



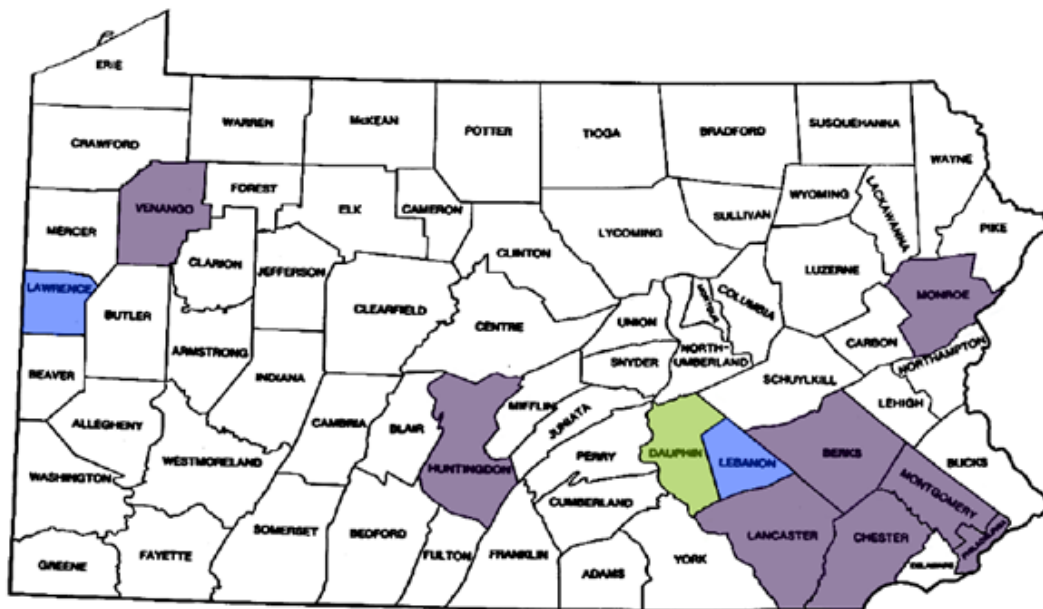
The Pennsylvania Office of Child Development and Early Learning Combined Program Report to the Public

**Home-Based FY: 21-22
Early Head Start Child Care Partnership FY: 21-22**

The Pennsylvania Office of Child Development and Early Learning (OCDEL) holds two Early Head Start (EHS) grants. In the first, OCDEL partners with two community-based agencies to deliver services to children and families in **128** home-based (HB) slots. For the second, OCDEL partners with seven community-based agencies (Hubs) to deliver comprehensive services to **368** infants and toddlers and their families through the Early Head Start Child Care Partnership (EHSCCP) grant.

The Pennsylvania Key serves as a program managing partner to ensure compliance with the Head Start Performance Standards, including technical assistance and program monitoring.

Early Head Start (EHS) and EHS Child Care Partnership (CCP) Service Areas



- Grantee Headquarters
- OCDEL EHS-CCP
- OCDEL EHS-CCP and OCDEL EHS Home Visiting



Last Updated: 02/2022

Public and Private Funds Received and the Amount from Each Source

HB Grant Number of Partners	Allocated Slots	Program Type	HB Contracts FY 21	HB Contracts FY 22
Children's Advocacy Center of Lawrence County	52	Head Start Grantee	\$539,530.85	\$557,194.00
Lancaster-Lebanon IU #13	76	Head Start Grantee	\$788,618.09	\$851,998.00
Pennsylvania Key	0	Head Start Grantee	\$218,984.06	\$221,823.00
EHSCCP Grant Number of Partners	Allocated Slots/Number of Programs	Program Type	Hub Contracts FY 21-22	
Berks County Intermediate Unit #14 Head Start	32 total Touching the Future (16) Live-n-Learn (16)	Head Start Grantee	\$479,729	
Chester County Intermediate Unit #19 Head Start	144 total CCIU Infant Toddler Center (8) Crayon Kids (16) KenCrest (32) The Care Center (16) Warwick: Cedarville (12) Warwick: Frazer (16) Warwick: Lionville (8) Warwick: North Coventry (16) Warwick: South Coventry (4) Wonderspring (16)	Head Start Grantee	\$2,158,782	
Child Development Centers	36 total Franklin Early Learning (20) Oil City Early Learning (16)	Head Start Grantee	\$554,689	
Huntingdon County Child and Adult Development Centers Head Start	16 total First Choice (8) Mt. Union High School (8)	Head Start Grantee	\$239,865	
Lawrence County Community Action Program Head Start	40 total Ben Franklin ELC (22) Elwood City (18)	Head Start Grantee	\$559,662	
Lancaster Lebanon Intermediate Unit #13 Head Start	88 total CAP of Lancaster (24) Lancaster YWCA (32) CAP Grace Place (16) CAP Columbia (8) Lebanon YMCA (8)	Head Start Grantee	\$1,319,256	
Pocono Services for Families and Children	12 total The Mountain Center (12)	Head Start Grantee	\$164,905	
Pennsylvania Key	0	Head Start Grantee	\$739,890	

