-0313, online, or any other method as prescribed by the Department. Within 48 hours, a written report regarding the suspected child abuse shall be submitted by the operator or designated staff person to the CPS unit which has responsibility for investigating the report. DHS regulations require adherence to the CPSL, which requires all mandated reporters to be trained on an approved curriculum every five years. Approved training is provided on the Keep Kids Safe website. Upon successful completion, participants are provided with a certificate to document compliance with the law. In addition to training requirements, the CPSL codifies the regulatory requirement that employees of child care services who have direct contact with children in the course**

of employment are mandated reporters; they must make a report of suspected child abuse if the person has reasonable cause to suspect that a child is a victim of child abuse, with reporting procedures codified in the CPSL, to include submission of a written report within 48 hours.

- c. Confirm if child care providers must comply with the State/Territory's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).
  - i.  Yes, confirmed.
  - ii.  No. Describe: *Click or tap here to enter text.*
- d. Check to certify that the standards reported in a. and b. apply to all CCDF-eligible providers in the State/Territory who fall into each of these categories:
  - i.  All CCDF-eligible center care
  - ii.  All CCDF-eligible family child care homes
  - iii.  All CCDF-eligible in-home care
  - iv.  Other. Identify any other provider types in your State/Territory that this standard applies to: *Click or tap here to enter text.*
- e. Are these standards in place for both licensed and license-exempt providers?
  - i.  Yes.
  - ii.  No. If no, provide the alternate standard(s) that addresses the recognition and reporting of child abuse and neglect for each provider to which the above standards do not apply: *PA does not have license exempt providers.*
- f. Check if these standards are in place for the following age groups:
  - i.  Infants
  - ii.  Toddlers
  - iii.  Preschoolers
  - iv.  School-age children
- g. How are providers held accountable for implementing these standards?
  - i.  Inspections
  - ii.  File reviews
  - iii.  Signed provider agreements
  - iv.  Self-report
  - v.  Other. Describe: *Click or tap here to enter text.*

5.3.12 In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

- a.  No. If no, skip to subsection 5.4.

b.  Yes. If yes, describe the standard(s). (Check all that apply)

- i. Nutrition. Describe: Nutritional and appropriately timed meals and snacks must be served to children. Additionally, lunch and breakfast served by the facility require certain food groups be included. 55 Pa Code 3270.161-.166; 3280.161-.166; and 3290.161-.166. Pennsylvania has trainings available through the PD Registry that address this standard. Providers participating in the Child and Adult Care Food Program (CACFP) must participate in technical assistance for administration of the program and annual training/workshops for staff. All CACFP Sponsors must complete annual training which counts towards the required 12 hours of annual training. Division of Food and Nutrition provides this training with renewal applications through an e- Learning vendor. The website is [www.childnutritiontoolbox.com](http://www.childnutritiontoolbox.com).
- ii. Access to physical activity. Describe: Facility is required to provide safe play space to be used for large muscle activity. 55 Pa. Code 3270.62 and .101 and 3280.101 and 3290.101.
- iii. 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. 55 Pa. Code 3270.17, 104, 113(e), 122, 124(5). 55 Pa. Code 3280.16, 108, 113(e), 122, 124(5) 55 Pa. Code 3290.15, 113(e), 122, 124(5) Pennsylvania has volunteer PQAS approved trainings made available through the PD Registry that address this standard.
- iv.  Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe: [Click or tap here to enter text.](#)

#### 5.4 Pre-Service or Orientation Training on the Health and Safety Standards for CCDF Providers

Lead Agencies must have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Pre-service or orientation and training should be a part of a broader systematic approach and progression of professional development within a State/Territory. Exemptions for relative providers’ training requirements are addressed in question 5.8.1.

5.4.1 Lead Agencies must certify they have the following health and safety training requirements in place for staff in programs serving children receiving CCDF assistance. In the table below, check the boxes for which you have training requirements.

	This standard is addressed in the pre-service or orientation training.	The training on this standard is appropriate to different settings and age groups.	Training requirement must be completed before the child care provider can care for children unsupervised.
a. Prevention and control of infectious diseases (including immunizations)	X	X	X
b. SIDS prevention and use of safe sleep practices	X	X	X
c. Administration of medication	X	X	
d. Prevention and response to food and allergic reactions	X	X	
e. Building and physical premises safety	X	X	
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	X	X	X
g. Emergency preparedness and response planning	X	X	
h. Handling and storage of hazardous materials and disposal of biocontaminants	X	X	
i. Precautions in transporting children	X	X	
j. Pediatric first aid and CPR		X	X
k. Child abuse and neglect recognition and reporting		X	X
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	X	X	

5.4.2 Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

a.  No

b.  Yes. If yes, please describe: *Click or tap here to enter text.*

5.4.3 How do you ensure that the required pre-service or orientation training covers these standards?

The pre-service training is available on the Better Kid Care (BKC) website. The BKC's online pre-service training courses meet the CCDBG health and safety required training topics and are the only modules that meet the pre-service training requirements for all child care staff.

5.4.4 How do you ensure that required staff complete the training? Upon completion of the BKC online pre-service training and Mandated Reporter Training, staff receive credit on the PD Registry for training completed through BKC or the PD Registry and a certificate for mandated reporter training not completed through the PD Registry.

## 5.5 Training and Professional Development Requirements (Ongoing Training)

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the State/Territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children in all age groups and to improve the knowledge and skills of the child care workforce. Such requirements must be applicable to child care providers caring for children receiving CCDF funds across the entire age span. Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served.

5.5.1 Ongoing health and safety training

a. How do providers receive updated information and/or training regarding the 10 health and safety standards, child abuse and neglect identification and reporting, and child development appropriate to the setting and age of children served? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. Better Kid Care has been contracted by OCDEL to provide updated refresher modules which will be made available to all child care staff to meet the mandated professional development hours. OCDEL will provide updates to the provider community through announcements, listserv messages, website updates, and/or email communications.

b. Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings:

i. Licensed child care centers: 12

ii. License-exempt child care centers: N/A

iii. Licensed family child care homes: 12

iv. License-exempt family child care homes: N/A

- v. Regulated or registered in-home child care: **N/A**
- vi. Non-regulated or registered in-home child care: **N/A**

5.5.2 Describe how the State/Territory incorporates its health and safety standards (as described in Section 5) into ongoing training and professional development opportunities: **Recommendations for the development, revision and implementation of professional development opportunities are provided on an ongoing basis by OCDEL’s child development consultants and several steering committees, including the Career Pathway steering team, the PDO steering team and the PD Registry team. Each of these steering teams is comprised of members from OCDEL leadership, OCDEL’s Bureau of Policy and Professional Development staff, OCDEL’s Bureau of ELRC operations staff, OCDEL’s Bureau of Certification staff, Early Intervention Technical Assistance (EITA) staff, OCDEL’s Special Assistant for External Relations, Professional Development Organization (PDO) Manager, and PA Key staff. The steering teams report to OCDEL executive leadership team. In addition, the State Advisory Council, and additional external stakeholder groups are engaged to develop and implement ongoing professional development opportunities on an as needed basis.**

5.5.3 Describe how the State’s/Territory’s training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **Pennsylvania does not have any Tribal organizations receiving CCDF funds.**

5.5.4 Describe how the State’s/Territory’s training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? : **PA addresses diversity, equity, and inclusion in the professional development systems in various ways. The Registry system itself has translation in four languages (Spanish, Somali, Hmong and Arabic). Additionally, the Professional Learning Standards for early learning professionals include *PSA 4: Developmentally, Culturally, and Linguistically Appropriate Teaching Practices*. ECE professionals are encouraged to have a balance of professional development from all areas of the Professional Learning Standards. Finally, when instructors submit courses for approval, we ask that they explain how cultural diversity and inclusion will be addressed within this training.**

5.5.5 Does the Lead Agency ensure that child care providers receive the information about developmental screenings through training and professional development?

- a.  Yes.
- b.  No. If no, describe (optional): *Click or tap here to enter text.*

## 5.6 Monitoring and Enforcement Policies and Practices for Licensing and Health and Safety Requirements

5.6.1 Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for

compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based child care

i. Does your pre-licensure inspection for providers confirm compliance with health standards, safety standards, and fire standards?

A.  Yes.

B.  No. If checked, describe: *Click or tap here to enter text.*

ii. Identify the frequency of unannounced inspections addressing compliance with health, safety, and fire standards:

A.  Annually.

B.  More than once a year. If checked, describe: **In addition to the annual renewal inspection, providers may be selected for an annual unannounced inspection. OCDEL selects at least 10 percent of regulated providers to participate in these inspections. OCDEL also conducts unannounced inspections regarding complaints, and when a provider is operating under a negative sanction, they will receive a minimum number of monthly inspections.**

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed providers?

A.  Yes. Describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *Click or tap here to enter text.*

B.  No.

iv. Identify which department or agency is responsible for completing the inspections for licensed CCDF providers. **OCDEL's Bureau of Certification Services**

b. Licensed CCDF family child care home

i. Does your pre-licensure inspection for providers confirm compliance with health standards, safety standards, and fire standards?

A.  Yes.

B.  No. If checked, describe: *Click or tap here to enter text.*

ii. Identify the frequency of unannounced inspections addressing compliance with health, safety, and fire standards:

A.  Annually.

B.  More than once a year. If checked, describe: **In addition to the annual renewal inspection, providers may be selected as part of the annual unannounced inspection initiative. OCDEL selects 10 percent of regulated providers to participate in these inspections.**



- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed providers?
  - A.  Yes. Describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)
  - B.  No.
- iv. Identify which department or agency is responsible for completing the inspections for licensed CCDF providers. **OCDEL Bureau of Certification Services**
- c. Licensed in-home CCDF child care provider
  - i. Does your State/Territory license CCDF in-home child care (care in the child’s own home) providers?
    - No.
    - Yes. If yes:
      - A. Does your pre-licensure inspection for in-home providers confirm compliance with health, safety, and fire standards?
        - a.  Yes.
        - b.  No. If checked, describe: [Click or tap here to enter text.](#)
      - B. Identify the frequency of unannounced inspections for compliance with health, safety, and fire standards completed:
        - a.  Annually.
        - b.  More than once a year. If checked, describe: [Click or tap here to enter text.](#)
    - C. Does the Lead Agency implement a differential monitoring approach when monitoring licensed providers?
      - a.  Yes. Describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)
      - b.  No.
    - D. Identify which department or agency is responsible for completing the inspections for licensed CCDF providers. [Click or tap here to enter text.](#)

5.6.2 Lead Agencies must ensure that all child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements. This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.6.1.

- a. Describe how the Lead Agency ensures that CCDF-eligible providers comply with the required Health and Safety **Standards** described in Section 5.3. **Providers are required to**

develop, communicate, and implement policies and procedures to adhere to regulations regarding professional development in health and safety topics. They are to ensure that all staff have completed and documented the required health and safety training completed through Better Kid Care. Appropriate documentation and verification of pre-service and ongoing professional development training of all child care staff is retained in the facility person's file or maintained in an electronic PD Registry. OCDEL Bureau of Certification staff will verify staff have completed Pre-Service Training of health and safety training topics including mandated reporter training within 90 days of hire. Staff must complete these trainings prior to providing unsupervised care to children.

- b. Describe how the Lead Agency ensures that CCDF-eligible providers comply with the required Health and Safety **Training** described in Section 5.4.
  - i. Describe the procedures for ensuring the preservice/orientation training is completed within 3 months. Providers are required to develop, communicate, and implement policies and procedures to adhere to regulations regarding professional development in health and safety topics. They are to ensure that all staff have completed and documented the required health and safety training completed through Better Kid Care. Appropriate documentation and verification of pre-service and ongoing professional development training of all child care staff is retained in the facility person's file or maintained in an electronic PD Registry. OCDEL Bureau of Certification staff will verify staff have completed Pre-Service Training of health and safety training topics including mandated reporter training within 90 days of hire. Staff must complete these trainings prior to providing unsupervised care to children.
  - ii. Describe the procedures for ensuring the ongoing training is completed. During renewal, unannounced, sanction monitoring, and complaint inspections, OCDEL Bureau of Certification staff review staff files to ensure compliance with Pediatric First Aid/CPR certification, which must be renewed every two years, and all required health and safety trainings. Completion of professional development shall be documented by the signature and title of the trainer or entity that completed the training and include the date that the professional development was completed. The certification representative can also access any staff person's PD record through the PD registry, which have PQAS approved training courses that include various health and safety trainings that are available for everyone.
- c. Describe how the Lead Agency ensures that CCDF-eligible providers comply with all other applicable State and local health, safety, and fire standards. Pursuant to 55 Pa. Code 3270.14, a facility shall be operated in conformity with applicable federal and state laws and regulations. State agencies whose regulations may relate to the operation of a facility include the Department of Environmental Protection (DEP), the Department of Labor and Industry (L&I), the Department of Health (DOH), Pennsylvania Department of Education (PDE), and the Department of Transportation (DOT).

5.6.3 Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers
  - i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center base providers:
    - A.  Annually.
    - B.  More than once a year.
  - ii. Does the lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?
    - A.  Yes. Describe how the differential monitoring approach is representative of the full complement of health and safety requirements
    - B.  No.
  - iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers
- b. License-exempt CCDF family child care providers
  - i. Identify the frequency of the inspections of license-exempt family child care home providers to determine compliance with health, safety and fire standards:
    - A.  Annually.
    - B.  More than once a year.
  - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care home providers?
    - A.  Yes. Describe how the differential monitoring approach is representative of the full complement of health and safety requirements. [Click or tap here to enter text.](#)
    - B.  No.
  - iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care home CCDF providers. [Click or tap here to enter text.](#)

5.6.4 Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child’s home that are appropriate to the setting. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child’s own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. [Click or tap here to enter text.](#)

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child’s own home) providers: *Click or tap here to enter text.*

5.6.5 Lead Agencies must post on their consumer education website monitoring and inspection reports for each licensed child care provider and for each child care provider eligible to provide CCDF services, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider’s failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the State/Territory does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

- a. Does the Lead Agency post? (Check all that apply):
- i.  Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
  - ii.  Pre-licensing inspection reports for licensed programs.
  - iii.  Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. Note: This option is only allowable if the State/Territory does not produce monitoring reports that include both areas of compliance and non-compliance. If checked, provide a direct URL/website link to the website where a blank checklist is posted: **The consumer education site <http://www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx> contains a link to the checklist under Child Care Regulations and Forms.**
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
- i.  Date of inspection.
  - ii.  Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **Use <http://www.findchildcare.pa.gov> to search for child care provider locations. Click appropriate link on a location record to view the available reports. Links to the report can be found on the initial search results under Inspections. can also be viewed by clicking View History from the Provider Details page for a selected location.**
  - iii.  Corrective action plans taken by the State and/or child care provider. Describe:

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

- iv.  A minimum of 3 years of results, where available.
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
  - i. Provide the direct URL/website link to where the reports are posted: Use [www.findchildcare.pa.gov](http://www.findchildcare.pa.gov) to search for child care provider locations. Click appropriate link on a location record to view the available reports. Links to the report can be found on the initial search results under Inspections. Reports can also be viewed by clicking View History from the Provider Details page for a selected location.
- d. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Upon the completion of monitoring and inspection reports, all reports are posted to CLS. As soon as the reports are finalized in CLS, they are immediately available for public viewing in the provider search at [www.findchildcare.pa.gov](http://www.findchildcare.pa.gov).** Monitoring and inspection reports or the summaries must be in plain language so they are understandable to parents and other consumers.

Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language?

  - i.  Yes.
  - ii.  No. If no, describe (optional): *Click or tap here to enter text.*
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
  - i.  Yes.
  - ii.  No. If no, describe (optional): *Click or tap here to enter text.*
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
  - i.  Yes.
  - ii.  No. If no, describe (optional): *Click or tap here to enter text.*

5.6.6 Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the

Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. OCDEL ensures that licensing inspectors are qualified to inspect child care facilities and have received the appropriate training to ensure the health and safety of both the children and providers being served. All representatives must meet one of the two options:

- Have a minimum of two years professional experience providing direct services to children/youth, and a bachelor's degree that includes 24 semester hours of early childhood education, child/human development, special/elementary education, or psychology.
- Have a combination of professional experience and training which includes one year of professional experience providing direct services to children, AND 24 semester hours from the areas above.

Prior to conducting solo visits, certification representatives are partnered with a seasoned representative to go on field visit and review inspection protocols.

5.6.7 Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the State/Territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. Pennsylvania has approximately 6,500 child care providers and 125 licensing representatives. This is a ratio of approximately 1 certification representative:52 providers. This ratio is aligned with The National Association for Regulatory Administration (NARA) recommendations that an average caseload does not exceed 50 to 60 (Payne, 2011). Certification representatives are supported by 27 Supervisors and 5 Regional Managers. The policy supports a caseload that is sufficient to conduct pre-licensure, annual renewal inspections and complaint investigations on a timely basis.

## 5.7 Comprehensive Background Checks

States and Territories must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

#### 5.7.1 In-state criminal history check with fingerprints

- a. Does the State/Territory conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
  - i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks. **On October 5, 2020 the Pennsylvania State Police (PSP) received a formal request from the Pennsylvania (PA) Department of Human Services (DHS), Office of Child Development and Early Learning (OCDEL) to work collaboratively in resolving non-compliance concerns with current PA childcare background clearance processes. This work would bring OCDEL into compliance with the Child Care and Development Fund (CCFD) requirements detailed in 45 C.F.R. §98. The absence of Fingerprint-Based Background Checks at the state level was identified as being out-of-compliance with federal regulations pertaining to the criminal background check process used by Pennsylvania. Upon receipt of the request, PSP began to research the possibility of Fingerprint Based State Background Checks (FBBC) and what it would take to implement this process. Further, PSP began to explore a possible funding opportunity to assist with the project costs. PSP submitted a request to the Department of General Services to determine if the FBBC project would be permitted in the scope of the current state-wide vendors (IDEMIA) contract. PSP needed to gain permission to amend the state contract with IDEMIA to include fingerprint-based state background checks or put the project up for bid to the public. On April 22, 2021 PSP received notification that DGS Legal Counsel determined that the State FBBC project fell within the scope of the current IDEMIA contract. This determination meant that no public offering was required, and PSP could move forward with cost estimates and a funding request. A Program Analyst was assigned to do a state FBBC project estimate and a request to apply for funding under a current NCHIP grant was sent to the Bureau of Justice Statistics. As of the end of July 2021, a preliminary full project cost estimate is complete and PSP has received permission from the Bureau of Justice Statistics to submit a project modification request to the PA Commission on Crime and Delinquency (PCCD). PSP submitted a project modification request to**

PCCD on August 18, 2021. OCDEL is currently working with OCYF to complete this project with a tentative date of implementation being September 1, 2024.

b. Does the State/Territory conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of child care providers eligible for CCDF participation (other than relative providers)?

i.  Yes.

ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks. Update on the progress: On October 5, 2020 the Pennsylvania State Police (PSP) received a formal request from the Pennsylvania (PA) Department of Human Services (DHS), Office of Child Development and Early Learning (OCDEL) to work collaboratively in resolving non-compliance concerns with current PA childcare background clearance processes. This work would bring OCDEL into compliance with the Child Care and Development Fund (CCDF) requirements detailed in 45 C.F.R. §98. The absence of Fingerprint-Based Background Checks at the state level was identified as being out-of-compliance with federal regulations pertaining to the criminal background check process used by Pennsylvania. Upon receipt of the request, PSP began to research the possibility of Fingerprint Based State Background Checks (FBBC) and what it would take to implement this process. Further, PSP began to explore a possible funding opportunity to assist with the project costs. PSP submitted a request to the Department of General Services to determine if the FBBC project would be permitted in the scope of the current state-wide vendors (IDEMIA) contract. PSP needed to gain permission to amend the state contract with IDEMIA to include fingerprint-based state background checks or put the project up for bid to the public. On April 22, 2021 PSP received notification that DGS Legal Counsel determined that the State FBBC project fell within the scope of the current IDEMIA contract. This determination meant that no public offering was required, and PSP could move forward with cost estimates and a funding request. A Program Analyst was assigned to do a state FBBC project estimate and a request to apply for funding under a current NCHIP grant was sent to the Bureau of Justice Statistics. As of the end of July 2021, a preliminary full project cost estimate is complete and PSP has received permission from the Bureau of Justice Statistics to submit a project modification request to the PA Commission on Crime and Delinquency (PCCD). PSP submitted a project modification request to PCCD on August 18, 2021. OCDEL is currently working with OCYF to complete this project with a tentative date of implementation being September 1, 2024.

c. Does the State/Territory conduct the in-state criminal background check for all individuals age 18 or older who reside in a family child care home?

i.  Yes.

ii.  No. Describe individuals age 18 or older who reside in a family child care home



who do not receive an in-state criminal background check. [Click or tap here to enter text.](#)

5.7.2 National Federal Bureau of Investigation (FBI) Criminal History Check with fingerprints

- a. Does the State/Territory conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
  - i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks. [Click or tap here to enter text.](#)
- b. Does the State/Territory conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of child care providers eligible for CCDF participation (other than relative providers)?
  - i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks. [Click or tap here to enter text.](#)
- c. Does the State/Territory conduct the FBI criminal background check for all individuals age 18 or older who reside in a family child care home?
  - i.  Yes.
  - ii.  No. Describe individuals age 18 or older who reside in a family child care home who do not receive a FBI criminal background check. [Click or tap here to enter text.](#)

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Name-Based Check

Note: The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records for reasons such as fingerprint rejection by the FBI for poor quality or because no fingerprints were recorded at the time of arrest. This small percentage of records can be accessed through the required name-based search of the NCIC NSOR.