Results of the Most Recent Review and the Financial Audit

HB Program	Audit Submitted	Accepted	Findings	Concerns	Extension
LLIU	1/5/2022	Yes	No	No	No
CAC	2/17/2022	Yes	No	No	No
EHSCCP Program	Audit Submitted	Accepted	Findings	Concerns	Extension
BCIU	6/10/22	Yes	No	No	No
CCIU	2/15/2023	Yes	No	No	No
CDC	2/21/2023	Yes	No	No	No
Huntingdon	2/15/23023	Yes	No	No	No
LCCAP	4/25/2022	Yes	No	No	No
LLIU	2/21/2023	Yes	No	No	No
PSFC	2/15/2023	Yes	No	No	No
BCIU	6/10/2022	Yes	No	No	No
Commonwealth of PA	2/16/2023	Yes	No	No	No

Total Number of Children and Families Served, Average Monthly Enrollment (as a percentage of funded enrollment) and Percentage of Eligible Children Served

Program	Total number of children and families served	Average monthly enrollment (Percent of funded enrollment)	Percent of eligible children served
HB	199 children 12 Pregnant women 159 families	83	100%
EHSCCP	517 children 441 families	78	100%

Percentage of Enrolled Children that Received Medical and Dental Exams

Health Information based on Cumulative Enrollment HB: 199 children CCP: 517 children	At enrollment	At end of enrollment
1. Number of children with ongoing source of continuous, accessible health care provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care (C.5)	HB: 196	HB: 196
	CCP: 511	CCP: 513
2. Number of children up to date on a schedule of preventative and primary health care according to EPSDT schedule (C.7)	HB: 57	HB: 63
	CCP: 297	CCP: 201
3. The number diagnosed with any chronic condition by a health care professional regardless of when the condition was first diagnosed (C.7.a)	N/A	HB: 5
		CCP: 27
4. Of the children diagnosed with a chronic condition, the number who have received or are receiving medical treatment for their diagnosed chronic health condition (C.7.a.1)	N/A	HB: 2
		CCP: 21
5. Number of children who have been determined by a health care professional to have received all immunizations possible at this time, but who have not received all immunizations appropriate for their age (C10)	HB: 54	HB: 55
	CCP: 157	CCP: 129
6. Number of children with continuous, accessible dental care provided by an oral health care professional which includes access to preventive care and dental treatment, at end of enrollment (C.16)	HB: 66	HB: 77
	CCP: 322	CCP: 329
7. Number of all children who are up to date according to the dental periodicity schedule in the relevant states EPSDT schedule (C.19)	N/A	HB: 36
		CCP: 110
8. Number of children who had health insurance (C.1)	HB: 193	HB: 193
	CCP: 509	CCP: 511

"The TI coaching that we have had with Veirdre has made a huge impact on me personally and professionally. First, the trainings and education on trauma, how it affects a person, and strategies that can be used provided me with some "aha" moments related to things that I have experienced in my life. It really helped me connect some dots about what I had experienced and the effects those experiences have had on me. Second, Veirdre's work with us has allowed me to find a passion in trauma-related work. Veirdre has helped guide me in learning more and I recently completed Lakeside Global Institute's Trauma Competent Professional Certification. I also plan on starting Elizabethtown College's graduate program this summer to receive a certification in Trauma-Informed Practice. She has stretched me, allowed me to grow, and guided me to find my brave self so that I could speak about our work at 2 conferences. Lastly, the work that I have done with my EHS family using trauma-informed practices has allowed me to help a mother understand how her multiple traumatic experiences have shaped who she is today. We are working on strategies to overcome some of her obstacles, and she is making great progress. I love watching her grow!"

Jamie Deaven, EHS Education Liaison, LLIU #13

Parent Involvement Activities

Throughout the third year of the pandemic needs of families continued to be centered around meeting necessities. Many families experienced shortages of necessities, such as food and other resources including formula. Families continued to experience stressors such as social distancing, distance and isolation from extended family, re-organization of family life, fear of COVID-19 infections, and loss of family members/friends. Many of the EHS home-based families who were already geographically and socially isolated experienced higher levels of stress, depression, and anxiety.

OCDEL EHS partners received COVID-related emergency funds (CRSSA ARP) to support families and child care partners. The funds were intended to prevent, prepare, and respond to the COVID pandemic. With this in mind OCDEL EHS identified priorities for spending:

- Recruitment/Enrollment/Retention of families and children
 - Recruitment strategies to support and maintain full enrollment
 - Rental cost for community space to conduct recruitment efforts on a regular basis
 - Classroom space to support reduced class sizes or outdoor learning environments
 - Covering subsidy costs for families who are enrolled without subsidy for a defined period of time and support them in obtaining employment and subsidy
 - Temporarily cover cost of co-pays for families receiving subsidy
 - Other strategies specific to the needs of individual communities
- Recruitment/Retention of staff
 - Pay for non-qualified staff to become qualified
 - Hire non-qualified staff and pay for them to become qualified
 - Hire EHS parents and pay for them to become qualified staff
 - Staff stipends
 - Pay staff lost wages due to a center or classroom closure related to COVID-19
 - Create staff wellness space and/or staff wellness activities (Plans to use funds for staff wellness must have been supported by evidence of what staff want or need. Surveys, meeting minutes etc. to ensure the staff will take advantage of and truly benefit from the space or activity)
- Food insecurities for families and staff



Programs submitted proposals for spending their allocated funds which were reviewed and approved by the EHS team. Approved purchases for hubs and partners included, but weren't limited to:

- Equipment and resources that allowed for cleaning and sanitizing classrooms, children's equipment and toys, common areas and other related areas
- HVAC systems to improve air quality and reduce the spread of COVID related germs
- Washers and dryers to adequately clean children's bedding, clothing and more
- Equipment and supplies to improve outdoor play areas and encourage outdoor play, helping to reduce the spread of COVID.
- Technology for staff and families to improve communication with families
- Food and other necessities to meet the basic needs of families due to food shortages including baby formula
- Personal protective gear and home testing kits for families
- Materials to further develop trauma informed knowledge that supports a trauma informed approach to supporting families. Materials were used to educate staff and families about trauma and successfully recognizing and responding to the impact of experience for adults and children



Programs also organized opportunities for families to connect virtually on a regular basis. The virtual activities were created in response to a lack of participation by families when activities were planned outside their respective centers, such as at a local park in order to accommodate COVID protocols. Some partners noted that participation dropped significantly and recognized there was a need to provide other opportunities. The virtual activities were well attended and appreciated by families who otherwise would have had difficulty connecting to others during the pandemic.

"Live n Learn Station (Early Head Start) has been the best school for my son. His teachers have been so loving and nurturing to him since the day he walked in the building. He cannot wait to get to school, give them hugs and start his day. Miss Amy and Miss Monica have supported and advocated for Gavin throughout all of the challenges and early intervention services he has needed. Gavin would never be where he is today without them. Their dedication and love for every child in their classroom is what makes it feel more like a family to us."

Alex Clark, Mother

Throughout the year partners have engaged parents through activities such as:

- Hot Chocolate Day- a hot chocolate bar for parents to enjoy as they drop off their children, stay and chat with other parents before heading off for the day.
- Holding a Gingerbread House decorating event for families to come and create their own gingerbread house and enjoy getting to know other families.
- Regular distribution of meal kits that include all ingredients and recipe to make the meal
- Transition celebrations with activities such as visiting librarians to read stories
- Clothing drives, seeking donations from the community, to offer to families as needed
- Collaborations with community restaurants to offer free meals to children
- Organized opportunities for Father Engagement groups to meet on a regular basis
- Structured outdoor activities, to accommodate COVID protocols, focused on skill development by offering specific activities that promote skills in that area
- Outdoor activities, to accommodate COVID protocol, focused on health services, during which hearing and vision screenings were offered. These activities were promoted in the community and community agencies were encouraged to participate.

Early Head Start is more than a home visiting program! We also focus on the health of the family! Aaliyah embraced the opportunity to go to the dentist!