- a. Does the State/Territory conduct NCIC NSOR background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
  - i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks. **Pennsylvania conducts a name based NSOR background check for all child care staff members (including prospective staff members) of licensed, regulated child care providers, and relative care providers regardless of CCDF participation.**

- b. Does the State/Territory conduct NCIC NSOR name-based background checks with fingerprints for all child care staff members (including prospective staff members) of child care providers eligible for CCDF participation (other than relative providers)?
  - i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks. **Pennsylvania conducts a name based NSOR background check for all child care staff member (including prospective staff members) of licensed and regulated child care providers eligible for CCDF participation.**
- c. Does the State/Territory conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?
  - i.  Yes.
  - ii.  No. Describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check. *Click or tap here to enter text.*

#### 5.7.4 In-state sex offender registry (SOR) check

- a. Does the State/Territory conduct SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
  - i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct SOR background checks. *Click or tap here to enter text.*
- b. Does the State/Territory conduct SOR background checks for all child care staff members (including prospective staff members) of child care providers eligible for CCDF participation (other than relative providers)?
  - i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct SOR background checks. *Click or tap here to enter text.*
- c. Does the State/Territory conduct the SOR background check for all individuals age 18 or older who reside in a family child care home?
  - i.  Yes.
  - ii.  No. Describe individuals age 18 or older who reside in a family child care home who do not receive a SOR background check. *Click or tap here to enter text.*

#### 5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the State/Territory conduct CAN registry checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered

child care providers, regardless of CCDF participation?

- i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. [Click or tap here to enter text.](#)
- b. Does the State/Territory conduct CAN registry checks with fingerprints for all child care staff members (including prospective staff members) of child care providers eligible for CCDF participation (other than relative providers)?
- i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. [Click or tap here to enter text.](#)
- c. Does the State/Territory conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?
- i.  Yes.
  - ii.  No. Describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check. [Click or tap here to enter text.](#)

#### 5.7.6 Interstate criminal history check

(Note: The response for this question should detail how a State or Territory conducts an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory or Tribal land within the previous 5 years.)

- a. Does the State/Territory conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. **Currently the responsibility is on the applicant to apply for an interstate criminal history check.**
- b. Does the State/Territory conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (other than relative providers)?
- i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. **Currently the responsibility is on the applicant to apply for an interstate criminal history check.**

- c. Does the State/Territory conduct the interstate criminal history background checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?
- i.  Yes.
  - ii.  No. Describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check. **Currently the responsibility is on the applicant to apply for an interstate criminal history check.**

#### 5.7.7 Interstate Sex Offender Registry (SOR) check

(Note: Responses to this question should detail how a State or Territory conducts an interstate check for a provider who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous five years.)

- a. Does the State/Territory conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. **Currently the responsibility is on the applicant to apply for an interstate SOR check.**
- b. Does the State/Territory conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (other than relative providers)?
- i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. **Currently the responsibility is on the applicant to apply for an interstate SOR check.**
- c. Does the State/Territory conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?
- i.  Yes.
  - ii.  No. Describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive a SOR check. **Currently the responsibility is on the applicant to apply for an interstate SOR check.**

#### 5.7.8 Interstate child abuse and neglect (CAN) registry check

(Note: The response to this question should detail how a State or Territory conducts an interstate check for a provider who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.)

- a. Does the State/Territory conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. **Currently the responsibility is on the applicant to apply for an interstate CAN check.**
- b. Does the State/Territory conduct CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (other than relative providers)?
- i.  Yes.
  - ii.  No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. **Currently the responsibility is on the applicant to apply for an interstate CAN check.**
- c. Does the State/Territory conduct the interstate criminal history background checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?
- i.  Yes.
  - ii.  No. Describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive a CAN registry checks. **Currently the responsibility is on the applicant to apply for an interstate CAN check.**

5.7.9 The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) with child care providers receiving CCDF subsidy payment for

CCDF-identified disqualifying criteria?

- i.  Yes.
- ii.  No. If no, describe the disqualifying criteria: *Click or tap here to enter text.*
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
  - i.  Yes.
  - ii.  No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers: *Click or tap here to enter text.*
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
  - i.  Does not use them to disqualify.
  - ii.  Uses them to disqualify. Describe: **Results are reviewed by the Office of Children and Youth Clearance Verification Unit and given a classification of either eligible or ineligible to work in a child care position.**
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?
  - i.  Does not use them to disqualify.
  - ii.  Uses them to disqualify. Describe: **Results are reviewed to ensure the prospective staff person has not been convicted or is awaiting trial on charges involving a crime of child abuse, child neglect, physical violence or moral corruptness.**

5.7.10 Lead Agencies must notify child care providers of eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of potential child care staff members when providing the results of the comprehensive background check?

- a.  Yes.
- b.  No. If no, describe the current process of notification: **Currently eligibility is determined by the status of a CAN clearance, FBI Criminal History Clearance, Pennsylvania State Police Criminal History Clearance, National Sex Offender Registry verification and review of any interstate CAN, criminal history, or Sex Offender Registry checks for states the staff person has lived in within the last 5 years. The status of these records in addition to any Rap sheets included are assessed and an eligibility determination is made by OCDEL Bureau of Certification Services staff.**

5.7.11 States/Territories must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

**Depending on the clearance being disputed, the applicant would contact the identified entity below:**

- PA Child Background Check Certification: If wishing to dispute provided results, the applicant should call the Clearance Verification Unit at 877-371-5422.
- FBI: The applicant is provided the rap sheet with the ineligible result. The result letter states in the last paragraph, "If you are questioning the accuracy of this response, please submit court documents to support your position." If the applicant is questioning the contents of the record itself, the applicant may email ([www.fbi.gov/checks](http://www.fbi.gov/checks)).
- PA State Police: If the applicant is disputing the content of their criminal background check, they would contact the Criminal Records Section at 717-705-5792.
- National Sex Offender Registry (NSOR): If the applicant disputes the outcome of their NSOR verification, they would contact 866-771-3170
- A provider cannot appeal or challenge the accuracy or completeness of the applicant's background checks; Only the applicant can do so.

Does the appeals process:

- Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.
  - Yes.
  - No.
- Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.
  - Yes.
  - No.
- Ensure the State/Territory attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.
  - Yes.
  - No.
- Get completed in a timely manner.
  - Yes.
  - No.

- e. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate ( 1) the State's/Territory's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and ( 3) information on how the individual can correct the federal or State records at issue in the case.
  - i.  Yes.
  - ii.  No.
- f. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.
  - i.  Yes.
  - ii.  No.

5.7.12 Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

- a. Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.
  - i. FBI criminal background check.
    - A.  Yes.
    - B.  No.
  - ii. In-state criminal background check with fingerprints.
    - A.  Yes.
    - B.  No.
  - iii. In-state sex offender registry.
    - A.  Yes.
    - B.  No.
  - iv. In-state child abuse and neglect registry.
    - A.  Yes.
    - B.  No.
  - v. Name-based national sex offender registry (NCIC NSOR).



- A.  Yes.
    - B.  No.
  - vi. Inter-state criminal background check, as applicable.
    - A.  Yes.
    - B.  No.
  - vii. Inter-state sex offender registry check, as applicable.
    - A.  Yes.
    - B.  No.
  - viii. Inter-state child abuse and neglect registry check, as applicable.
    - A.  Yes.
    - B.  No.
- b. Do you require provisional hires to be supervised by a staff member who has completed the comprehensive background check while awaiting results from the full comprehensive background check?
  - i.  Yes.
  - ii.  No. If no, describe the policy: [Click or tap here to enter text.](#)

5.7.13 A State/Territory must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date the request was submitted.

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date of the request)?
  - i.  Yes.
  - ii.  No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. [Click or tap here to enter text.](#)
- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your state but reside in a different state?
  - i.  Yes.
  - ii.  No. If no, describe the current policy: [Click or tap here to enter text.](#)

5.7.14 Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your state participate in the Compact or National Fingerprint File programs?
  - i.  Yes. **Interstate Identification Index**

- ii.  No.
- b. Describe how the State/Territory responds to interstate criminal history check requests from another state. Applicants who have resided outside of Pennsylvania in the last five years are required to obtain out of state clearances. Depending on the requirements of the other state, the applicant may not be able to request their own clearances, and Pennsylvania must submit the request on their behalf. In the event the applicant needs the request to come from the state, OCYF will assist with completing the application and getting the results to the applicant. Information about out of state clearances can be found at: [Clearances \(pa.gov\)](#)
- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes? *Click or tap here to enter text.*
  - i.  Yes. If yes, describe the current policy. *Click or tap here to enter text.*
  - ii.  No. *Click or tap here to enter text.*

5.7.15 Lead Agencies must include on their consumer education website and the website of local Lead Agencies, if the CCDF program is county-run, the policies and procedures related to comprehensive background checks for child care providers. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers or other States and Territories should initiate background check requests for prospective and current child care staff members: [Keep Kids Safe \(pa.gov\)](#)
- b. Check to certify that the required elements are included on the Lead Agency’s consumer and provider education website for each interstate background check component.
  - i. Interstate criminal background check:
    - A.  Agency name
    - B.  Address
    - C.  Phone number
    - D.  Email
    - E.  FAX
    - F.  Website
    - G.  Instructions
    - H.  Forms
    - I.  Fees
    - J.  Is the State a National Fingerprint File (NFF) State?
    - K.  Is the State a National Crime Prevention and Privacy Compact State?
  - ii. Interstate sex offender registry (SOR) check:
    - A.  Agency name

- B.  Address
  - C.  Phone number
  - D.  Email
  - E.  FAX
  - F.  Website
  - G.  Instructions
  - H.  Forms
  - I.  Fees
- iii. Interstate child abuse and neglect (CAN) registry check:
- A.  Agency name
  - B.  Is the CAN check conducted through a county administered registry or centralized registry?
  - C.  Address
  - D.  Phone number
  - E.  Email
  - F.  FAX
  - G.  Website
  - H.  Instructions
  - I.  Forms
  - J.  Fees

5.7.16 The State/Territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

- a.  Yes.
- b.  No. If no, describe what is currently in place and what elements still need to be implemented. *Click or tap here to enter text.*

5.7.17 Does the State or Territory conduct the background check every 5 years for all components?

- a.  Yes.
- b.  No. If no, what is the frequency for renewing each component? *Click or tap here to enter text.*

## 5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Does the State/Territory exempt any federally defined relative providers from the CCDF health and safety standards, preservice/orientation training, ongoing training, monitoring, and/or background checks?

- a.  No.
- b.  Yes. If yes, which type of relatives do you exempt, and what requirements do you exempt them from? **Grandparents, great-grandparents, aunts, uncles, siblings of the child, over 18 years of age who do not live in the household with the child. The relative provider must complete three hours of approved mandated reporter training prior to approval and every five years thereafter. Approved training is provided on the Keep Kids Safe website. Upon successful completion, participants are provided with a certificate to document compliance with the law. The relative provider must submit the Certificate of Completion to the ELRC. Relative Providers are encouraged to take additional health and safety training which can be found on the Pennsylvania Key (PA Key) website, [www.pakeys.org](http://www.pakeys.org) . Relative providers must fully comply with all background check requirements.**

## 6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate compensation and benefits underpins a quality child care system that is accessible and reliable for working parents and that meets their needs. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies that ensure ongoing professional development and supports are accessible for all providers as well as payment policies and practices covered in Section 4. States and Territories must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving compensation and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses State and Territory efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and development guidelines.

### 6.1 Supporting the Child Care Workforce

- a. Identify the Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

- a.  Providing program-level grants to support investments in staff compensation.
  - b.  Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
  - c.  Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
  - d.  Subsidizing family child care provider and center-based child care staff retirement benefits.
  - e.  Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
  - f.  Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
  - g.  Providing scholarships or tuition support for center-based child care staff and family child care providers.
  - h.  Other. Describe: **In addition to tuition supports, the Professional Development Organizations also offer eligible participants other supports to enhance their ability to access/attend coursework, to engage in coursework, and to persist in advancing their Career Pathway placement.**
- b. Describe the Lead Agency’s ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **T.E.A.C.H. scholarships are funded through CCDF dollars. T.E.A.C.H. enters into agreements with child care providers which shares provider level funding to increase participant compensation and/or offer bonuses when the participant obtains degree.**
  - c. Describe the Lead Agency’s ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits.
  - d. Describe the Lead Agency’s ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **OCDEL consistently works to embed trauma-informed and wellness promoting approaches in all supports provided to the early childhood profession, its families, and children. OCDEL recognizes that workforce well-being as well as the mental health of the children and families served must be acknowledged and addressed, which requires intentional efforts to build a climate of support and care for learning in the ECE settings and context. The COVID-19 global pandemic significantly impacted the availability of ECE programming across the Commonwealth and licensed programs continue to struggle to retain/recruit employees given ongoing stressors. OCDEL will continue to provide access to mindfulness interventions for every early childhood professional in the state through guided apps ([Healthy Minds @Work Program - The Pennsylvania Key \(pakeys.org\)](#)), professional development opportunities and coaching supports focused on workforce wellness and trauma informed care, as well as continued expansion of the mental health consultation program to support and build the capacity of the B-5 and SACC workforce.**
  - e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers’ recruitment and retention of the child care workforce. **Preschool Development Grant (PDG) funding will be used to supplement the work of the PDOs in order to recruit high**

school students into the field of child care. PDOs fund partner IHEs to provide dual enrollment programs, as well as with Career and Technology Education programs to enhance child care program offerings.

- f. Describe other strategies that the Lead Agency is developing and implementing for strengthening child care providers' business management and administrative practices. Currently, Training and PD aligned to CKC Knowledge Area 8, Program Organization and Administration, relates to business practices: "Early childhood and school-age professionals demonstrate knowledge of accepted business practices, legal and regulatory requirements, financial obligations, and record keeping while engaging in ongoing continuous quality improvement practices." All individuals delivering PQAS approved PD and technical assistance must submit evidence of expertise in the Competency Groups in which they are seeking approval. In the case of business practices, many of the approved instructors and consultants are individuals with backgrounds in human resources, employment law, and accounting. PD opportunities are available to all early learning practitioners in Pennsylvania. As part of the CKC revision process and adoption of the PSCECE that occurred in 2021, a stakeholder group developed an initial draft of Administrator Competencies. In FY 2025, OCDEL will begin the process to further develop these competencies to replace CKC Knowledge Area 8. The current draft includes the following areas: Program leadership; Coaching/Mentoring; Public Policy; and Business/Systems) At the STAR 3 and 4 levels, a member of a program's leadership team is incentivized to be enrolled in or have earned a PA. Director Credential or approved equivalent. Director Credential programs, delivered by accredited IHEs, include a 3-credit course on business practices. Pennsylvania supports the shared services concept, particularly as such services strengthen the business practices of small programs, and consideration of shared services models is reflected in the Keystone STARS performance standards as well as supported through outside funding opportunities to seed innovation. Programs may earn points in the Leadership and Management Performance Standard category through participating in shared services that support cost savings, greater efficiencies related to operations, and/or program quality enhancements.
- g. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
- a.  Fiscal management
  - b.  Budgeting
  - c.  Recordkeeping
  - d.  Hiring, developing, and retaining qualified staff
  - e.  Risk management
  - f.  Community relationships
  - g.  Marketing and public relations
  - h.  Parent-provider communications
  - i.  Use of technology in business administration
  - j.  Compliance with employment and labor laws
  - k.  Other. Describe any other efforts to strengthen providers' administrative business:

[Click or tap here to enter text.](#)

- h. Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the subsidy system. Describe how the State/Territory will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:
- a. Providers and staff with limited English proficiency: Pennsylvania provides translated materials for child care providers through the ELRCs to both recruit and encourage participation in the subsidy system of providers with limited English proficiency. Quality improvement resources are offered to providers participating in Keystone STARS to support their quality building activities (including bilingual program quality assessors and quality coaches). Through the ELRCs, all child care providers regardless of type, age or capability are actively engaged and encouraged to participate in both the subsidy program as well as professional development offerings to offer responsive and appropriate care for all children. The statewide mental health consultation program has translated program documents and has a small team of bilingual consultants who provide both consultation and targeted professional development in Spanish. Continued effort will be made to add additional languages and resources to the quality system.
  - b. Providers and staff who have disabilities: Through the ELRCs, all child care providers regardless of type, age or capability are actively engaged and encouraged to participate in both the subsidy program and PD offerings to offer responsive and appropriate care for all children. Child care providers are required to maintain facilities that are compliant with DHS child care regulations, have certificates of occupancy under the Uniform Construction Code, and are compliant with all requirements of the Americans with Disabilities Act. As part of the child care certification process all providers must complete a Civil Rights questionnaire where they attest to having current Equal Employment Opportunity and Nondiscrimination in Services policy statements as part of their hiring practices. They also must provide information to staff and enrolled families as to how to make a complaint. ELRC agencies must also adhere to the Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, and/or the Pennsylvania Human Relations Act of 1955, as amended with the PHRC or Equal Employment Opportunity Commission (EEOC).

## 6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides flexibility on the strategies, breadth, and depth with which Lead Agencies will develop and implement their framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

- a.
- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?
    - i.  No.
    - ii.  Yes. If yes, describe the elements of the framework that were updated and

describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: [Click or tap here to enter text.](#)

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?
  - i.  No.
  - ii.  Yes. If yes, identify the other key groups: [Click or tap here to enter text.](#)
  
- b. Describe how the Lead Agency’s framework for training and professional development addresses the following required elements:
  - a. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **In August 2021, Pennsylvania adopted a new set of Professional Standards and Competencies for Early Childhood Educators (PSCECE.) While ECE educators include those working in direct care with children on the 0-8 developmental continuum, Pennsylvania’s early learning system is much broader. As a result, opportunities also are offered for professionals with unique expertise and specialized knowledge that help children birth through age 8 thrive. While these professionals have specialized knowledge, some, but not necessarily all, PA PSCECE may be used to further develop a foundation in ECE. The PA PSCECE are the general knowledge and skills each educator needs to know and be able to demonstrate. After acquisition of these standards and competencies, educators may choose to specialize and therefore, need to obtain competency in more specialized areas. These standards help to ensure Pennsylvania’s ECE professionals are prepared to support the growth and development of every child, birth through age 8, across the commonwealth. The standards include seven areas. The first six areas are adopted directly from the national standards; the seventh standard in Health, Safety and Mental Health is Pennsylvania specific. In addition, the standards include resources that are Pennsylvania-specific and can be integrated into coursework and trainings. The PA PSCECE will guide Pennsylvania’s early learning professional development system, including both educator preparation and non-certification programs in ECE; ongoing professional growth and development activities; and credentials. PA PDO partners ensure that funded credentials leading to an AA or BA are aligned to the PA PSCECE. Pennsylvania also has a Big Ideas Framework that is a companion document to the PA PSCECE. This framework is the primary tool for consideration of long- and short-term professional development goals and the creation of individual professional development plans.**
  
  - b. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The Early Childhood Education ECE Career Pathway serves to simplify and guide the profession towards meeting the minimal qualifications and competencies needed for each ECE role within the commonwealth. The Career Pathway defines entry level qualifications and steps that needed to ensure ECE professionals have the skills, knowledge, and competencies needed to fulfill their desired role. To support the growth and development of the workforce, build upon the expertise of our ECE professionals, and create a statewide framework to govern these**



efforts, OCDEL has established shared benchmarks through the career pathway levels to help provide predictability and reliability across the commonwealth. The Career Pathway has six distinct levels. Each level aligns to the acquisition of a particular credential, degree, or competencies. The Pathway begins at the entry level and represents a professional entering the ECE field. The next level, Level A aligns with obtaining a Child Development Credential or comparable coursework. Level B aligns with obtaining an associate degree in ECE. Level C aligns with obtaining a bachelor's degree in ECE. Level D aligns with obtaining a master's degree with ECE content. The final level, Level E aligns with obtaining a Doctorate level degree. Currently, at each level there are also competency-based credentials and coursework that are comparable to attaining the degree. In addition, a Rising level and Plus levels are included in the Career Pathway. The Rising and Plus levels are achieved through either making significant progress towards the next Career Pathway Level or adding an OCDEL approved certificate, endorsement, or credential in a specialized knowledge area. For more information on the Career Pathway visit [Career Pathway - The Pennsylvania Key \(pakeys.org\)](https://pakeys.org) PDOs were established in January 2020 through a competitive Request for Application (RFA) process. As such, the awarded grantees work under contract with OCDEL to develop partnerships with Pennsylvania-based institutions of higher education (IHE) and community-based partners to provide credit-bearing professional preparation for ECE professionals working to provide high- quality early learning services to children and families. Credit-bearing coursework must align with Pennsylvania's ECE Career Pathway. PDOs address the broad needs of their regions while supporting the individual needs of professionals through partnerships that demonstrate a strong relationship between IHE and community-based organizations. The PDOs original 5-year contracts were extended an additional year (covering FY 2024-2025) and the program will undergo a rebid process in 2024 to identify PDOs for a new 5-year cycle starting in FY2025-2026.

- c. **Advisory structure.** For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. The State Advisory Council has a subcommittee focused specifically on professional development. The PD subcommittee meets quarterly and is used to gather feedback on the professional development system. Members of this subcommittee include representatives for PDOs, PD Registry, Higher Education, and child care providers. The group will be used to examine system barriers and to suggest improvements to the PD system. Recommendations made by the group are reviewed by the executive SAC quarterly, and if in agreement with the recommendations, formal recommendations are then made to OCDEL leadership for consideration. Recommendations for the development, revision and implementation of the Professional Development system are also provided on an ongoing basis by several additional, internal steering committees: the PDO steering team, and the PD Registry team. Each of these steering teams is comprised of members from OCDEL leadership, OCDEL's Bureau of Policy and PD staff, OCDEL's Bureau of ELRC operations staff, OCDEL's Bureau of Certification staff, EITA staff, OCDEL's Special Assistant for External Relations, PDO manager, and PA Key staff. The steering teams report to OCDEL executive leadership team.
- d. **Articulation.** For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree

**acquisition.** Pennsylvania remains committed to supporting seamless articulation of credit for ECE professionals engaged in the higher education system. Information on PDE's publicly accessible Transfer and Articulation Center (PA TRAC) can be found here: [Act 76 of 2019 \(pa.gov\)](#). Nineteen 4-year Institutions of Higher Education and nineteen 2-year colleges in the commonwealth have articulation agreements. To ensure working early educators in childcare programs continue to access the same articulation promises of the PA TRAC system, OCDEL has partnered with Professional Development Organizations (PDOs). PDOs have developed and refined their data collection to better track long term articulation and completion rates of the programs they fund. PDOs and OCDEL review this data quarterly to determine how equitably program-to-program policies are being applied across the ECE workforce. PDOs are also enhancing and building program articulation agreements to ensure pathways like apprenticeship are equally valued as traditional programs and cleanly articulate into the BA level. In addition to collecting data, PDOs engage their community and higher education partners in work that seeks to advance the goals of increasing articulation and participation in degree programs for the ECE workforce. This includes ongoing meetings among PDO funded partners to advance activities that lead to promising practices in articulation. Through this effort, institutions are working on developing early childhood education articulation agreements that have meaning to all early educators and value ECE Apprenticeship pathways as well. In addition to AA to BA programs, efforts across the state have been underway to achieve and measure the success of the CDA Credential articulating into AA programs. This work includes supporting the ECE workforce in their transition into degree-based work through ECE specific career advisors (called PD Coordinators) that have personalized caseloads and move across programs with funded individuals. These advisors can support early educators find their voice and advocate for themselves within Higher Education programs.

- e. **Workforce information.** For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. The current iteration of Pennsylvania's PD Registry is a workforce registry and learning management system that includes PD opportunities offered by instructors approved through the Pennsylvania Quality Assurance System (PQAS), Early Childhood Program organization profiles, and early childhood professional profiles. Data collected includes demographics, wages, and verified education levels. Current data elements of the PD registry are aligned with the National Workforce Registry Alliance (NWRA) best practices. Data is self-reported and verifiable. Employment is verified by administrators and education is verified through OCDEL business partners. This system allows Pennsylvania to achieve Partners in Employment Reporting (PER) compliance through the NWRA. In July 2022, Quality Rating and Improvement System (QRIS) process for STARS pre-designation and designation applications went live in the PD Registry. Adding the QRIS module into the PD Registry streamlined multiple processes into one system. Features in the QRIS platform include: application for quality rating, encompassing STARS Indicator scoring and evidence upload, Continuous Quality Improvement (CQI) Plan, staff credentials and classroom

assignment tracking, coaching and Technical Assistance (TA) tracking, current rating and expiration date, designation status and history, and quality improvement supports. Future functionality includes AI translation and redesign of the personal profile education and employment tabs. This will make the system easier to navigate. Registry enhancements occurred during 2022 through 2024 to include PDO reporting features. These features allow PDOs to report PDO partner information, as well as participant information, enhancing data collection efforts. Before these enhancements, data was collected on various spreadsheets. OCDEL has also created child care workforce reports using data from the PD Registry that are now available to the public and can be accessed here: [Results for "child care workforce" | Page 1 of 3 | PA Open Data Portal](#). These reports are updated twice per year based on workforce data pulled from the PD Registry. In 2024, The Office of Child Development and Early Learning (OCDEL) is also set to conduct an extensive study that will bridge systemic gaps and elevate the quality and availability of the Early Childhood Care and Education workforce (ECCE WF) in Pennsylvania using PDG funding. The Institute of State and Regional Affairs (ISRA) has been awarded the contract for this study and proposed the following three research aims to guide the study: 1) an analysis of workforce capacity challenges within the Commonwealth, 2) an assessment of the Workforce Registry, and 3) an evaluation of the implementation and effectiveness of PDOs. Results of this study will provide comprehensive workforce information and also guide OCDEL's professional development framework.

- f. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. OCDEL supports degree attainment using CCDF through the following programs: Rising STARS Tuition Assistance (RSTA); T.E.A.C.H. contract, and PDOs. RSTA funds CDAs, Director Credentials, and School-age credentials, covering up to 95 percent of tuition costs, book reimbursement, and facility support. OCDEL supports T.E.A.C.H. through contract. CCDF funding for T.E.A.C.H. covers Associates and Bachelor's degree attainment, and PK-4 Instructional Certification covering up to 95 percent of tuition costs (and most fees), book reimbursement, travel stipends, paid release time, and one-time compensation upon degree attainment. The PDOs fund CDA, AA, BA, stackable credentials, and apprenticeships covering tuition costs, structural supports provided to students, and infrastructure supports provided to partnering IHEs.
- c. Does the State/Territory use additional elements?
- a.  No. If no, skip to question 6.2.4.
- b.  Yes. If yes, describe the element(s). (Check all that apply)
- i.  Continuing education unit trainings and credit-bearing professional development? Describe: Each of the following types of PD are recognized by child care certification and Keystone STARS. Content must be related to the early childhood or school-age field, as outlined in the PA PSCECE: College credit offered through an accredited IHE. Act 48 PD is approved as acceptable for Act 48 hours

through PDE. CEUs are approved through a recognized professional association, college/university, or other specialty organization. PQAS hours are offered by approved PD Instructors or Technical Assistant Consultants. In addition, Pennsylvania is enhancing a workforce development effort that seeks to include stackable, credit bearing PD in a meaningful way. This work is occurring through the PDOs and involves work at the local level with community partners and colleges to ensure any coursework being funded will have meaning in the participant's career pathway level. This includes matriculated students and at a lesser number, non-matriculated students who have a CDA but are not ready to commit to the full AA program. For these individuals, IHEs will view this educator continuing education as steps towards the AA or Level II competencies. The same model is being used for AA finishers not ready to seek their BA but needing additional hours of PD and knowing the value of credit bearing opportunities.

- ii.  Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the State/Territory's framework? Describe: The Pennsylvania Professional Standards and Competencies for Early Childhood Educators (PSCECE) serve as the foundation for training and professional development. OCDEL encourages early learning educators, program administrators, professional development instructors, faculty from Institutes of Higher Education (IHE), and any other interested individuals to take the Pennsylvania Professional Standards for Early Childhood Educators (PA PSCECE) asynchronous course in the Professional Development (PD) Registry. There is no cost to take this course. Pennsylvania updated all PD Registry coursework to align to the PA PSCECE. Keystone STARS QRIS professional development standards were updated to align with the PA PSCECE. The PA PSCECE are used as the basis for both credit-bearing and on-going professional development opportunities.
- iii.  Other? Describe: [Click or tap here to enter text.](#)

- d. Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.
  - a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? In August 2021, Pennsylvania adopted a new set of Professional Standards and Competencies for Early Childhood Educators (PA PSCECE.) The PA Professional Standards and Competencies for Early Childhood Educators are the general knowledge and skills that educators need to know and be able to demonstrate. After acquisition of these standards and competencies, educators may choose to specialize and therefore, need to obtain competency in more explicit areas including, but not limited to: Early Childhood Special Educators (PA Special Educators) , Early Interventionists (PA Early Intervention), Health Consultants (Child Care Health Consultants), Home-visitors (PA HV

Competencies), Infant Early Childhood Mental Health Consultants (IECMH), Infant Toddler Educator Specialty (Zero to Three). Leadership and Program Administrators, Professionals caring for school aged children 9-13 (PA School Age), and Social Workers (PA Social Workers). The PA PSCECE help to ensure Pennsylvania's ECE professionals are prepared to support the growth and development of every child, birth through age 8, across the commonwealth. The standards include seven areas. The first six areas are adopted directly from the national standards; the seventh standard in Health, Safety and Mental Health is Pennsylvania specific. The PA PSCECE emphasize diversity and inclusion and respect the dignity and worth of each and every child. Diversity, equity, and inclusive practices are elevated and integrated in the context of each standard. Each standard includes key competencies of how the standards apply to ECE educators working with particular age bands of children – infants, toddlers, prekindergarten, and early elementary age children. The intention is that every competency applies across the birth through age 8 continuum.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? The Career Pathway is designed for each and every individual pursuing a career in the ECE field, however it is explicitly used within the QRIS system with specific program standards requiring placement on the Career Pathway within the PD Registry. The Pathway reflects multiple points of entry, and the verification system is based on the reflecting competency in the Professional Standards and Competencies as show through a rigorous review of submitted documents including credentials and transcripts. Placement on the Career Pathway is currently expected for any individual working in a STAR 2 or above child care facility. These revisions have not yet been approved for use in PA. PA does not currently have a wage ladder.
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does your Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? The State Advisory Council has a subcommittee focused specifically on professional development. The PD subcommittee meets quarterly and is used to gather feedback on the professional development system. Members of this subcommittee include representatives for PDOs, PD Registry, Higher Education, and child care providers. The group will be used to examine system barriers and to suggest improvements to the PD system. Recommendations made by the group are reviewed by the executive SAC quarterly, and if in agreement with the recommendations, formal recommendations are then made to OCDEL leadership for consideration. PA does have a Preschool Development Grant. In 2024, The Office of Child Development and Early Learning (OCDEL) is also set to conduct an extensive study that will bridge systemic gaps and elevate the quality and availability of the Early Childhood Care and Education workforce (ECCE WF) in Pennsylvania using PDG funding. The Institute of State and Regional Affairs (ISRA) has been awarded the contract for this study and proposed the following three research aims to guide the study: 1) an analysis of workforce capacity challenges within the Commonwealth, 2) an assessment of the Workforce Registry, and

- 3) an evaluation of the implementation and effectiveness of PDOs. Results of this study will provide comprehensive workforce information and also guide OCDEL’s professional development framework. In addition, the PDG grant provides additional funding to the PDOs to extend and enhance the work they are currently doing with the ECE workforce.
- d. Articulation. For example, how does the advisory structure include training and professional development providers, including higher education, to assist in aligning training and education opportunities? The State Advisory Council has a subcommittee focused specifically on professional development. The PD subcommittee meets quarterly and is used to gather feedback on the professional development system. Members of this subcommittee include representatives for PDOs, PD Registry, Higher Education, and child care providers.
  - e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the quality improvement system, child care resource and referral agencies, Bureau of Labor Statistics and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender or age of children served)? Wage data is currently an optional field in the PD Registry. In 2024, The Office of Child Development and Early Learning (OCDEL) is also set to conduct an extensive study that will bridge systemic gaps and elevate the quality and availability of the Early Childhood Care and Education workforce (ECCE WF) in Pennsylvania using PDG funding. The Institute of State and Regional Affairs (ISRA) has been awarded the contract for this study and proposed the following three research aims to guide the study: 1) an analysis of workforce capacity challenges within the Commonwealth, 2) an assessment of the Workforce Registry, and 3) an evaluation of the implementation and effectiveness of PDOs. Results of this study will provide comprehensive workforce information and also guide OCDEL’s professional development framework.
  - f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers?

### 6.3 Early Learning and Developmental Guidelines

States and Territories must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

#### 6.3.1

- a. Check the boxes below to certify the State’s/Territory’s early learning and developmental

guidelines are:

- i.  Research-based.
  - ii.  Developmentally appropriate.
  - iii.  Culturally and linguistically appropriate.
  - iv.  Aligned with kindergarten entry.
  - v.  Appropriate for all children from birth to kindergarten entry.
  - vi.  Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- b. Check the boxes below to certify that the required domains are included in the State's/Territory's early learning and developmental guidelines.
- i.  Cognition, including language arts and mathematics.
  - ii.  Social development.
  - iii.  Emotional development.
  - iv.  Physical development.
  - v.  Approaches toward learning.
  - vi.  Other optional domains, if any: **Science Standards include Life Science, Physical Science, Earth and Space Science, Environmental Literacy and Sustainability, and Technology and Engineering. Social Studies Standards include Civics and Government, Economics, Geography and History. Creative Thinking and Expression Standards include Production and Performance and Movement, Production and Performance Dramatic and Performance Play, Production and Performance Arts and Critical Response to Works in the Arts.**
- c. When were the State/Territory's early learning and developmental guidelines most recently updated and for what reason? **In 2023, OCDEL began the process to revise the Learning Standards for Early Childhood. New academic standards for Science, Technology, Engineering and Environment Literacy and Sustainability were adopted by the State Board of Education in January 2022, and will be implemented in all school districts beginning in 2025. The standards were part of amendments to 22 Pa. Code Chapter 4 that were published as final in the Pennsylvania Bulletin on July 16, 2022. The new standards will help create the conditions for all students to be scientifically, technologically, and engineering literate, both to support Pennsylvania's economic vitality and its civic strength. The Learning Standards for Early Childhood have been touted by researchers, early on, for their alignment to academic standards. Proposed revisions have been made to the Infant Toddler and Prekindergarten standards to ensure consistent alignment with the new K-12 science standards. The proposed revisions are currently in the review process and are anticipated to be approved and released in Spring 2025. Updated training will be developed on the 2024 revisions to the Learning Standards for Early Childhood and offered to the ECE field as well beginning in 2025.**
- d. Do your State's/Territory's learning guidelines include guidelines for school-aged children?

- i.  No.
  - ii.  Yes. If yes, how? Pennsylvania Learning Standards for Early Childhood include Kindergarten, Grade 1, and Grade 2 standards. Programs who serve school age children are not required to perform an observation-based assessment for school aged children if assessment information is made available from student’s school and/or the family and the provided assessment includes evidence of assessment across all learning domains covered in the Pennsylvania Early Learning Standards. School Age only programs participating in the QRIS system at STAR 2 and above, do not have to use an OCDEL-approved curriculum; however, they do need to show that the curriculum they are using is aligned to PA ELS standards. School age lesson plans are developed using Pennsylvania’s Learning Standards for Early Childhood as a resource for staff to support planning and documentation of children's learning. Lesson plans reflect a balance of activities that support developmentally appropriate learning through play.
- e. Provide the Web link to the State/Territory’s early learning and developmental guidelines and if available, the school-age guidelines. <https://www.pakeys.org/early-learning-standards/>

### 6.3.2

- a. Describe how the State/Territory uses its early learning and developmental guidelines. Pennsylvania’s Early Childhood Learning Standards form the foundation for curriculum, assessment, instruction, and intervention within ECE programs. Learning Standards for Early Childhood are used to: inform professionals about curriculum and assessment, guide the selection of instructional materials and the design of interactions/goal setting, inform families of appropriate expectations for children and, provide a common framework for community-based birth – grade 3 alignment work. Learning Standards for Early Childhood are not used as: a specific curriculum; ora means to prohibit children from transitioning from one grade or age level to another. OCDEL-funded early learning programs, including PA Pre-K Counts, Keystone STARS, HSSAP, Home Visiting, and EHS, are required to utilize Pennsylvania's Learning Standards for Early Childhood as the framework for lesson planning. Chapter 4 of Title 22 require school districts offering prekindergarten to use the Learning Standards for Early Childhood to guide instruction within the programs (4.20 (1)). Curriculums must be standards-based (4.20 (2)) and OCDEL provides a [listing of approved curriculum](#) that staff have reviewed for alignment.
- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
  - i.  Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
  - ii.  Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
  - iii.  Will be used as the primary or sole method for assessing program effectiveness.
  - iv.  Will be used to deny children eligibility to participate in CCDF.



The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Therefore, States and Territories may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed State/Territory information about quality improvement activities in annual reports instead of this Plan.

States and Territories must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, States and Territories will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). States and Territories will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). States and Territories will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

### 7.1 Quality Activities Needs Assessment

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

- 7.1.1 Briefly describe your Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how different providers were consulted, and how their views are incorporated:

Pennsylvania is undertaking a Needs Assessment to begin in 2024. The Institute of State Regional Affairs - Harrisburg will be leading the Needs Assessment which will include in-depth data dives, community conversations, and interviews with leadership from OCDEL and the Pennsylvania Key focusing on the following areas:

- System Challenges
- System Capacity and Need
- Service Populations
- Availability of Services and Programs
- Mental Health Needs
- Identify Gaps in Data and Resource Efficiency
- PDO/Registry/Pelican assessment
- Efficiency
- Access
- Evaluation Framework
- Process Evaluation

- Outcome Evaluation
- Community Conversations
- Synthesis

Deliverables will include the following:

- Leadership Dashboard
- Public Dashboard
- Needs Assessment Final Report
- Evaluation Comprehensive Report
- Research Briefs

Prior to the 2024 Needs Assessment, the most recent Assessment was conducted in 2018. This was a birth through five system needs assessment to better understand the strengths and opportunities that exist within the state’s early childhood system. The resultant report was used to identify key themes and opportunities. Pennsylvania’s approach was to conduct analysis of several cross-sector needs assessments completed under previous work, review an environmental scan to identify current strengths and challenges/barriers to providing an equitable support system. ECE systems partners included a wide range of representation including direct service providers such as child care, Head Start/Early Head Start (HS), IDEA Part B and C, and state funded preschool, families, business leaders. OCDEL utilized surveys, key informant interviews, stakeholder meetings and data scans to get feedback.

7.1.2 Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified:

The 2018 Needs Assessment resulted in a comprehensive, ambitious plan to accelerate progress toward the statewide vision to equitably support families and their children from prenatal through school age. OCDEL leveraged PDG needs assessment, stakeholder feedback, and additional strategic planning activities to identify five strategic goals toward achieving this vision.

**Goal 1.** Maximize stable and equitable access to high quality early care and education with specific focus on underserved populations and regions. In 2018, Pennsylvania state and federally funded quality ECE programs reached 34 percent of children under age five statewide, though there is considerable geographic variability in access to quality programs. Increasing access overall and for high-risk counties was identified as a top priority in the needs assessment. This includes leveraging Provider Self Service (PSS), Keystone STARS QRIS, and home visiting data system improvements to identify gaps and increase provider capacity and quality, especially in rural counties where capacity gap is highest. OCDEL is promoting new online tools to assist in understanding child care operating capacity and vacancy rates. Reforming the child care desert maps and understanding targeted communities in need of licensed care will be a priority. Work will also continue to prioritize STAR 1 and STAR 2 programs serving CCW enrolled children as a priority for STARS supports. OCDEL has a goal to increase the percentage of child care providers submitting their capacity and vacancy information in Provider Self-Service (PSS) from 5 percent of all child care providers to 90 percent of all child care providers by May 2025.

**Goal 2.** Strengthen family knowledge and engagement in early childhood education systems. Parents

and families have the strongest influence on the growth and development of their children, and the aim of this goal is to bring ECE staff and families together around the common cause of supporting children’s development and learning.

**Goal 3.** Improve quality of ECE system by strengthening the knowledge, skills, and abilities of the ECE workforce. High-quality ECE can be achieved when all children have equal access to a well-qualified and well-compensated, culturally sensitive, professional ECE workforce. All ECE professionals across age ranges and settings need core knowledge of developmental science and content knowledge; mastery of practices that help children learn and develop on individual pathways; knowledge of how to work with diverse populations of children; the capability to partner with children’s families and with professional colleagues; and the ability to access and engage in ongoing professional learning to keep current in their knowledge and continuously improve their professional practice.

**Goal 4.** Promote the health, safety, mental health, and wellness of the ECE workforce, families, and children. Ensuring that all children and families receive the support they need is crucial to achieving high quality services across the ECE system. Infant and Early Childhood Mental Health (IECMH) and Early Intervention (EI) services provide necessary programs that enable ECE providers the capacity to address the needs of the most vulnerable populations. The mental health and well-being of the early childhood community, providers, educators, children, and families is of the utmost importance. A trauma-informed lens can aid the support staff in engaging in, not only an informed response, but it will also build a healthy foundation for systems level staff persons.

**Goal 5.** Prioritize high-quality early care and learning to support state economic growth and stability. Access to high-quality early learning provides a valuable support to families and communities as it provides a safe and developmentally appropriate place for children and enables caregiver employment. Child care is fundamental for working families and early learning is the most cost-effective, long-term strategy for states to build a long-term stable workforce. A broad overarching goal is to improve racial equity in Pennsylvania’s child care system. In the DHS Racial Equity Report 2021 more than 50 percent of families enrolled in CCW are Black, despite making up 13 percent of the population in the state. 65 percent of the children enrolled in CCW are attending child care settings with lower ratings (1 or 2 STARS in the Keystone STARS system). Child care settings with 3 or 4 STARS serve the fewest number of families receiving CCW. Within populations identified as Black and White, 31 percent of Black children enrolled in CCW are in STAR 3 or 4 programs as compared to 46 percent of White children enrolled in CCW. OCDEL’s previous efforts focused on quality improvement were broad, and support was provided to programs who expressed interest in moving up in STARS versus programs with lower quality service. The data that demonstrates that the majority of families enrolled in CCW are served by STAR 1 and 2 child care settings underscores the importance of using a more targeted approach to prioritize these providers and include non-certified legally operating relatives who are providing child care, and who make up 23 percent of the providers serving CCW children. As such, OCDEL will work with ELRCs to improve the quality of child care in these settings as a priority and look for opportunities through parent engagement, enhanced parent and relative provider orientation, creation of an early learning tool kit and targeted training for relative providers and the certified STAR 1 and 2 providers. We must meet our families and children where they are to provide each and every child (no matter the race, economic or environmental background) the opportunity to experience quality early learning at the youngest age.

## 7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their Child Care and Development Fund (CCDF) program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

- 7.2.1 Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The QPR will be posted on the DHS website.**
- 7.2.2 Identify State/Territory plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
- a. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.
- i.  Yes. Briefly describe current and future investments. **OCDEL currently supports a Professional Development Registry which includes a library of professional development opportunities. In addition, the Office has supported the addition of National training opportunities within the PD Registry. This includes the Early Childhood Learning and Knowledge Center (ECLKC) training modules on homelessness, training modules from the National Child Traumatic Stress Network (NCTSN), and six eModules from the Pyramid Model Consortium provided at no cost with the support of PDG funding. The Pyramid Model includes one Spanish translated course. Workforce Development investments have been made through scholarships, career advisors, mentors, coaches and consultants, CDA vouchers; technical assistance on business practices, mental health for children, diversity, equity and inclusion, emergency preparedness planning, interactions, technical support, QRIS support, leadership, curriculum, community and family partnership. Finally, investments in a Child Care Health Advocate course for ECE directors has been successful in preparing ECE leadership for strong health practices and policies within their programs.**
- ii.  No plans to spend in this category of activities at this time.
- b. Developing, maintaining, or implementing early learning and developmental guidelines.
- i.   Yes. Briefly describe current and future investments. **In 2023, OCDEL made minor revisions to the Learning Standards for Early Childhood. New academic standards for Science, Technology, Engineering and Environment Literacy and Sustainability were adopted by the State Board of Education in January 2022, and will be implemented in all school districts beginning in 2025. The standards were part of amendments to 22 Pa. Code Chapter 4 that were published as final in the Pennsylvania Bulletin on July 16, 2022. The Learning Standards for Early Childhood have been touted by researchers, early on, for their alignment to academic standards. Changes were made to the Infant Toddler and Prekindergarten standards to ensure consistent alignment. Social Emotional**

Development Standards were moved to the beginning of the Learning Standards booklet and follow the Approaches to Learning Standards. The Approaches to Learning Through Play and Social Emotional Development standards are now found first in Pennsylvania standards because they are foundational skills. Partnerships for Learning Standards were removed from the Learning Standards for Early Childhood. Early Childhood programs are encouraged to utilize the [The Pennsylvania Family Engagement Birth through College, Career, Community Ready Framework](#). The Learning Standards Continuum was updated to reflect the changes addressed above. Updated training will be developed on the 2024 revisions to the Learning Standards for Early Childhood and offered (asynchronous and face to face) to the ECE field in 2025. The revised Learning Standards for Early Childhood (Infant Toddler – Grade 2) will go through a redesign and reprint process. OCDEL will mail all ECE providers (Licensed Child Care , PreK Counts, Head Start State Supplemental Assistance Programs, Early Intervention and Home Visiting Programs) free complimentary copies of the revised standards.

- ii.  No plans to spend in this category of activities at this time.
- c. Developing, implementing, or enhancing a quality improvement system.
  - i.  Yes. Briefly describe current and future investments. OCDEL currently implements Keystone STARS, Pennsylvania’s QRIS system, which includes grants/awards, tiered reimbursement and ongoing Technical Assistance. These efforts are administered and monitored by the Early Learning Resource Centers (ELRC)
  - ii.  No plans to spend in this category of activities at this time.
- d. Improving the supply and quality of child care services for infants and toddlers.
  - i.  Yes. Briefly describe current and future investments. OCDEL currently invests in an Infant Toddler Contracted Slots program designed to address the growing need for affordable infant toddler care. Additionally, ECE providers have access to Infant Early Childhood Mental Health Consultants who can provide tiered consultation supports including Virtual Office Hours (universal consultation), child-specific and classroom focused consultation to adult caregivers related to the social-emotional development and relational health of infants/toddlers in the child care environment. The program focuses on reducing the number of children expelled/suspended from child care due to behavior challenges, increasing understanding among ECE practitioners and families of social-emotional development and its impact on educational success, and linking and bridging systems and services on behalf of the child, family, and program.
  - ii.  No plans to spend in this category of activities at this time.
- e. Establishing or expanding a statewide system of CCR&R services, as discussed in 8.3.
  - i.  Yes. Briefly describe current and future investments.
  - ii.  No plans to spend in this category of activities at this time.

- f. Facilitating compliance with State child care licensing, monitoring, inspection and health and safety standards.
  - i.  Yes. Briefly describe current and future investments. **Training for both staff and providers**
  - ii.  No plans to spend in this category of activities at this time.
- g. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.
  - i.  Yes. Briefly describe current and future investments. **PDG funds are being utilized to complete a statewide needs assessment to evaluate the availability of both the type and quality of local child care programs.**
  - ii.  No plans to spend in this category of activities at this time.
- h. Accreditation support.
  - i.  Yes. Briefly describe current and future investments. *Click or tap here to enter text.*
  - ii.  No plans to spend in this category of activities at this time.
- i. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.
  - i.  Yes. Briefly describe current and future investments. *Click or tap here to enter text.*
  - ii.  No plans to spend in this category of activities at this time.
- j. Other activities determined by the State/Territory to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.
  - i.  Yes. Briefly describe current and future investments. *Click or tap here to enter text.*
  - ii.  No plans to spend in this category of activities at this time.

## 8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency’s efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support

continuity of operations in response to emergencies.

## 8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies required by CCDBG to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

a. The Lead Agency must coordinate with the following agencies:

- i. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **OCDEL is the lead agency responsible for facilitating the the State Advisory Council on Early Childhood Education and Care (SAC). OCDEL meets a minimum of quarterly with the SAC to provide updates, allow members to share critical updates, and serve as a forum for stakeholder perspective to be shared. OCDEL offers members periodic, additional topic specific presentations throughout the year. The goals of SAC engagement are for members to provide insight to support program implementation and coordinate across the continuum of ECE services in Pennsylvania.**
- ii. Indian Tribe(s) and/or Tribal organization(s), at the option of individual Tribes. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: *Click or tap here to enter text.*
  - A.  N/A. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.
- iii. State/Territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **OCDEL is the lead agency for both IDEA Part C (Infant Toddler Early Intervention (EI) program) and IDEA Part B 619 (Preschool EI program). Through the Bureau of Early Intervention Services and Family Supports (BEISFS), OCDEL coordinates across child care supported by CCDF funds as well as other early learning programs. For the Infant Toddler EI program, OCDEL/BEISFS oversees, provides funding for, and monitors the performance of, 48 county/joinder programs and their contracted service organizations to provide Infant Toddler EI services at a local level. For the Preschool EI program, OCDEL/BEISFS has agreements with, oversees and funds 34 Intermediate Units (IUs), school districts and a private organization to provide Preschool EI services at the local level. OCDEL's priorities for EI include early identification of all eligible children in need**

of service and support; evidence-based service delivery models (coaching and embedded instruction with families, child care and other early childhood program professionals); ensuring smooth transitions for children between EI, child care and other early learning programs, and kindergarten; and increasing professional development opportunities for professionals to support inclusion. One of the performance measures for Infant Toddler and Preschool EI is to ensure EI services are delivered within the child's natural or least restrictive environments, including their child care program if enrolled. Improving social skills for children with disabilities is a priority for OCDEL. Local EI programs are encouraged and supported to partner with their ELRCs so they can work collaboratively to support the inclusion of children with disabilities. As occurs at the state level, local programs are encouraged to coordinate with child care, EI, and behavioral and mental health services within their community through local interagency coordinating councils (LICC). Leadership from all EI programs are brought together at least six-times a year for updates from OCDEL, including efforts to support child care programs and coordination with ELRCs and behavioral health services. BEISFS monitors local EI programs cyclically to ensure they are partnering with child care, other early learning programs and the ELRCs. EI, child care and other early learning providers have opportunities to work to improve local collaboration through statewide PD opportunities and regionally based meetings. OCDEL began work to reduce suspension and expulsion and increase inclusion in July 2017. This was in response to the U.S. Departments of Health and Human Services (HHS) and Education (ED) policy statement recommending that states develop policies and practices to increase the inclusion of infants, toddlers, and preschool children with developmental delays or disabilities in high-quality early childhood programs. OCDEL is continuing to follow the guidance on inclusion from the updated joint policy statement issued in November 2023. OCDEL as the lead agency for both child care and EI has developed resources, PD, and technical assistance to support child care providers and enrolled children with disabilities or delays in development. EI services provided within child care are designed to support the child care educators by weaving/embedding individualized supports for identified children throughout the daily routine of the classroom/program. EI pushes services into rather than pulling children out of their classrooms by supporting improved strategies for coaching child care staff; and being responsive to screenings and referrals.



- iv. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: OCDEL is the lead agency for the Head Start State Collaboration Office (HSSCO). The HSSCO Director will offer feedback and distribute the CCDF Plan to Head Start grantees, and make them aware of the public hearing and comment period via listserv. In Pennsylvania, Head Start (HS)/Early Head Start (EHS) agencies are exempt from child care licensure unless they are offering fee-for-service child care. The coordination goals with the HSSCO occurs primarily around capacity building for Head Start programs and collaboration with other OCDEL programs. In support of a shared goal to promote continuity of care, a capacity building effort for HS is the allowance that children eligible for EHS or HS do not need to complete the child care subsidy program redetermination as long as they remain enrolled in EHS or HS. As needed, the HSSCO director can access all supports and have input into planning through participation on the SAC and direct access as needed to OCDEL leadership. Additional coordination occurs with the grantees regarding the Quality Rating and Improvement System (QRIS) and Keystone STARS. OCDEL has had a process in place for several years for HS to participate in STARS. A HS/EHS grantee in good standing with federal monitoring can be designated as STAR 4 in the QRIS.
- v. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: On an annual basis, the Department of Health (DOH) selects providers to visit to review immunization records for the children in care. Then the DOH shares their immunization records report with the OCDEL Bureau of Certification Services. DOH and OCDEL work jointly to ensure providers comply with immunization requirements for children. The goal for the relationship between OCDEL and DOH is to align policy and practice for ECE providers; establish and maintain sources of expert advice and recommendation; and when needed, access technical support.
- vi. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: OCDEL provides workforce development supports through contracts with the PDOs, who partner and coordinate with local/regional workforce agencies (e.g. 1199C state ECE sponsored apprenticeship). The goal is to provide an alternative pathway for the child care workforce to obtain an advanced credential. DHS implements a Contractor Program Partnership (CCP) across its contracts to support employment. This program establishes expectations that agencies in receipt of grant funds have set targets to employ Temporary Assistance to Needy Families (TANF) clients within their organizations. ELRCs, as regional business partners, participate in CPP. The goal is to provide clients receiving TANF opportunity to move into the workforce.
- vii. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: In Pennsylvania's governance structure, OCDEL is a dual deputate, or office, with

program funding and responsibilities to two state agencies, DHS, and the Pennsylvania Department of Education (PDE). As such, OCDEL is the lead agency for The Pennsylvania Pre-K Counts (PKC) and Head Start Supplemental Assistance Programs (HSSAP). PKC and HSSAP are Pennsylvania's high-quality, state-funded pre-kindergarten programs. Both programs are established by PDE and administered by OCDEL, with the goal of ensuring access for children and families to coordinate across Pennsylvania's mixed delivery system. These programs make quality pre-kindergarten opportunities available to children and families across the commonwealth. OCDEL is an integrated office that offers opportunities for coordination across programs for child care, EI, pre-kindergarten and family support services like home visiting. Through Pennsylvania child care subsidy policy, there are two goals achieved in the implementation of the program. The first is child care stability. Child Care providers participating at the highest two levels of the state's quality rating system are eligible to receive grants funds that support operations. For enrolled families meeting the eligibility criteria for PKC, enrollment in the state's subsidy program is prioritized to afford children a full day of care, if needed.

- viii. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: Child care licensing in Pennsylvania is referenced as certification and is housed within OCDEL under the authority of the Bureau of Certification Services. Certification staff conduct inspections and certify all the child care facilities in Pennsylvania. The Bureau of Certification Services coordinates with the Bureau of Early Learning Resource Center Operations and the Bureau of Policy and Professional Development to ensure the goal is met that CCDF monies are afforded to programs that are in compliance with health and safety regulations. If a program fails to meet health and safety standards and is sanctioned or under investigation, the Bureau of Certification notifies the Bureau of Early Learning Resource Center Operations and the STARS status of the program is suspended, thereby cutting off the additional monies that are afforded to the program. Also, if there is imminent risk to children, the Bureau of Certification will order that children be immediately removed from the program and notifies the Bureau of Early Learning Resource Center Operations, so monies are stopped. All licensing summaries are publicly posted on our consumer education website for parents and caregivers searching for information on a child care provider.
- ix. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: CACFP is a program office within PDE. OCDEL coordinates with the CACFP program office by providing the agency a list of child care providers who have been sanctioned weekly. When a program is sanctioned by OCDEL, CACFP suspends payment and purposes to terminate the program from the CACFP. The goal is that the provider must be in good standing, meeting all the health and safety regulations and have a regular license to participate with CACFP. CACFP staff notify OCDEL of any suspected regulatory noncompliance, illegally operating facilities, or potential instances

of fraud.

- x. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: OCDEL continues to coordinate with the PDE McKinney-Vento Liaison to provide guidance for identifying children experiencing homelessness. OCDEL works with PDE to identify the coordinators for services to families experiencing homelessness in each of the state's school districts. Through this collaboration, OCDEL continues to identify families and how to best meet their child care needs as part of their broader plan to secure permanent, stable housing, and greater self-sufficiency. To support families experiencing homelessness, OCDEL implemented waivers for certain verification and immunization requirements. Under presumptive eligibility, families experiencing homelessness may receive up to 92 days of child care while seeking employment. Children from families experiencing homelessness are also prioritized for funding to ensure expedient connection to services. Head Start now has a 3 percent capacity they can hold to serve families experiencing homelessness. HSSCO continues to educate the field about this new rule and OCDEL continues to present its services at the Pennsylvania Education for Children and Youth Experiencing Homelessness State Conference.
- xi. State/Territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination and results of the coordination: OCDEL works collaboratively with OIM, the office within DHS responsible for managing the TANF program. OCDEL and OIM work together to establish policies and rules for TANF child care that comply with federal requirements and that support, to the fullest extent possible, parents' efforts towards self-sufficiency, including families transitioning off TANF as a common, over-arching goal. Coordination processes include linkage of the information technology systems that support the TANF and child care programs, monthly meetings with staff, conducting mutual training for staff and subgrantees, and collaboration on the development of the regulations and policies.
- xii. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: OCDEL's subgrantees, the ELRCs, assist families applying for child care with applications for Medicaid and Pennsylvania's Children's Health Insurance Program (CHIP). ELRCs serve in the role of COMPASS Community Partners to assist families with using COMPASS, the DHS electronic portal to assistance programs, to apply for Medicaid and CHIP. Pennsylvania's CHIP offers health coverage to all children, up to the age of 18, regardless of income. Children from families qualifying for subsidized child care automatically qualify for CHIP. The goal is to provide access to health coverage to as many children as possible. Coordination processes include sharing of information from applications submitted by families for child care and medical coverage, access to data systems, and comprehensive resource and referral by the agencies

responsible for both programs to ensure families are connected to services.

- xiii. State/Territory agency responsible for mental health. Describe the coordination and results of the coordination: The Office of Mental Health and Substance Abuse Services (OMHSAS) is the state agency responsible for mental and behavioral health services across the lifespan. OCDEL and OMHSAS have a consistent meeting to support collaboration at the local, regional, and state level between early childhood programs/systems partners and the behavioral health system. Current coordination goals include cross-sector capacity building related to an infant and early childhood mental health competent workforce and increasing access to evidence-based prevention and intervention services.
- xiv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: OCDEL as the lead agency establishes the program expectations for the ELRC to serve as Pennsylvania's resource and referral agencies. OCDEL provides an annual scope of work and meets monthly with ELRC leadership for program implementation, special topics and discussion of local stakeholder feedback. In its role as a resource and referral agency, the ELRCs collaborate and coordinate services with other programs in the child care system, such as the Pennsylvania Key which is responsible for the PD Registry, and the Professional Development Organizations (PDOs) which are responsible for providing funding and other supports to the ECE workforce with particular focus on child care move-up from STAR 1 and 2 to higher levels of quality (STAR 3 and 4), and PA Promise for Children, which provides consumer education materials to the public. The ELRCs convene Regional Leadership Council meetings on a quarterly basis that include local agencies, community organizations, and groups concerned with improving the quality and capacity of child care services. The goal is to coordinate resource and referral services and identify any gaps. The ELRCs make every effort to support, not duplicate, services in the local community.
- xv. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: The Pennsylvania Key and ELRCs collaborate regularly with the Pennsylvania Child Care Association (PACCA), the Pennsylvania School Age Youth Development Network (PSAYDN), and Pennsylvania School Age Care Alliance to identify trends and needs across the state as they pertain to the needs of families. All three of these are member organizations and continually stay in connection with a multitude of providers including DHS certified programs, the federally funded 21st Century Learning Programs, and recreation-based programming. These processes include conducting needs surveys by PSAYDN and making them accessible to OCDEL, the Pennsylvania Key, and partnering PD organizations. Not all school age children in Pennsylvania have access to afterschool and summer

programming. Therefore, another process in place includes PSAYDN collaborating with a legislative caucus to support access and quality care through legislation. Additionally, with the support of PDG-R funds, mental health consultation supports have been expanded to include school-age child care (SACC) programs who participate in QRIS. Four mental health consultants are regionally located to serve SACC programs via teleconsultation and on-site consultation for complex program or classroom concerns.

xvi. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: Within Pennsylvania's governance structure, each agency is assigned responsibilities under the State's Emergency Operations Plan. As such, DHS is responsible for Emergency Support Function #6, Mass Care, Emergency Assistance, Housing, and Human Services which coordinates the delivery of federal mass care, emergency assistance, housing, and human services when local, tribal, and state response and recovery needs exceed their capabilities. DHS has an office of Disaster Human Services and Emergency Operations which serves as the liaison between local, regional, and state agencies, Pennsylvania Emergency Management Agency (PEMA), and federal offices. The coordination goals between OCDEL and Disaster Human Services has and will continue to involve communication strategies between offices, emergency preparedness training for staff, and responsiveness in the event of an emergency. Disaster Human Services also coordinates the family reunification process during a disaster in collaboration with the Offices of Children, Youth, and Families (OCYF) and OCDEL. The primary goals of the coordination are mutual information sharing, support of preparedness at the local and state level, and the capacity building of local, regional, and state level systems to respond to disasters. Disaster Human Services and OCDEL meet a minimum of yearly to discuss updates and needs. One specific area of coordination between OCDEL and PEMA is the sharing of all licensed child care provider locations. These locations are shared from OCDEL data system. PEMA populates the locations into a statewide map so all local emergency management agencies can access the information in the event of emergency. PEMA also posts emergency planning and response resources that child care and other early learning providers can access from the [pema.pa.gov](http://pema.pa.gov) website.

b. The following are examples of optional partners a State/Territory might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.

- i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:
- ii. **X** State/Territory institutions for higher education, including community colleges. Describe: ECE professionals work in a practice-based profession where they are responsible for helping all young children learn and supporting their healthy development. A goal of OCDEL is to create a PD framework that focuses primarily on achieving this through providing credit-bearing PD. Colleges and universities in Pennsylvania are required to be authorized to award degrees. PDE is the state authorization agency for post-secondary education. Pennsylvania Department of Education (PDE) exercises limited jurisdiction over colleges, universities, and community colleges. The Pennsylvania State System of Higher Education governs 14 State System universities. The State System has a twenty-member Board of Governors. The Chancellor is responsible for the operation of The State System. Each State System institution has its own president and Council of Trustees. Private colleges and universities appoint members to their boards of trustees in accordance with the provisions stated in their articles of incorporation. Pennsylvania has 14 public community colleges located throughout the commonwealth. Community college boards of trustees are appointed by the local sponsor (school district, county, etc.) and are required to be representative of the region to be served by the college. OCDEL and Institutions of Higher Education (IHEs) collaborate and streamline funding so higher education is positioned to develop the knowledge, skills, and capacities needed to improve early childhood teaching and learning, relevant for the ECE workforce. Working together on this goal means, coordination amongst IHEs, OCDEL and the Office of Postsecondary and Higher Education (OPHE). The coordination of these entities works to ensure seamless articulation between associate and bachelor’s degree programs. This process is critical to ensure the success of our workforce in an achievable, cost effective way. To make this change, two-year and four-year IHEs must meet the needs of the 0-8 workforce in ways that early learning employers can help to manage. Responsive planning and communication on the part of IHEs and OCDEL is a must to make the process a collaborative success. Coordinating stakeholders to identify resources and supports will help increase access to higher education for the ECE workforce. The PDOs work under contract with OCDEL to develop partnerships with Pennsylvania-based IHEs and community-based partners to provide credit-bearing professional preparation for ECE professionals working to provide high-quality early learning services to children and families. Credit-bearing coursework must align with Pennsylvania’s Early Childhood Education Career Pathway. The pathway is best realized through a sequence of stackable, portable credentials that reflect developmentally and culturally appropriate content supporting ECE professionals in teaching practice, need to advance their individual career, and education attainment. PDOs address the broad needs of their regions while supporting the individual needs of professionals through partnerships that demonstrate a strong relationship between IHE and community-based organizations. Included in this work are plans for IHEs to offer high-quality learning opportunities and apprenticeships that allow the incumbent workforce to be rewarded for their experience, increase their understanding of

child development, and extend learning and reflection to the children in their program.

- iii.  Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: The Pennsylvania Family Centers, administered by OCDEL Bureau of Early Intervention Services and Family Supports, are funded by both state and federal funds. Pennsylvania Family Centers provide evidence-based home visiting to eligible families. OCDEL has brought together Family Centers with other home visiting programs such as the Maternal, Infant, Early Childhood Home Visiting (MIECHV) and IDEA Part C programs to better align their services and supports to families and their young children.
- iv.  State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe: OCDEL is the lead agency for federal MIECHV which is administered by OCDEL's Bureau of Early Intervention Services and Family Supports (BEISFS). The MIECHV program provides evidence-based home visiting using models that include Parents as Teachers (PAT), Nurse-Family Partnership (NFP), Early Head Start (EHS), Healthy Families America (HFA), Family Check-Up, and Safe Care Augmented to eligible families. Pennsylvania has invested additional funds in evidence-based home visiting and community-based Family Centers administered by OCDEL's BEISFS. A shared goal between Pennsylvania's home visiting and CCDF programs is the support of vulnerable families as they move into the workforce, going back to school or job training to be connected to safe and stable child care that meets their needs.
- v.  Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: The DHS Office of Medical Assistance Programs (OMAP) is responsible for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program in Pennsylvania. Beyond screenings completed by physicians, child-serving programs also complete screenings, such as the OCYF, HS, home visiting programs, and IDEA Part C Early Intervention programs. In Pennsylvania, EPSDT services are available to all children with a disability based only on the income of the child. OCDEL's subgrantees, the ELRCs, assist families applying for child care with applications for Medicaid and Pennsylvania's CHIP. Pennsylvania's CHIP offers health coverage to all children, up to the age of 18 years, regardless of income. Children from families qualifying for subsidized child care automatically qualify for CHIP. The goal is to provide access to health coverage to as many children as possible. Coordination processes include sharing of information from applications submitted by families for child care and medical coverage, access to data systems, and comprehensive resource and referral by the agencies responsible for both programs to ensure families are connected to services.
- vi.  State/Territory agency responsible for child welfare. Describe: OCDEL collaborates with Office of Child Youth and Families (OCYF) to prioritize child care for children in foster placement. County children & youth agencies receive funds in their needs-based budgets to provide child care to foster children while they are waiting for CCDF funding. OCDEL and OCYF issued a joint bulletin requiring child care programs

serving these children to participate in the state's quality rating improvement system, Keystone STARS, at a STAR 2, 3, or 4 level. The goal of these joint policies is to ensure our most vulnerable children are receiving high-quality child care services in a timely manner.

- vii. **X Provider groups or associations. Describe:** OCDEL regularly convenes various stakeholder groups comprised of providers and staff from statewide, regional, and local provider group and associations. Groups typically meet quarterly providing updates, input on OCDEL policy and feedback on implementation. Groups are staffed by OCDEL program staff with direct responsibility for program implementation and co-chaired by stakeholders. Program staff and group co-chairs work in coordination to develop meeting agendas, implement meeting activities and provide follow-up information to group members including member contact information, notes, and next steps. In addition to the program staff that coordinate with co-chairs, OCDEL's Special Assistant for External Relations is charged with coordination between stakeholder groups and overall stakeholder engagement. OCDEL convenes the following groups:
- Pennsylvania Pre-K Counts (PKC)/Head Start Supplemental Assistance Program (HSSAP) stakeholder group. The PKC/HSSAP stakeholder group establishes a feedback loop between OCDEL and program implementors with the goals of increasing coordination and smoothing transitions for children between child care, PKC and HSSAP and transitions to the public school system; enhancing and aligning the quality of services for pre-K aged children; developing the supply of quality care for vulnerable populations.
  - The Keystone STARS Think Tank is a group of stakeholders involved in the implementation of Keystone STARS, Pennsylvania's QRIS system. This group provides ongoing feedback on the implementation of the newly re-visioned STARS program with the goals of smoothing transitions for children between programs and as they transition to the public schools; enhancing and aligning the quality of services for infants and toddlers through school-age children, developing the supply of quality care for children receiving Child Care Works (CCW) in child care and out-of-school time settings. In addition to child care, PKC and HSSAP providers, provider groups and associations that regularly participate in these stakeholder groups include the Pennsylvania Child Care Association (PACCA), a state-wide non-profit membership group representing certified family, group home and center based child care providers, the Pennsylvania Association for the Education of Young Children, Pennsylvania's AEYC affiliate representing high-quality early learning programs along with Trying Together (formerly the Pittsburgh AEYC) and First Up (formerly the Delaware Valley AEYC), the Pennsylvania Head Start Association (PHSA), the state wide membership association representing Head Start and Early Head Start grantees.
  - The State Interagency Coordinating Council (SICC) is a governor appointed advisory group to the Early Intervention program and system partners. This advisory group provides feedback and input into the operations, policies, procedures, federal reporting and goal setting for the EI program.
- viii. **X Parent groups or organizations. Describe:** OCDEL has developed a variety of collaborative relationships with Parent Groups/Parent Organizations to support our Consumer Education and Resource and Referral processes. PA Promise for Children: The PA Promise for Children website and related resources allows parents and the greater public, to access information on OCDEL's early childhood programs in a user-friendly way. Through a website, social media, and an app (The Early Learning GPS, available in both English and Spanish), PA Promise for Children provides a multimodal way for families to access a variety of resources, information, and make connections to OCDEL's early



learning programs. The primary goal of this website is to provide Consumer Education and support families' access to resource and referral information including, but not limited to, accessing quality ECE programs, child care subsidy, Keystone STARS, early childhood learning and development (including accessing Early Intervention and Home Visiting supports), and how to connect to other community resources and supports. OCDEL will coordinate with the PA Promise for Children website, social media platforms and related app The Early Learning GPS, to ensure that required Consumer Education information is accessible and maintained. For more than 20 years, Pennsylvania's EI program has worked in partnership with the Institute on Disabilities at Temple University and Pennsylvania's federally funded University Center for Excellence in Developmental Disabilities, Education, Research, and Service, to support the development of family leaders that have children receiving EI services. A primary goal of this partnership is to develop family leaders with deep knowledge of OCDEL programs and the tools to network and influence others in their community to support coordination of services and supports for families of young children with disabilities. Parents as Partners in Professional Development (P3D) links family members to EI professional development and pre-service opportunities. Families share their insight and expertise in such roles as co-presenters, university guest lecturers, and publication reviewers. A goal of this network is to provides OCDEL with the ability to access family wisdom, stories, lived experience and expertise to inform communications related to consumer education, and promotion of accessibility and access to services. Parent to Parent of Pennsylvania links families of children and adults with disabilities or special needs on a one-to-one basis with a peer supporter for purposes of support and information. A primary goal of Parent to Parent is to ensure that families of children with disabilities have access to support and information. A goal of the coordinated process with all of these entities that have a focus of supporting families of children with disabilities, is to ensure that this population has access to quality care, consumer education, resource and referral supports that meet their needs. The Mid-Atlantic Equity Consortium Collaborative Action for Family Engagement (CAFE) is the federally funded Statewide Family Engagement Center for Pennsylvania and Maryland. CAFE continues to support the work started with the Family Engagement Coalition that developed the Pennsylvania Birth through College, Career, Community Ready Family Engagement Framework to continue to promote, expand and enhance family engagement from early childhood through K-12. The work of CAFE is guided by an advisory body that includes family members, early childhood, school age and out of school time stakeholders. OCDEL will leverage the variety of stakeholders involved in CAFE to support access to consumer education for families, and to inform OCDEL on consumer education and resource and referral needs. OCDEL will provide additional information related to efforts to support continuity of care and access to high-quality care.

- ix.  Title IV B 21st Century Community Learning Center Coordinators. Describe: [Click or tap here to enter text.](#)
- x.  Other. Describe: The Early Learning Investment Commission (ELIC) - Founded in 2007, ELIC is a network of senior business leaders working as knowledgeable, effective advocates to build awareness and support for increased public investments in high-quality early learning programs. The purpose of the Commission is to secure support for public investment in early learning by focusing on educationally, economically, and scientifically sound practices. The larger Commission is made of regional groups that identify strengths and goals for geographic regions within the state and develop an action plan for Commissioners. OCDEL staff regularly coordinates with ELIC to provide Commission members updates on OCDEL programs to inform their work. ELIC also host events to strengthen relationships with various stakeholders and Commissioners. The coordination of work between OCDEL and

ELIC is done with the goals of increasing awareness of the connection between quality early childhood investment (social, intellectual, physical, and emotional development) and a strong Pennsylvania economy; building a public-private partnership of leaders from all sectors at the state, regional, and local levels to advocate for quality early learning investment; and expanding access to high-quality early learning opportunities in local communities for at-risk children.

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

*Optional Use of Combined Funds:* States and Territories have the option to combine CCDF funds with any required program in 8.1.1. These programs include those operating at the federal, State, and local levels for children in preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

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

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

8.2.1 Does the Lead Agency combine funding for CCDF services with Title XX (Social Services Block Grant, SSBG), Title IV B 21<sup>st</sup> Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or state programs?

a.  No. (If no, skip to question 8.2.2)

b.  Yes. If yes, describe:

i. Which funds will you combine? Combined funds may include, but are not limited to:

A.  Title XX (Social Services Block Grant, SSBG)

B.  Title IV B 21<sup>st</sup> Century Community Learning Center Funds

C.  State-only child care funds

D.  TANF direct funds for child care not transferred into CCDF

E.  Title IV-B funds

F.  Title IV-E funds

G.  Other. Describe: **OCDEL also combines state funding for HSSAP and Pennsylvania Pre-K Counts.**

ii. What do you use combined funds to support, 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? **TANF and SSBG funds are combined with CCDF funds to allow for a streamlined application process for families. Funding streams are managed through the PELICAN data system. This combination of funds allows for a single record-keeping and reporting process and subsequent payment to providers. Funds are combined to provide extended day for children needing care. PA Pre-K Counts and Head Start Supplemental Assistance Program (HSSAP) enrolled children whose families need child care are prioritized for enrollment for before or after care to allow their families to participate in work or job training.**

8.2.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements? Check all that apply.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory Plan the donated funds given to public or private entities to implement the CCDF child care program.

a. Do you use public funds to meet match requirements?

i.  Yes. If yes, describe which funds are used: **Pennsylvania uses state-funds to fulfill all MOE and matching requirements.**

ii.  No.

b. Do you use donated funds to meet match requirements?

i.  Yes. If yes, identify the entity(ies) designated to receive donated funds:

A  Donated directly to the state.

B  Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: [Click or tap here to enter text.](#)

ii.  No.

8.2.3 Does the Lead Agency certify that, if state expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE Fund requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

*Note:* Lead Agencies that use pre-Kindergarten funds to meet matching requirements must check pre-Kindergarten funds and public and/or private funds. Use of pre-Kindergarten for maintenance-of-effort funds: Public pre-Kindergarten funds may also serve as maintenance-of-effort funds as long as the State/Territory can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's or Territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY). If expenditures for pre-Kindergarten services are used to meet the maintenance-of-effort requirement, does the State/Territory certify that it has not reduced its level of effort in full-day/full-year child care services.

a.  Yes.

b.  No. If no, describe (optional): [Click or tap here to enter text.](#)

### 8.3 Coordination with Child Care Resource and Referral Systems

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

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

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the State.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the State Lead Agency and local agencies that administer funds made available through CCDF.

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

8.3.1 Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

- No. The State/Territory does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.
- No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).
- Yes. The State/Territory funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organizations, as directed by the Lead Agency: **OCDEL contracts with 19 regional entities known as Early Learning Resource Centers (ELRCs) to administer enhanced resource and referral services, conduct subsidized child care eligibility and to support child care providers' participation in the Quality Rating Improvement System (QRIS). ELRCs facilitate Regional Leadership Councils and bring together key stakeholders within each region. ELRCs are overseen by the OCDEL Bureau of Early Learning Resource Operations, who provide support, technical assistance, and program monitoring to the ELRCs.**

**The bureau routinely convenes ELRC directors and their key staff to coordinate implementation of policies and initiatives. Day-to-day activity examples of services include, responding to a family's need for information on how to locate and choose child care, maintaining consumer education materials, educating families on the importance of choosing a quality ECE program, informing of and referring clients to other DHS and Pennsylvania Department of Education (PDE) programs including PA Pre-K Counts, Early Intervention (EI), HS, EHS-CCP, WIC, CHIP, and evidence-based home**

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

## 8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

- 8.4.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act: **Pennsylvania's early childhood sector benefits because of strong philanthropic organizations. There are four foundations, The**

William Penn Foundation, The Heinz Foundation, The Grable Foundation, and Vanguard. Each has prioritized funding to support activities in child care in targeted communities across the commonwealth. OCDEL periodically meets to provide updates to the principal members. In the past, OCDEL has benefited from financial support for critical activities such as program evaluation, funding to support health and safety mini-grants, and leadership development.

## 8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 When was the State’s/Territory’s Child Care Disaster Plan most recently updated and for what reason? March of 2024. The plan was updated to include OCDEL’s new address and fix broken links to some of the websites referenced in the plan.

8.5.2 Please certify compliance with CCDF by checking the required elements the State/Territory includes in the current State Disaster Preparedness and Response Plan.

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

- i.  State human services agency
- ii.  State emergency management agency
- iii.  State licensing agency
- iv.  State health department or public health department
- v.  Local and State child care resource and referral agencies

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

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

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

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

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

i.  Procedures for evacuation

ii.  Procedures for relocation

iii.  Procedures for shelter-in-place

iv.  Procedures for communication and reunification with families

v.  Procedures for continuity of operations

- vi. X Procedures for accommodations of infants and toddlers
- vii. X Procedures for accommodations of children with disabilities
- viii. X Procedures for accommodations of children with chronic medical conditions
- f. X The plan contains procedures for staff and volunteer emergency preparedness training.
- g. X The plan contains procedures for staff and volunteer practice drills.

8.5.3 If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:  
<https://www.dhs.pa.gov/Services/Children/Documents/Child%20Care%20Early%20Learning/Child-Care-Emergency-Plan.pdf>

## 9 Family Outreach and Consumer Education

Consumer education requirements in CCDF are an integral part of facilitating parental choice in child care arrangements, supporting parents as child care consumers who need information to make informed choices regarding the services that best suit their family’s needs, and the delivery of resources that can support child development and wellbeing. This is foundational to a transparent system that helps parents to better understand their child care options and encourages providers to improve the quality of their services. State/Territory consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

### 9.1 Parental Complaint Process

The Lead Agency must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request.

9.1.1 Describe the Lead Agency’s hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **The public may contact the regional Certification offices to report complaints. All regional offices maintain a toll-free number. Contact information for the regional offices is available online at: <https://www.dhs.pa.gov/contact/Pages/Regional-Child-Development-Offices.aspx>. The public**



may contact the Childline hotline to report complaints of child abuse by calling 1-800-932-0313. All substantiated complaints and inspections of child care centers, group child care homes and family child care homes are maintained online on the COMPASS website at: <https://www.compass.state.pa.us/Compass.Web/ProviderSearch/Home#/BasicSearch> Substantiated parental complaints have been maintained electronically since 2008.

- 9.1.2 Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: Parents who do not speak English may contact their local regional office to file a child care complaint. OCDEL staff will utilize the language line to assist with interpretation.
- 9.1.3 Describe how the parental complaint process ensures broad access to services for persons with disabilities: Telecommunications relay services (TRS) allow people who are deaf, hard of hearing and/or have speech and language disorders to make and receive telephone calls. In addition, sign language interpreters are available at local county assistance offices to assist those who may be hearing impaired.
- 9.1.4 For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?
- a.  Yes. If yes, briefly describe: The process for complaints is the same for licensed providers regardless of CCDF funding. All complaints of regulatory non-compliance are first reviewed by supervisors at the OCDEL Bureau of Certification Services, to assess the risk level, then assigned to a certification representative for investigation. Timelines are based on risk assessments. Licensed providers have 3 risk levels: High risk (5 calendar days); Medium risk (10-15 days dependent upon the allegations); Lesser risk (25 days). Non-licensed providers have 2 risk levels: High risk (5 days), and Medium risk (15 days). The certification representative has 40 days to submit documentation of the results of their complaint investigation to their supervisor. When a complaint is substantiated on a licensed provider, OCDEL may take legal action against the facility's certificate of compliance which includes a monitoring component. These findings may be shared with the complainant. When a complaint is substantiated on non-licensed provider, OCDEL takes legal action against the uncertified facility which includes a monitoring component. Furthermore, all records of substantiated complaints and inspections of child care centers, group and family child care homes are maintained in the COMPASS website located at <https://www.compass.state.pa.us/Compass.Web/ProviderSearch/Home#/BasicSearch> . If a certification supervisor and/or certification representative learns the complaint is on a license-exempt provider, a non-licensed provider risk assessment is completed, and a referral is made to the appropriate entity. The certification representative also provides information on how to become a licensed provider.
- b.  No.
- 9.1.5 For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? All substantiated parental complaints for CCDF and non-CCDF providers are maintained publicly online on the COMPASS website at <https://www.compass.state.pa.us/Compass.Web/ProviderSearch/Home#/BasicSearch> . If a certification supervisor and/or certification representative learns the complaint is on an unlicensed provider, an unlicensed provider risk assessment is completed. If it is determined the provider is licensed by another agency a referral is made to the appropriate agency. The certification representative also provides information on how

to become a licensed provider. Pennsylvania does not have license-exempt child care providers.

9.1.6 Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: Pennsylvania’s consumer education website is [www.dhs.pa.gov](http://www.dhs.pa.gov) ; Embedded in this website is a link to COMPASS. The public can access the substantiated complaint information via the COMPASS website at <https://www.compass.state.pa.us/Compass.Web/ProviderSearch/Home#/BasicSearch> or [www.findchildcare.pa.gov](http://www.findchildcare.pa.gov).

## 9.2 Consumer Education Website

States/Territories must provide information to parents, the general public, and child care providers through a State website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency’s policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and the quality of each provider (if such information is available for the provider);
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local child care resource and referral (CCR&R) organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- a. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
- i.  Yes.
  - ii.  No. If no, describe (optional): *Click or tap here to enter text.*
- b. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
- i.  Yes.
  - ii.  No. If no, describe (optional): *Click or tap here to enter text.*

9.2.2 The consumer education website is a description of Lead Agency policies and procedures relating to child care licensing, monitoring, inspections, and background check procedures.

- a. Provide the direct URL/website link to how the Lead Agency licenses child care providers:

<http://www.dhs.pa.gov/providers/Child-Care/Pages/Child-Care-Regulations.aspx>  
[www.dhs.pa.gov/providers/Child-Care/Pages/Child-Care-Regulations.aspx](http://www.dhs.pa.gov/providers/Child-Care/Pages/Child-Care-Regulations.aspx)

- b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:  
[www.dhs.pa.gov/providers/Child-Care/Pages/Child-Care-Regulations.aspx](http://www.dhs.pa.gov/providers/Child-Care/Pages/Child-Care-Regulations.aspx)
- c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:  
<http://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/default.aspx>
- d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF:

[New 2020 Disclosure statement.pdf \(pa.gov\)](#)

9.2.3 The consumer education website must include a list of all licensed providers searchable by ZIP code.

- a. Does the Lead Agency certify that their consumer education website includes a list of all licensed providers searchable by ZIP code?
  - i.  Yes.
  - ii.  No. If no, describe (optional): [Click or tap here to enter text.](#)
- b. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: [www.findchildcare.pa.gov](http://www.findchildcare.pa.gov)
- c. In addition to the licensed child care providers that must be included in your searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:
  - i.  License-exempt center-based CCDF providers
  - ii.  License-exempt family child care (FCC) CCDF providers
  - iii.  License-exempt non-CCDF providers
  - iv.  Relative CCDF child care providers
  - v.  Other (e.g., summer camps, public pre-Kindergarten). Describe: **Head Start, EHS, PA Pre-K Counts, state or federally funded home visiting programs, and private academic schools licensed by PDE.**
- d. Identify what additional information, if any, besides the required name and location of the child care provider, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
i. Contact information	X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
ii. Enrollment capacity	X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
iii. Hours, days, and months of operation	X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
iv. Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Languages spoken by the caregiver	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
vi. Quality information	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Monitoring reports	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Willingness to accept CCDF certificates	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. Ages of children served	X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
x. Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi. Care provided during nontraditional hours	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- e. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i.  All licensed providers. Describe: **Languages served, schedule, directions to facility, school district(s) served, fee schedule, discounts, financial programs accepted, meal options, accreditations, special accommodations, transportation.**
  - ii.  License-exempt CCDF center-based providers. Describe: *Click or tap here to enter text.*
  - iii.  License-exempt CCDF family child care providers. Describe: *Click or tap here to enter text.*
  - iv.  License-exempt, non-CCDF providers. Describe: **Hours of operation (includes days of operation), school(s) served, number and ages of children in attendance.**
  - v.  Relative CCDF providers. Describe: *Click or tap here to enter text.*
  - vi.  Other. Describe: *Click or tap here to enter text.*

9.2.4 Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
- i.  Quality improvement system (QIS)
  - ii.  National accreditation
  - iii.  Enhanced licensing system

- iv.  Meeting Head Start/Early Head Start Program Performance Standards
  - v.  Meeting pre-Kindergarten quality requirements
  - vi.  School-age standards
  - vii.  Quality framework or quality improvement system
  - viii.  Other. Describe: *Click or tap here to enter text.*
- b. For what types of child care providers is quality information available?
- i.  Licensed CCDF providers. Describe the quality information: **Keystone STARS, national accreditations, meeting HS, EHS, or PA Pre-K Counts requirements.**
  - ii.  Licensed non-CCDF providers. Describe the quality information: **Keystone STARS, national accreditations, meeting HS, EHS, or PA Pre-K Counts requirements.**
  - iii.  License-exempt center-based CCDF providers. Describe the quality information: *Click or tap here to enter text.*
  - iv.  License-exempt FCC CCDF providers. Describe the quality information: *Click or tap here to enter text.*
  - v.  License-exempt non-CCDF providers. Describe the quality information: *Click or tap here to enter text.*
  - vi.  Relative child care providers. Describe the quality information: *Click or tap here to enter text.*
  - vii.  Other. Describe: **HS, EHS, Pre-K Counts**

9.2.5 Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

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

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

- iv.  The total number of children in care by provider category/licensing status
  - v. If any of the above elements are not included, please explain: [Click or tap here to enter text.](#)
- b. Certify by providing:
- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Licensed child care providers must report incidence of serious injury or fatality to their certification representative and ChildLine representatives. For purposes of creating the Child Death or Serious Injury report, certification headquarters staff reviews report and verifies the event was caused by a health and safety violation. This report is posted in aggregate for the previous two program years and monthly for the current program year.**
  - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **requirement. In Pennsylvania, "substantiated child abuse" is referred to as an "Indicated Report" or founded report (Title 23 Pa.C.S. § 6303) of abuse which is defined in the DHS regulations at 55 Pa. Code 3490.4 as a child abuse report made under the Child Protective Services Law (CPSL) and in this chapter, if an investigation by the county agency or DHS determines substantial evidence of the alleged abuse exists based on any of the following: Available medical evidence; The child protective service investigation; or An admission of the acts of abuse by the perpetrator.**
  - iii. The definition of “serious injury” used by the Lead Agency for this requirement: **Effective July 1, 2018, OCDEL began to utilize the definition of serious bodily injury as prescribed in the Child Protective Services Law (CPSL). Bodily injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of function of any bodily member or organ.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category/licensing status are posted:  
<https://www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx>
- 9.2.6 The Lead Agency consumer education website must include contact information on referrals to local child care resource and referral (CCR&R) organizations.
- a. Does the consumer education website include contact information on referrals to local child care resource and referral organizations?
    - i.  Yes.
    - ii.  No.
  - b. Provide the direct URL/website link to this information: **include a website link to this information: <http://www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx> contains contact information for various resources, including links to the ELRC contact information under the headings of “Help with Child Care Expenses” and “Additional Resources”. In addition,**

<http://www.findchildcare.pa.gov/> includes a contact us page that includes information about how to find the ELRC that serves each zip code and their contact information.

- 9.2.7 The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.
- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?
    - i.  Yes.
    - ii.  No.
  - b. Provide the direct URL/website link to this information: information: (<http://www.dhs.pa.gov/Services/Children/Pages/Child-Care-Early-Learning.aspx> contains contact information for various resources including a general contact us link, CCW Helpline, ELRCs, OCDEL Regional Certification Offices, and the EI CONNECT helpline. In addition, (<http://www.findchildcare.pa.gov/> includes a contact us page that provided information to contact DHS, including address, phone number and a link to submit information electronically.

### 9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

- 9.3.1 Briefly describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. ELRCs provide resource and referral information to educate parents how to choose child care and identify quality child care. ELRCs conduct a face-to-face meeting with the parent and provide written information to help promote informed choices. ELRC resource and referral services are available to all parents, including those that do not receive CCDF assistance. ELRCs provide parents help with finding a provider and provider lists based on their stated needs. Parents can also conduct online provider searches at: <http://www.findchildcare.pa.gov> Pennsylvania's consumer website offers information on financial assistance, Keystone STARS, PA Pre-K Counts, HS, and EHS. In addition, the PA Promise for Children website and related resources allows parents and the greater public, access to information on OCDEL's early childhood programs in a user-friendly way. A website, social media, and an app (The Early Learning GPS, available in both English and Spanish) provides a multimodal way for families to access a variety of resources, information, and make connections to OCDEL's early learning programs. The primary goal of this website is to provide consumer education and support families' access to resource and referral information including, but not limited to, accessing quality ECE programs, child care subsidy, Keystone STARS (TQRIS), early childhood learning and development (including accessing Early Intervention and Home Visiting supports), and how to connect to other community resources and supports.



9.3.2 Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

- a.  Yes.
- b.  No. If no, describe (optional): [Click or tap here to enter text.](#)

9.3.3 Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP).
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

- a.  Yes.
- b.  No. If no, describe (optional): *Click or tap here to enter text.*

9.3.4 Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **OCDEL works alongside Dept of Health with the Pennsylvania State Physical Activity and Nutrition (SPAN) Program and Keystone Kids Go (KKG) workgroup aiming to support early childhood education programs that currently participate in CACFP and encourage more eligible programs to participate in an effort to increase access to nutritious meals and snacks and curb disparities in food access across Pennsylvania. The SPAN program implements early childhood education strategies to prevent childhood obesity. OCDEL collaborated with partners to create trainings for Early Learning Resource Centers about nutrition and physical activity best practices to share with early learning programs. This is an ongoing partnership and OCDEL meets quarterly with ELRC directors to discuss this work.**

OCDEL also has a page on PA Promise for Children’s website for parents to learn about the Farm to ECE program (a program with PDE and the Department of Agriculture) and some of the work they do including harvest of the month. OCDEL provides information to parents and providers through the Early Education newsletters for programs and families. This information is also posted on the Pennsylvania Harvest of the Month PA Promise for Children. This also includes information about access to health foods to help with food insecurities and ways for families to get support for food. A new fact sheet about ECE and farm to school can be found at [https://pafarmtoschool.org/wp-content/uploads/2021/07/PF2SN\\_EarlyCare\\_highres.pdf](https://pafarmtoschool.org/wp-content/uploads/2021/07/PF2SN_EarlyCare_highres.pdf) .

The Pennsylvania Family Engagement Birth through College, Career, Community Ready Framework is a tool to guide the implementation of effective practices, use of shared language, and a family engagement continuum for families across their child’s educational lifespan. It is a collaborative effort between PDE and OCDEL and was developed in 2019. The framework begins with a definition of family engagement and defines learning communities. The framework notes that it is essential to leverage the expertise, knowledge, and leadership of families and community partners to shape the educational environment at the program, classroom, school, state, and national level. These partnerships are strengths based, inclusive, culturally, and linguistically responsive and focus on the shared goal of positive learning and developmental outcomes for children. The framework also includes these components: Definitions of key terms used in the framework; Foundational Practices that provide the necessary conditions for successful implementation of family engagement; Standard Statements that support the creation of shared language and expectations; Support Practices that represent some of the great strategies provided by stakeholders; Policy Background that provides the foundational context of family engagement; and Resources. A copy of the Framework was mailed to child care programs and is posted here: [The Pennsylvania Family Engagement Birth through College, Career, Community Ready Framework](#)

[pa.gov](http://pa.gov)). The Framework was designed with the primary audience of professionals who have a responsibility of support family engagement efforts in their programs and schools. A companion guide for families was developed in 2020 and can be found here: [Pennsylvania's Family Engagement Birth through College, Career, Community Ready Framework: A Companion Guide for Families](#). An introductory training on Pennsylvania's Family Engagement Framework is available on the PD registry. Family engagement resources and materials that are linked to PA's Family Engagement Framework were created in collaboration with the Fred Rodgers Center. This series includes a webinar and a series of videos and resources available and free for use. Videos were developed for targeted audiences including: Helpers (professional in the ECE field, including child care providers) and family members. Specific videos were developed to address the role of grandparents and families of children with disabilities/developmental delays. These resources are available on the Early Intervention Technical Assistance (EITA) portal at [Home - Early Intervention Technical Assistance Portal \(eita-pa.org\)](#) .

The Pennsylvania Key, on behalf of OCDEL, provides information on infant/early childhood mental health and social emotional development via the IECMH Consultation Program staff and a variety of resources available on the program webpage <https://www.pakeys.org/iecmh> including the program brochure, informational resources, documents and messaging on infant/early childhood mental health for families, professionals and policy makers. A monthly focus on IECMH Newsletter is also available. Additionally, The Pennsylvania Key operates a website on behalf of OCDEL, developed intentionally for families, of young children, PA Promise for Children <https://papromiseforchildren.com>. Here families can signup for newsletters, receive information on developmentally appropriate milestones, and locate strategies to foster learning and prepare children for school. This website also offers resources for families seeking support from agencies such as home visiting, postpartum support organizations and the ELRCs. If it is financial assistance a family seeks, they will find links to subsidized child care resources, SNAP, Pennsylvania Children's Health Insurance Program (CHIP), Housing Assistance, WIC and much more. EITA, on behalf of OCDEL, also provides information and resources for professionals and families on [Social Emotional - Early Intervention Technical Assistance Portal \(eita-pa.org\)](#) In addition to the EITA portal there is another free and easy way to access the moment tidbits of information on developmental milestones, communication, language and literacy, supporting children's social emotional development during transition times, etc. The EITA mobile app can be found on both the Goggle Play Store or Apple App Store.

EITA, on behalf of OCDEL, provides the following family engagement and parent education and support initiatives: Parent to Parent of Pennsylvania matches parents with other parents with children in similar situations with each other; Family Connections: Language and Learning for Children who are Deaf/Hard of Hearing supports families with infants and toddlers with hearing loss; Competence and Confidence: Partners in Policy Making in Early Intervention (C2P2 EI) trains parents of children with developmental disabilities to be leaders in policy making; Be Strong Parent Café's focuses on supporting and strengthening families' protective factors; Parents as Partners in Professional Development (P3D) trains parents of children with developmental disabilities to be leaders in providing professional development. In addition, EITA has a parent resource page on the EITA portal [Families - Early Intervention Technical Assistance Portal \(eita-pa.org\)](#) EITA maintains a

data base of the number of parents who attend EITA professional development.

9.3.5 Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

a.  Yes.

b.  No. If no, describe (optional): *Click or tap here to enter text.*

9.3.6 Briefly describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The Pennsylvania Key, on behalf of OCDEL, implements statewide mental health consultation (MHC) services which are available by request for any program participating in QRIS, not including HS/EHS/MHS. MHC services have been expanded, through PDG-R, to include school age child care environments, in addition to those programs caring for children birth to age 5. Consultants are regionally located and available to provide tiered consultation supports including Virtual Office Hours (universal consultation), child-specific and classroom focused consultation to adult caregivers related to the social-emotional development and relational health of infants/toddlers, young and middle childhood aged children in the child care environment. The program focuses on reducing the number of children expelled from child care due to behavior challenges, increasing understanding among ECE practitioners and families of social-emotional development and its impact on educational success, and linking and bridging systems and services on behalf of the child, family, and program. Consultants also provide targeted professional development to programs that focuses on universal screening efforts, supporting social emotional development, Pyramid Model practices, and other content areas as identified collaboratively with the child care program or regional partner(s). Consultants also direct child care professionals to available professional development and topic-oriented resource as able. A monthly Focus on ECMH newsletter has been implemented to share topic oriented research and resources to promote ways in which early childhood professionals can support the social-emotional development/mental health of children in their care, utilize positive guidance, and care for themselves ([Bright eNews & Archive - The Pennsylvania Key \(pakeys.org\)](#)). Each newsletter has resources identified for the IT, preschool and SACC environments. A public awareness campaign and associated materials related to infant/early childhood mental health are also promoted regularly ([Bright Start: Supporting Social-Emotional Development - The Pennsylvania Key \(pakeys.org\)](#)). EITA has several online courses/resources to address children's social emotional development and Positive Behavior Supports (PBS): [Social Emotional - Early Intervention Technical Assistance Portal \(eita-pa.org\)](#)**

-Social Emotional Development within the Context of Relationship: The purpose of this course is to assist in the process of accurately identifying children who are experiencing challenges in their social-emotional development.

-The Meaning of Behavior and Appropriate Responding: This provides a foundation for the understanding of social and emotional development in infants and toddlers. It looks at individualized interventions for infants and toddlers through determining the meaning of behavior and developing appropriate responses. Identifying unmet needs, behavior as communication and responding to challenging behaviors are highlighted.

Pyramid Model Module 1 Preschool: This module introduces participants to the Pyramid Model and the practices within the foundation of this framework. Practices that will be reviewed include building relationships with children, families and colleagues, personal reflection on challenging behavior, the physical and emotional environment and its impact on children’s behaviors and providing clear directions and ongoing monitoring and positive attention throughout the day.

Prevent Teach Reinforce for Young Children: Manualized functional behavior assessment and behavior plan process for use with early childhood teams, especially those involved with children in group settings.

Prevent Teach Reinforce for Families: This is a detailed model and research-based strategy for helping families to resolve their children's serious challenging behaviors in home and community settings.

- 9.3.7 The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds, including how those policies are shared with families, providers, and the general public. Briefly describe those policies: On July 1, 2017, OCDEL issued a state policy announcement: Reduction of Expulsion and Suspension in Early Childhood Programs in Pennsylvania. The purpose of this policy announcement is to: Raise awareness of HHS and ED policy statements. Provide guidance to OCDEL funded programs regarding appropriate behavior support practices and the reduction of expulsion and suspension of young children. Provide guidance to OCDEL funded programs in how to support family engagement in an inclusive manner that respects the cultural and individual preferences of families. Identify resources available to local programs to support staff and prevent expulsion Specify implementation steps to be taken at the local and state level. OCDEL promoted practices that support the implementation of appropriate and positive behavior support practices and reduce and eventually eliminate the incidence of suspension and expulsion by providing individualized site coaching and consultation. Local programs, in collaboration with program staff and families, develop and implement a written program policy and procedure to reduce the incidence of suspension and expulsion. The program policy and procedures were created to be culturally sustaining practices, such as hiring diverse staff and training staff to be culturally and linguistically responsive. The policies and procedures were to be shared with families and have them sign to indicate their receipt of the information. In 2023 a follow-up policy announcement was issued to promote inclusion of all children and complement the 2017 announcement about suspension/expulsion. In addition, a statewide referral system was implemented for early childhood programs to request support if they were serving a child who is at risk for expulsion or to request training to avoid suspensions and expulsions. The Pennsylvania Key, on behalf of OCDEL, implements statewide mental health consultation (MHC) services which are available by request for any program participating in QRIS, not including HS/EHS/MHS. MHC services have been expanded, through PDG-R, to include school age child care environments, in addition to those programs caring for children birth to age 5. Consultants are regionally located and available to provide tiered consultation supports including Virtual Office Hours (universal consultation), child-specific and classroom focused consultation to adult caregivers related to the social-emotional development and relational health of infants/toddlers, young and middle childhood aged children in the child care environment. The program focuses on reducing the number of children expelled from child care due to behavior challenges, increasing understanding among ECE

practitioners and families of social-emotional development and its impact on educational success, and linking and bridging systems and services on behalf of the child, family, and program. The program evaluation plan includes annual reporting on program outcomes, including expulsion rates for child-specific consultation services. Through the PDG-R, OCDEL has funded 19 regional Rapid Response Teams to be deployed to ECE programs when a program is struggling with the challenging behavior of a child who is at immediate risk of expulsion. This is an intentional expansion of a grassroots, local approach first developed in 2017, in response to the expulsion/suspension policy statement and in part due to waiting lists for mental health consultation support at that time. Expansion of the RRT approach helps to ensure equitable access and standardization of the RRT model across the Commonwealth within each ELRC region. The goal of RRT is provide an immediate (within 48 hours) trauma sensitive, human-centered, collaborative short-term promotion/prevention support to ECE programs struggling to support a child who practitioners perceive as behaviorally challenging. Where necessary, RRT will also facilitate quick referrals to additional supports such as EI, IECMH consultation, behavioral health services and/or other community supports.

- 9.3.8 Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: [Click or tap here to enter text.](#)

#### 9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for CCDF parents, the general public, and child care providers.
  - i.  Yes.
  - ii.  No. If no, describe (optional): [Click or tap here to enter text.](#)
- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
  - i.  Yes.
  - ii.  No. If no, describe (optional): [Click or tap here to enter text.](#)
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.
  - i.  Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The application for subsidized child care asks if the parent/caretaker would like information about a child’s developmental stages and if there is concern about their child’s development. If the parent/caretakers indicate an interest in receiving information about these topics, it is addressed at the face-to-face interview or information is sent to the family.**
  - ii.  No. If no, describe (optional): [Click or tap here to enter text.](#)
- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.
  - i.  Yes.
  - ii.  No. If no, describe (optional): [Click or tap here to enter text.](#)

## 10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program’s internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and apply to all CCDF funds.

## 10.1 Effective Internal Controls

10.1.1 Describe how the Lead Agency’s organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability, including:

- a. Assignment of authority and responsibilities. Describe: **The Office of Child Development and Early Learning (OCDEL) is made up of five bureaus – Certification Services, Early Learning Policy and Professional Development, Early Learning Resource Center Operations, Early Intervention Services and Family Supports, and Finance, Administration, and Planning. Each bureau is charged with their own aspect of OCDEL programming so staff are subject matter experts and the delineations eliminate confusion and duplication of work.**
- b. Delegation of duties. Describe: **Duties are delegated to staff by OCDEL’s Deputy Secretary, Chief of Staff, and Bureau Directors.**
- c. Coordination of activities. Describe: **Bureaus collaborate and coordinate on OCDEL programming as needed. Bureau Directors are aware of what each bureau is responsible for to ensure the appropriate staff are included on projects and decision making. OCDEL’s Deputy Secretary and Chief of Staff regularly meet with the Bureau Directors to ensure that work includes appropriate staff. OCDEL leadership staff - Deputy Secretary, Chief of Staff, Bureau Directors, Special Assistants, and Executive Assistant – meet bi-weekly to share program updates and to make sure everyone is aware of the projects that are being worked on.**
- d. Communication between fiscal and program staff. Describe: **OCDEL leadership staff - Deputy Secretary, Chief of Staff, Bureau Directors, Special Assistants, and Executive Assistant – meet bi-weekly to share program updates and to make sure everyone is aware of the projects that are being worked on. Fiscal staff also work closely with bureau directors/staff and participate in bureau staff meetings. Fiscal staff are kept updated on projects and programming by bureau directors. Fiscal staff also assist with the coordination/review of any fiscal reports.**
- e. Segregation of duties. Describe: **The Office of Child Development and Early Learning (OCDEL) is made up of five bureaus – Certification Services, Early Learning Policy and Professional Development, Early Learning Resource Center Operations, Early Intervention Services and Family Supports, and Finance, Administration, and Planning. Each bureau is charged with their own aspect of OCDEL programming, so staff are subject matter experts, and the delineations eliminate confusion and duplication of work.**
- f. Establishment of checks and balances to identify potential fraud risks. Describe: **OCDEL’s Deputy Secretary and Chief of Staff regularly meet with the Bureau Directors to remain knowledgeable on work being conducted. Bureau Directors also meet regularly with their teams to ensure work is being conducted appropriately. Policy announcements, applications, and program guidance are reviewed and approved by OCDEL’s Executive Assistant, Chief of Staff, Bureau Directors, and Deputy Secretary before being released.**
- g. Other. Describe: *Click or tap here to enter text.*

10.1.2 Lead Agencies must ensure the integrity of the use of funds through effective fiscal management and must ensure that financial practices are in place. Describe the processes in place for the Lead Agency to ensure effective fiscal management practices for all CCDF expenditures, including:



- a. **X** Fiscal oversight of CCDF funds, including grants and contracts. Describe: OCDEL uses the Performance Standards Monitoring Tools to provide monitoring consistency across all ELRC sub-grantees. These documents detail indicators OCDEL program representatives verify for compliance: support for families, support for providers, leadership and collaboration building, reports/monitoring and documents indicator, data management and fiscal. Within the tools, program representatives verify and discuss the accurate reporting of fiscal responsibilities such as timely payments to providers, accurate quality grant amounts, accurate budgets, completed closeout and recap of funding, following of all financial guidelines and submission of all required fiscal documents. ELRCs are required to have independent audits annually and agree to follow all terms of the OCDEL grant agreement which governs their operations. Annual independent audit report packages are submitted to the Federal Audit Clearinghouse (FAC). The ELRC then emails the FAC confirmation receipt, the certified copy of the data collection form and Single Audit Program Specific Audit Reporting Package Checklist to the Bureau of Accounting and Financial Management (BAFM), Office of the Budget. The report package is retrieved from the FAC and reviewed by BAFM. In addition to the operations monitoring and tool and the ELRC independent audit, an annual compliance monitoring is completed by Program Representatives. This entails a random review of subsidy cases from the prior federal fiscal year. This ensures that eligibility decisions and subsidy payments are being conducted accurately. Additional reviews are conducted of any ELRC with less than satisfactory performance. The Monitoring Tool addresses customer service, including resource and referral, caseload management which includes eligibility and policy compliance, and administration, which addresses funds management. ELRCs are informed of the results of the monitoring and a plan of correction may be required if deficiencies exist. Each of the PDOs are monitored by OCDEL's PDOs program manager, and through review of quarterly data maps, narrative, and fiscal reporting. The OCDEL Bureau of Early Learning Policy and Professional Development establishes and revises policies to outline the expectations for PDO grantees to ensure they adhere to regulations, policies and procedures associated with the terms of their contract. PDOs are required to have independent audits annually and agree to follow all terms of the OCDEL grant agreement which governs their operations. Annual independent audit report packages are submitted to the Federal Audit Clearinghouse (FAC). The PDO then emails the FAC confirmation receipt, the certified copy of the data collection form and Single Audit Program Specific Audit Reporting Package Checklist to the Bureau of Accounting and Financial Management (BAFM), Office of the Budget. The report package is retrieved from the FAC and reviewed by BAFM. The PA Key and EITA agree to follow all terms of their OCDEL grant agreement which govern their operation. The PA Key and EITA are required to follow the Uniform Circular and complete an annual Single Audit. Single Audits are submitted to the Federal Audit Clearinghouse (FAC). The PA Key and EITA submit their Single Audits to the PA Department of Human Services Bureau of Accounting and Financial Management (BAFM), Office of the Budget. The Single Audit is reviewed by FAC, BAFM and OCDEL. Additionally, OCDEL meets with the PA Key and EITA quarterly to review progress on meeting agreement deliverables and fiscal activities to date. In October of each year, the PA Key and EITA are required to submit their general ledgers to OCDEL to independently confirm that expenses incurred equal amounts paid.

- b.  How your Lead Agency tracking systems ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: ELRCs agree to follow all terms of the OCDEL grant agreement that governs their operations. ELRCs are required to follow the Uniform Circular and complete an annual independent audit. Annual independent audit report packages are submitted to the Federal Audit Clearinghouse (FAC). The ELRC then emails the FAC confirmation receipt, the certified copy of the data collection form and Single Audit Program Specific Audit Reporting Package Checklist to the Bureau of Accounting and Financial Management (BAFM), Office of the Budget. The report package will be retrieved from the FAC and reviewed by BAFM. PELICAN Keys to Quality (KTQ) Fiscal Allocation Screens are monitored for: spend down of state and federal quality dollars known as Keystone STARS grants and awards; comparison to invoice and expenditures; and for ELRC performance with grant approved payments and grant closeout activity. PELICAN-KTQ reports are pulled and reviewed to support monitoring of the quality dollars to child care providers and to provide details for federal reporting as it relates to infant and toddler expenditures.
- c.  Other. Describe: The OCDEL Bureau of Early Learning Resource Center Operation’s Fiscal Program Representative continually reviews the ELRCs service funds to ensure children receive timely enrollments with providers and do not have an untimely delay in services due to being on a waiting list when there are available funds.

10.1.3 Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures. Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe:
 

Effective fiscal management for OCDEL includes and is not limited to:

  - Partnerships with other commonwealth agencies for fiscal oversight and accountability, include but not limited to the Commonwealth budget office, comptroller, treasury, and financial operations/audits; non-commonwealth partners include Early Learning Resource Centers fiscal staff and their independent auditors, and independent auditors like KPMG who provide annual risk assessments for OCDEL;
  - use of reliable fiscal data systems like SAP and PELICAN Child Care Works to allocate and track funding/expenditures;
  - development of policies and procedures defining how CCDF dollars can and cannot be used;
  - ongoing oversight and monitoring of CCDF expenditures, routine budget meetings to discuss projections/allocations, annual recapping of funds, and auditing of the funds/ELRC.
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Measuring and tracking fiscal management practices through the use of line-item budgets, fiscal systems, data, and audit reports.
- c. How the results inform implementation. Describe: OCDEL uses the results to inform and improve (when needed) policy, fiscal/data systems, monitoring, and operations.
- d. Other. Describe: [Click or tap here to enter text.](#)

10.1.4 Describe the processes the Lead Agency uses to identify risk in the CCDF program.

- a. How the Lead Agency assesses risk (For example, what risk factors are reviewed? What framework is used?) Describe: **OCDEL participates in risk assessment of activities and audits conducted by external auditing firms and/or other State agencies, as it relates to CCDF. In the recent past, these audits have revealed there are no gaps in processes or procedures and no internal control deficiencies. These internal controls, processes, and procedures will continue.**
- b. Who conducts the risk assessment (roles)? Describe: **DHS engaged KPMG LLP (KPMG) to assist with an annual assessment of its internal controls using the framework established by the Standards for Internal Control in the Federal Government, known as the Green Book, and in accordance with PA Management Directive 325.12. KPMG works with leadership and program managers to identify and evaluate risks with an aim to ensure an adequate internal control structure by correcting deficiencies, removing redundant processes, and increasing efficiencies.**
- c. What is the frequency of the risk assessment? Describe: **A risk assessment is conducted annually. Each year, we revisit the previous risk assessment to update inherent risks to the organization’s objectives, continue to document the controls identified in high-risk areas, and perform annual monitoring of key controls.**
- d. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **The discussion and evaluation results are utilized to drive process design, enhance system controls, and assure alignment with department priorities and strategic goals.**
- e. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **Ongoing evaluation and improvement efforts have resulted in reduced risk and magnitude of impact.**
- f. Other. Describe: *Click or tap here to enter text.*

10.1.5 Lead Agencies must describe effective internal controls in place to ensure program integrity and accountability for all CCDF expenditures, including processes to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants, and contracts are informed and trained regarding program requirements and integrity:
  - i. What training does the Lead Agency provide to ensure staff members understand the CCDF program expectations around program integrity? Describe: **Training needs related to policy changes issued via Announcements take place with the ELCRs, OCDEL’s Bureau of Certification and Bureau of Early Learning Resource Center Operations staff as needed. Policy announcements are discussed during ELRC Director’s meetings, and all materials are made available on the ELRC Portal, which is accessible for all staff. OCDEL staff receive training on new policy announcements for inclusion in the policy chapters prior to issuance to the ELCRs or child care providers. OCDEL conducts training for the ELCRs on policy chapter changes and those trainings and materials are made available on the ELRC Portal.**

- ii. How does the Lead Agency ensure the staff member training is effective? Describe: OCDEL uses the Performance Standards Monitoring Tool to provide monitoring consistency across all ELRC sub-grantees. The Monitoring Tool addresses customer service, including resource and referral, caseload management which includes eligibility and policy compliance, and administration, which addresses funds management. ELRCs are informed of the results of the monitoring and a plan of correction may be required if deficiencies exist. OCDEL monitors ELRC business processes by reviewing reports and researching cases on a varying basis. In some instances, follow-up sessions are scheduled when issues are identified as recurring for a specific sub-grantee.
  - iii. How is risk assessment information used to evaluate and change practice or address training needs? Describe: OCDEL program representatives meet weekly with their OCDEL Division Chief to discuss needed updates, questions, and exchange information as it relates to their assigned ELRC regions. Regularly scheduled ELRC Director meetings take place throughout the year.
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity.
- i. What training does the Lead Agency provide to ensure child care providers understand the CCDF program expectations around program integrity? Describe: Directors/Owners/Operators and staff who have a role in processing CCW payments must take PD on Program Integrity and Accountability within 90 days of hire. This professional development is available through the PD Registry. This is considered an initial orientation for providers. Relative providers are required to have a face-to-face meeting with the ELRC where they review program integrity and accountability prior to receiving payment. Directors/Owners/Operators and staff who have a role in processing CCW payments, who have not already completed the professional development, will be required to do so within 90 days of hire. This PD will be available through the PD Registry. Additional PD will be created as needs are determined. Training needs related to policy changes issued via Announcements take place with the ELRCs, OCDEL Certification staff and Bureau of Operations program representative(s), as needed. Policy announcements are discussed during ELRC Director's meetings, and all materials are made available on the ELRC Portal, which is accessible for all staff. OCDEL staff receive training on new policy announcements for inclusion in the policy chapters prior to issuance to the ELRCs or child care providers. OCDEL conducts training for the ELRCs on policy chapter changes and those trainings and materials are made available on the ELRC Portal.
  - ii. How does the Lead Agency ensure the provider training is effective? Describe: OCDEL uses the Performance Standards Monitoring Tool to provide monitoring consistency across all ELRC sub-grantees. The Monitoring Tool addresses customer service, including resource and referral, caseload management which includes eligibility and policy compliance, and administration, which addresses funds management. ELRCs are informed of the results of

the monitoring and a plan of correction may be required If deficiencies exist. OCDEL monitors ELRC business processes by reviewing reports and researching cases on a varying basis. In some instances, follow-up sessions are scheduled when issues are identified as recurring for a specific sub-grantee.

- iii. How is risk assessment information used to evaluate and change practice or address training needs? Describe: OCDEL program representatives meet weekly with their OCDEL Division Chief to discuss needed updates, questions, and exchange information as it relates to their assigned ELRC regions. Regularly scheduled ELRC Director meetings take place throughout the year.

10.1.6 Lead Agencies must describe effective internal controls that are in place to ensure program integrity and accountability for all CCDF expenditures. Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: Pennsylvania participates in the triennial Federal Improper Payments Error Rate Review for the CCDF program. For federal record review years, the state uses a pre-approved Record Review Worksheet which includes boilerplate language, updates, and state-customized language. The worksheet provides a standardized format to assess the case record and to determine whether the child was eligible and received correct subsidy payment for the sample review month. For federal review years, Pennsylvania chooses the sample size of 276 cases. In addition, if the federal cases to be reviewed do not include at least ten cases per subgrantee, the state reviews a minimum of ten cases per each subgrantee per year. Any additional cases are not included in the sample of 276 for ACF-404 reporting. All cases reviewed on non-federal review years and all cases over and above the federally required ones are reviewed using a standardized compliance monitoring tool that is based on the Federal Record Review Worksheet. Any error rate, including payment error rates, which exceed 10 percent requires a corrective action plan from the subgrantee. All corrective action plans are reviewed with the ELRC. OCDEL monitors the subgrantee until compliance is met.
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: Audit results are shared with OCDEL Executive leadership, and any deficiencies are directed to the responsible bureau(s) for corrective action.
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: [Click or tap here to enter text.](#)

10.1.7 Has the Lead Agency or other entities identified any weaknesses in its internal controls?

- a.  No.
- b.  Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? *Click or tap here to enter text.*

## 10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary processes to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

### 10.2.1 Strategies used to identify and prevent program violations. Check all that apply:

In a. through g. below, check those activities that your Lead Agency employs to ensure program integrity, and then identify what type of program violations these activities address and describe the activities as well as the results of these activities based on your most recent analysis.

- a.  Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
  - i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The ELRCs communicate on a regular basis with the County Assistance Offices (CAOs) who administer the TANF, SNAP and Medicaid programs. Information is shared on an as-needed basis. Information from the PARIS, when appropriate, is shared with the ELRCs. As needed, OCDEL communicates and obtains information from the Child and Adult Care Food Program. The information shared is used to review program eligibility and possible fraud situations. Involvement and communication with connecting agencies in these situations take place, as needed. During program year 2022-2023 the ELRCs with OSIG researched and/or took action 476 parent cases. Resulting in 291 cases with a recoupment of \$1,686,342 in cost avoidance. In program year 2022-2023 there are 173 cases still with the OSIG awaiting their final determination. There were 8 identified provider referrals. Provider billing errors are often found within the monthly billing statements and corrected during the invoicing process.**
  - ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **OCDEL works collaboratively and closely with the ELRCs to identify and/or prevent agency errors. If errors are identified OCDEL works with the ELRCs to rectify any program violations, including identification and prevention of unintentional program violations. If a violation is identified, the ELRC communicates via email, phone, or a meeting with OCDEL to determine the best steps to rectify the specific violation. Additionally, the ELRCs or OCDEL will communicate with the County Assistance Offices (CAOs) who administer the TANF, SNAP and Medicaid programs or**

other Offices, if needed. Information is shared on an as-needed basis. Information from the PARIS, when appropriate, is shared with the ELRCs. As needed, OCDEL communicates and obtains information from the Child and Adult Care Food Program. The information shared is used to review program eligibility and identify program violations that may involve several programs. OCDEL has documented success in observed outcomes through these processes. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.

iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice: The ELRCs communicate on a regular basis with the County Assistance Offices (CAOs) who administer the TANF, SNAP and Medicaid programs. Information is shared on an as-needed basis. Information from the PARIS, when appropriate, is shared with the ELRCs. As needed, OCDEL communicates and obtains information from the Child and Adult Care Food Program. The information shared is used to review program eligibility, prevent agency errors and identify program violations that may involve several programs. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.

b.  Run system reports that flag errors (include types).

i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: OCDEL runs a variety of reports on an as-needed basis to identify potential errors. There are several reports that identify one or more of the following: enrollments by funding programs, the type of enrollment and amount paid, timely processing related to applications, enrollment, eligibility, redetermination, reported changes and payment, sanction or disqualification statuses, budget opening or closures related to cases in which the parent or caretaker is a recipient of TANF benefits, and accurate co-payment assessment or waiver of co-payment. During program year 2022-2023 the ELRCs with OSIG researched and/or took action on 476 parent cases. This resulted in 291 cases with a recoupment of \$1,686,342 in cost avoidance. In program year 2022-2023, there are 173 cases still with awaiting their final determination from OSIG. There were 8 identified provider referrals. Provider billing errors are often found within the monthly billing statements and corrected during the invoicing process.

ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: OCDEL runs a variety of reports within the PELICAN system on a regular and sporadic basis to identify and/or prevent errors. There are several reports that identify one or more of the following: enrollments by funding programs; the type of enrollment and amount paid; timely processing related to application, enrollment, eligibility, redetermination, reported changes and payment; sanction or disqualification

statuses; budget openings or closures related to cases in which the parent or caretaker is a recipient of TANF benefits; and accurate co-payment assessment or waiver of co-payment. The running of PELICAN reports has documented success in revealing situations requiring action and the needed steps for these situations take place. The ELRCs identify on their year-end fiscal recap to OCDEL any unintentional program violations which resulted in recoupment of funds.

iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice: OCDEL runs a variety of reports on a regular and sporadic basis to identify potential errors. There are several reports that identify one or more of the following: enrollments by funding programs; the type of enrollment and amount paid; timely processing related to application, enrollment, eligibility, redetermination, reported changes and payment; sanction or disqualification statuses; budget openings or closures related to cases in which the parent or caretaker is a recipient of TANF benefits; and accurate co-payment assessment or waiver of co-payment. The ELRCs will identify on their year-end fiscal recap to OCDEL agency errors which resulted in recoupment of funds.

c.  Review enrollment documents and attendance or billing records.

i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: OCDEL program representatives run enrollment reports regularly. Annual OCDEL ELRC Operational monitoring requires reviewing enrollment documents along with provider payments for specific case records. OCDEL Program representatives and ELRCs review attendance and billing records on an as needed basis to determine potential fraud. Possible fraud cases are sent to the Office of State Inspector General for additional follow-up. The ELRCs and OCDEL have a working relationship with the Office of the State Inspector General (OSIG). When processing information including parent/caretaker applications/redeterminations and child care provider activity, the ELRC can submit information to OCDEL and/or OSIG on the front-end and back-end whenever they suspect that information submitted appears to be fraudulent. OSIG makes the final determination if a case is deemed fraudulent. Reportable details to OCDEL and/or OSIG may also include actions by a child care provider regarding quality grants or other grant opportunities where any fraudulent activity is suspected. The ELRCs may also receive phone calls informing them of potential provider and/or parent fraudulent actions. The ELRCs submit specific forms to OSIG to request review and follow-up. The following forms are used by the ELRC for specific purposes: OSIG-1009 Subsidized Child Care Application Investigation Referral, OSIG-735 Subsidized Child Care Suspected Provider Overpayment Referral, OSIG-761 Subsidized Child Care Parent/Caretaker Overpayment Referral, and follow-up reports from OSIG to the ELRC that submitted the forms: OSIG-762 Report on Subsidized Child Care Referral, and OSIG-767 Report on Subsidized Child Care Provider Referral. The ELRCs also maintain spreadsheets to document OSIG activity. During OCDEL ELRC program monitoring and case reviews OCDEL's program representatives may also identify documents that appear to be fraudulent during a Compliance Review, the Program Representative will instruct the ELRC to submit information to OSIG for further investigation. During program year 2022-2023 the ELRCs with OSIG researched and/or took action 476 parent cases. Resulting in 291 cases with a recoupment of \$1,686,342 in cost avoidance. In program year 2022-2023 there are 173 cases still with the OSIG awaiting their final determination. There were 8 identified



provider referrals. Provider billing errors are often found within the monthly billing statements and corrected during the invoicing process.

- ii. **X** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: OCDEL program representatives run enrollment reports as needed to review enrollment documents, attendance, or billing records to identify and/or prevent errors. OCDEL monitors operational ELRC payment child care provider payment processes throughout the year and conduct minimally an annual comprehensive review of operational activities. Monitoring compliance activities of ELRCs require reviewing enrollment documents along with provider payments for specific case records. Program representatives and ELRCs review attendance and billing records on an as-needed basis to determine potential program violations. Program violations are reviewed for potential fraud and overpayments. The review of enrollment documents and attendance or billing records has had documented success in revealing situations requiring action and the needed steps for these situations take place. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.
- iii. **X** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: Reviews are ongoing throughout the year and encompass the use of various tools, reports, and meetings within OCDEL and the ELRCs to ensure accuracy of enrollment documents and attendance or billing records. OCDEL Bureau of Operations monitoring staff in conjunction with the ERLCs and the OCDEL Bureau of Certification review enrollment documents and attendance or billing records in accordance with inspections and monitoring activities. Program representatives review a random sample of cases which includes the review of enrollment documents and attendance or billing records. In addition, the ELRCs monitor enrollment documents and attendance or billing records for the child care providers for accuracy. The Bureau of Certification, in their reviews, may submit information to OCDEL and the ELRCs, for further review and investigation. Any suspicion of fraud is turned over to the Office of State Inspector General for investigation. The program monitors, referred to as the program representatives, run enrollment reports as needed. The yearly monitoring requires reviewing enrollment documents and attendance or billing records for specific case records. Program violations are reviewed for potential fraud and overpayments. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.

- d. **X** Conduct supervisory staff reviews or quality assurance reviews.

- i. **X** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Quality assurance reviews are conducted annually, at a minimum, at the ELRCs by OCDEL staff through a review of a random selection of cases monitored by the program representatives. Discussions are held with OCDEL program representatives to review any issues or concerns with ELRCs or child care providers. During program year 2022-2023 the ELRCs with OSIG researched and/or took action on 476 parent cases. This resulted in 291 cases with a recoupment of \$1,686,342 in cost avoidance. In program year 2022-2023 there are 173 cases still with the OSIG awaiting their final determination. There were 8 identified provider referrals. Provider billing errors are often found within the monthly billing statements and corrected during the invoicing process.
  - ii. **X** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Quality assurance reviews are ongoing throughout the year and encompass the use of various tools, reports, and meetings to identify and/or prevent errors. OCDEL Bureau of Operations monitoring staff conduct an annual review of a random selection of cases to monitor. Discussions take place internally with OCDEL supervisory staff to review any ongoing issues or concerns with the ELRCs or identified child care provider-specific needs. Conducting supervisory staff reviews and quality assurance reviews has assisted in revealing situations requiring action and the OCDEL monitoring team takes the needed steps for ensuring compliance and preventing errors. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.
  - iii. **X** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: Reviews are conducted annually by reviewing a random selection of cases monitored by the program representatives. Discussions are held with the program representatives to review ongoing issues/concerns. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.
- e. **X** Audit provider records.
- i. **X** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Reviews are ongoing throughout the year and encompass the use of various tools, reports, and meetings within OCDEL and the ELRCs to ensure accuracy of provider records. OCDEL Bureau of Operations monitoring staff, in conjunction with the ELRCs, audit provider records in accordance with monitoring activities. Program representatives review a random sample of cases which includes the review of the provider information. In addition, the ELRCs monitor provider payment requests for accuracy. The Bureau of Certification, during their onsite inspections of provider records, may submit information to Program Representatives and the ELRCs for further review and monitoring.

Any suspicion of fraud is turned over to the Office of State Inspector General for investigation. During program year 2022-2023 the ELRCs with OSIG researched and/or took action on 476 parent cases. This resulted in 291 cases with a recoupment of \$1,686,342 in cost avoidance. In program year 2022-2023 there are 173 cases still with the OSIG awaiting their final determination. There were 8 identified provider referrals. Provider billing errors are often found within the monthly billing statements and corrected during the invoicing process.

ii. **X Unintentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: **Reviews are ongoing throughout the year and encompass the use of various tools, reports, and meetings within OCDEL and the ELRCs to identify and/or prevent errors within provider records. OCDEL Bureau of Operations monitoring staff in conjunction with the ERLCs and the OCDEL, Bureau of Certification audit provider records in accordance with inspections and monitoring activities. Program representatives review a random sample of cases which includes the review of the provider information. In addition, the ELRCs monitor provider payment requests for accuracy. The Bureau of Certification, in their reviews, may submit information to OCDEL and the ELRCs, for further review and monitoring. Any suspicion of fraud is turned over to the Office of State Inspector General for investigation. The audit of provider records has assisted in revealing situations requiring action. The OCDEL monitoring team in collaboration with OSIG take the needed steps for ensuring compliance and preventing errors. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.**

iii. **X Agency errors.** Describe the activities, the results of these activities, and how they inform better practice: **Provider records are reviewed as part of the annual compliance review for CCW. Families selected for review are matched with the provider where their children were enrolled during the review period. The review confirms the provider’s certification status and the ability to participate in the subsidized child care program. In addition, the ELRCs monitor provider payment requests for accuracy. The Bureau of Certification, in their reviews, may submit information to OCDEL and the ELRCs, for further review and monitoring. Any suspicion of fraud is turned over to the Office of State Inspector General for investigation. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.**

f. **X Train staff on policy and/or audits.**

i. **X Intentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: **OCDEL and ELRC staff are trained on policy and/or audits.**

Trainings consist of written communications, webinars, or face-to-face meetings. Training materials are also posted to the ELRC portal, so they are accessible to all ELRC staff if training needs are identified at the child care provider level. During program year 2022-2023 the ELRCs with OSIG researched and/or took action on 476 parent cases. This resulted in 291 cases with a recoupment of \$1,686,342 in cost avoidance. In program year 2022-2023 there are 173 cases still with the OSIG awaiting their final determination. There were 8 identified provider referrals. Provider billing errors are often found within the monthly billing statements and corrected during the invoicing process.

ii.  Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: prevent errors. Trainings can be through written communications, webinars or virtual or face-to-face meetings. Training materials are also posted to the ELRC portal, so it is accessible to all staff at any time. The ELRCs have clearly updated instructions, training and manuals on required audits. Through training of staff on policy and/or audits this assists OCDEL identify and/or prevent errors. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.

iii.  Agency errors. Describe the activities, the results of these activities, and how they inform better practice: OCDEL and ELRC staff are trained on policy and/or audits. Trainings can be through written communications, webinars or virtual or face-to-face meetings. Training materials are also posted to the ELRC portal, so it is accessible to all staff at any time. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.

g.  Other.

i.  Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: OCDEL reviews case and eligibility information from PELICAN-CCW system and the Electronic Client Information System (eCIS). eCIS contains case and eligibility related information for parents or caretakers that are receiving or have previously received TANF benefits. OCDEL also monitors contractor compliance and data integrity (via PELICAN Keys to Quality) as it relates to provider eligibility for quality grants and awards, accuracy of grant threshold amounts and STAR level designations. OCDEL and the Pennsylvania Department of Revenue coordinate the review of STARS providers against Revenue's database for tax liens/liabilities. OCDEL contractors review the federal System for Award Management (SAM) website to ensure there are no federal issues prior to issuing quality grants and will review the Pennsylvania Department of General Services (DGS) Debarment list to ensure no providers are identified on the state's contractor debarment list. The use of these resources ensures state and federal dollars are not issued when

state/federal funds are owed or when problems exist. This process has netted recovery of substantial amounts of state/federal funds paid by providers. During program year 2022-2023 the ELRCs with OSIG researched and/or took action 476 parent cases. Resulting in 291 cases with a recoupment of \$1,686,342 in cost avoidance. In program year 2022-2023 there are 173 cases still with the OSIG awaiting their final determination. There were 8 identified provider referrals. Provider billing errors are often found within the monthly billing statements and corrected during the invoicing process.

- ii. **X Unintentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: OCDEL reviews case and eligibility information from PELICAN-CCW system and the Electronic Client Information System (eCIS) to identify and/or prevent errors. eCIS contains case and eligibility-related information for parents or caretakers that are receiving or have previously received TANF benefits. OCDEL also monitors contractor compliance and data integrity (via PELICAN Keys to Quality) as it relates to provider eligibility for quality grants and awards, accuracy of grant threshold amounts and STAR level designations to identify and/or prevent errors. OCDEL and the Pennsylvania Department of Revenue coordinate the review of STARS providers against Revenue’s database for tax liens/liabilities to identify and/or prevent errors. OCDEL contractors review the federal System for Award Management (SAM) website to ensure there are no federal issues prior to issuing quality grants and will review the Pennsylvania Department of General Services (DGS) Debarment list to ensure no providers are identified on the state’s contractor debarment list. The use of these resources ensures state and federal dollars are not issued when state/federal funds are owed or when problems exist. Through these processes the recovery of state/federal funds took place. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.
- iii. **X Agency errors.** Describe the activities, the results of these activities, and how they inform better practice: OCDEL reviews case and eligibility information from PELICAN-CCW system and the Electronic Client Information System (eCIS). eCIS contains case and eligibility related information for parents or caretakers that are receiving or have previously received TANF benefits. OCDEL also monitors contractor compliance and data integrity (via PELICAN Keys to Quality) as it relates to provider eligibility for quality grants and awards, accuracy of grant threshold amounts and STAR level designations. OCDEL and the Pennsylvania Department of Revenue coordinate the review of STARS providers against Revenue’s database for tax liens/liabilities. OCDEL contractors review the federal System for Award Management (SAM) website to ensure there are no federal issues prior to issuing quality grants and will review the Pennsylvania Department of General Services (DGS) Debarment list to ensure no providers are identified on the state’s contractor debarment list. The use of these resources ensures state and federal dollars are not issued when

state/federal funds are owed or when problems exist. This process has netted recovery of substantial amounts of state/federal funds paid by providers. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.

10.2.2 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **Overpayments as a result of fraud are referred to the Office of State Inspector General for investigation (OSIG) and recovery of an overpayment. OSIG may then make a referral to the District Attorney's Office or the Office of Attorney General, if warranted.**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
  - i. **X** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **There is no minimum dollar amount for the recovery of an improper payment issued by an ELRC subgrantee. OCDEL works with the OSIG if needed to ensure recovery of the improper payment but in many instances the provider will work directly with the ELRC to rectify the improper payment and return the funds, as required.**
  - ii. **X** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **Overpayments because of fraud are referred to the OSIG for investigation and possible referral to the District Attorney's Office or the Office of Attorney General, for the recovery of overpayments.**
  - iii. **X** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Providers receiving quality funds are suspended from STARS (stopping quality add on amounts and quality grants) until repayment is made to the ELRC or the Commonwealth via the ELRC. The repayment plans are developed based on the provider's ability to pay. For CCW, the provider may be given the option of a lump sum repayment or establishment of a payment plan.**
  - iv. **X** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **A recoupment letter is generated to the provider that details the amount of the recoupment and the**

percentage of recoupment from each payment.

- v.  Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
- vi.  Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
- vii.  Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities based on the most recent analysis: [Click or tap here to enter text.](#)
- viii.  Other. Describe the activities and the results of these activities: **OCDEL program representatives, through their ongoing monitoring reviews, ELRC trainings and technical assistance activities, and program evaluation assist in the prevention and identification of misspent funds. The Bureau of ELRC Operations partners with Bureau of Policy and Professional development, and Bureau of Certification to prevent both intentional and unintentional program violations. Work on recovery of funds have resulted in multiple investigations by OSIG and other auditing state bodies with a result of the recovery of funds. Pennsylvania's subsidized child care regulations state that parents or caretakers may not be required to repay an overpayment that is the result of an administrative error with the exception of cases including current recipients of TANF benefits. Overpayments that are not the result of an administrative error are collected by arranging payment plans with parents or caretakers once a suspected fraud case has been determined by the Office of the State Inspector General.**

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

- i.  No.
- ii.  Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- A.  Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **minimum dollar amount. Describe the activities and the results of these activities: The ELRCs recover spent funds if they identify there was an unintentional program violation. There is no minimum dollar amount for payments issued by an ELRC subgrantee. Using ELRC internal tracking mechanisms, ELRCs identify on their year-end fiscal recap to OCDEL the dollar amount of unintentional program violations which resulted in**

recoupment of funds. The three-year total recouped since the 2020-21 institution of the recap reporting requirement is \$17,423.41. The extracted 22-23 statewide amount was \$6,815.50.

- B.  Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **For TANF clients the Office of Income Maintenance has a process in place for recovery of the funds.**
  - C.  Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **The policy allows for payment plans with the ELRCs, a lump refund or the ELRC can take it out of future CCW payments.**
  - D.  Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **A recoupment letter is generated that details the amount of the recoupment and the percentage of recoupment from each payment.**
  - E.  Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
  - F.  Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
  - G.  Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
  - H.  Other. Describe the activities and the results of these activities: *Click or tap here to enter text.*
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
- i.  No.
  - ii.  Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- A.  Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **The ELRCs recover spent funds from providers if they identify there was an agency error. For providers, there is no minimum dollar amount for**



payments issued by an ELRC subgrantee. Pennsylvania subsidized child care regulations state that parents or caretakers may not be required to repay an overpayment that is the result of an administrative error, with the exception of cases including current recipients of TANF benefits.

- B.  Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **For TANF clients the Office of Income Maintenance has a process in place for recovery of the funds.**
- C.  Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **The policy allows for payment plans with the ELRCs, a lump refund or the ELRC can take it out of future CCW payments. Providers that no longer have a Provider Agreement will be advised of the need to repay the amount owed and provide repayment options outside of the PELICAN CCW system. PELICAN CCW is designed to automatically recoup outstanding overpayments, regardless of the fiscal year.**
- D.  Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **A recoupment letter is generated to the provider that details the amount of the recoupment and the percentage of recoupment from each payment.**
- E.  Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- F.  Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- G.  Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- H.  Other. Describe the activities and the results of these activities: *Click or tap here to enter text.*

10.2.3 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a.  Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **If a parent or caretaker is found guilty of committing an intentional program violation or fraud, the family is prohibited from participating in the subsidized child care program for a period of six months from the date of the first conviction, hearing decision or determination; a period of twelve months from the date of the second conviction, hearing decision or determination;**

and permanently from the date of the third conviction, hearing decision or determination. Pennsylvania regulations allow a parent or caretaker 30 calendar days from the date the parent or caretaker receives notice about an intentional program violation to appeal the original facts of the intentional program violation or fraud through DHS. The parent or caretaker cannot appeal the disqualification decision through DHS. The regulations state a parent or caretaker may not be granted a hearing on a court conviction or administrative disqualification hearing decision that led to the disqualification. However, the parent or caretaker can file an appeal through the Commonwealth Court of Pennsylvania. In fiscal year 2022-23 there were 10 disqualifications. All 10 were for six months. An observable outcome from this activity is the prohibiting of the fraudulent client reduces instances of improper payments in these situations.

- b.  Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: 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. OCDEL's Bureau of Certification Services may revoke or refuse to renew the provider's certificate to operate if the provider is convicted of fraud. The provider can appeal the decision to revoke or refuse to renew the certificate. Appeals are heard by DHS Bureau of Hearings and Appeals, and the provider may appeal to the Commonwealth Court if the Bureau of Hearing and Appeals decides against the provider. An observable outcome from this activity is OCDEL may revoke or refuse to renew the provider's certificate to operate if the provider is convicted of fraud thus reducing instances of improper payments in these situations.
- c.  Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: The OSIG will review and, if appropriate, will prosecute provider and/or parent fraud overpayments. If the OSIG determines that the fraud is criminal in nature, the case is referred to the local District Attorney for criminal prosecution. The District Attorney will review and determine if the case will go to court for criminal prosecution. An observable outcome from this activity is if OSIG prosecutes fraud situations criminally this will reduce instances of improper payments in these situations.
- d.  Other. Describe the activities and the results of these activities based on the most recent analysis: The Keystone STARS program suspends or removes the STAR rating for providers who have violated the terms of the grant agreement or non-compliance with state and federal regulations. Providers in violation are suspended from receiving grants and tiered reimbursements until the violations are corrected at which time the provider is reinstated into the Keystone STARS program. The Keystone STARS program utilizes the OSIG to report misspent funds or alleged fraud by providers. Should OSIG agree that the violation is in fact fraud, the violation is handed over to the District Attorney for further review/prosecution, if deemed appropriate. An observable outcome from this activity is this action may reduce instances of improper quality grant payments.

## Appendix 1: Lead Agency Implementation Plan

**Purpose:** Lead Agencies will use this form to submit action plans for each provision identified as non-compliant to show how it will reach full implementation.

**When to submit:** This appendix will be completed for each non-compliance identified within 60 days of receiving official notification via the CCDF Plan approval letter.

**Instructions:** Complete the table for each non-compliance. Rows may be added if additional steps are needed.

- **Column A. Action Steps:** List the action steps needed to correct the finding. Consider legislative approval or other constraints when thinking about milestones and timelines (*Note: compliance will not be determined until the CCDF Plan is amended and approved*)
- For each action step list the:
  - **Column B. Responsible Entity:** Please include the entity (team, individual, etc.) responsible for completing this action step. Include the name, title, and agency of any other responsible parties the Lead Agency needs to work with to correct the findings.
  - **Column C. Anticipated Partners:** Include any entities (beyond those identified in “Column B. Responsible Entity”) the Lead Agency expects to partner with on the action step.
  - **Column D. Milestones:** Identify how you will measure completion of each step toward compliance, including any indicators or progress measurements.
  - **Column E. Expected Completion Date:** List the expected completion date for each activity.
  - **Column F. Supporting Resources Requested:** Identify what support and/or resources are needed from the OCC to implement the action steps and to address anticipated barriers or challenges, including training and technical assistance.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings.
- **Anticipated barriers or challenges and mitigation efforts:** Describe any anticipated barriers or challenges that might be encountered while working toward implementation (e.g., legislative session timelines; systems change issues). Include in this description, the Lead Agency’s plan for how they will mitigate these barriers or challenges.

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps	B. Responsible Entity	C. Anticipated Partners	D. Milestones	E. Expected Completion Date	F. Supporting Resources Requested
Step 1:					
Step 2:					
Step 3:					
Step 4:					
Step 5:					
[Additional steps added as necessary]					
<b>Overall Target Date for Compliance:</b>					
<b>Anticipated barriers or challenges and mitigation efforts:</b>					