*#oralhealthmatters #dentalvisit
#takingcareofteeth #earlyheadstart
#healthservices*

LLIU HB administrator



School Readiness and Child Outcomes: Efforts to Prepare Children for Kindergarten

Since inception of the EHS HB grant, and with the addition of the EHSCCP grant, OCDEL has strived to ensure school readiness goals reflect the individual communities and the needs of families and children in that community.

OCDEL EHS partners are preparing infants and toddlers and their families in the following ways:

- OCDEL Early Head Start Home-based (EHS HB) and Early Head Start Child Care Partnerships (EHSCCP) are focused on ensuring that enrolled children have received developmental, medical, and sensory screenings to identify and, when appropriate, refer children demonstrating concerns.
- OCDEL EHS Partners utilize the Pennsylvania Early Learning Standards to help drive curriculum decisions. By supporting children's development with aligned Standards, PA EHS is establishing the foundation of future learning in Pennsylvania and assures learning opportunities across a continuum.
- OCDEL EHS works with parents to support them as the primary educator of their children and support their growth and understanding of child development and positive practices for social emotional development. Home visits, conferences, etc. identify families' goals for children.
- The OCDEL EHS HB and EHSCCP service area addresses counties in the commonwealth, identified as low reach for early care and educational services. By providing services in previously under-served areas, children and families are accessing new services.
- OCDEL EHS HB serves two counties and EHSCCP serves nine counties. All partners either have, or are working to, complete Letters of Agreement with the Head Start agencies in those counties to support families' transition to Head Start after their 3rd birthday. If a family is no longer eligible for Head Start or wishes to enroll in childcare or other early care and education environment, partner agencies assist in exploring options in support of transition.
- OCDEL EHS-CCP center-based staff received training sponsored by OCDEL on the implementation and use of the Creative Curriculum, Trauma Informed Practice, Staff Wellness, Motivational Interviewing, Dual Language Learning, and other individualized trainings as identified by each hub or partner.
- OCDEL EHS HB staff received training on trauma informed practice, Staff Wellness, ACES, Community Assessment Mapping, Motivational Interviewing, and other individualized trainings as identified by each hub or partner.

2021-2022 continued to bring challenges to child care providers and Early Head Start programs across the county. Programs were regularly impacted by closures due to positive COVID cases in children and staff, COVID exposures of children and staff, and staff shortages.

Over the course of the year, the EHS team has been working with individual hubs and child care partners to ensure child assessment and outcomes has a precedence in their priorities. Coaches have supported classroom teachers in documenting observations and completing assessments with fidelity. The EHS team has also worked to improve the process for collecting and aggregating data from programs, as well as, the system for sharing this data with families, partners, and governance.

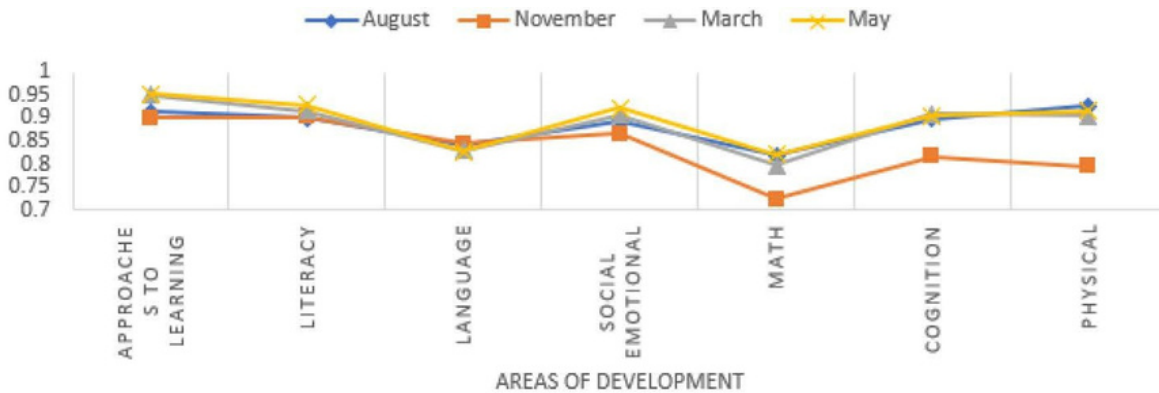
*"I love their soul and the teachers are doing amazing!
Your program does more for (the children) than those
other daycares they went to."*

Rios Family, Lebanon YMCA

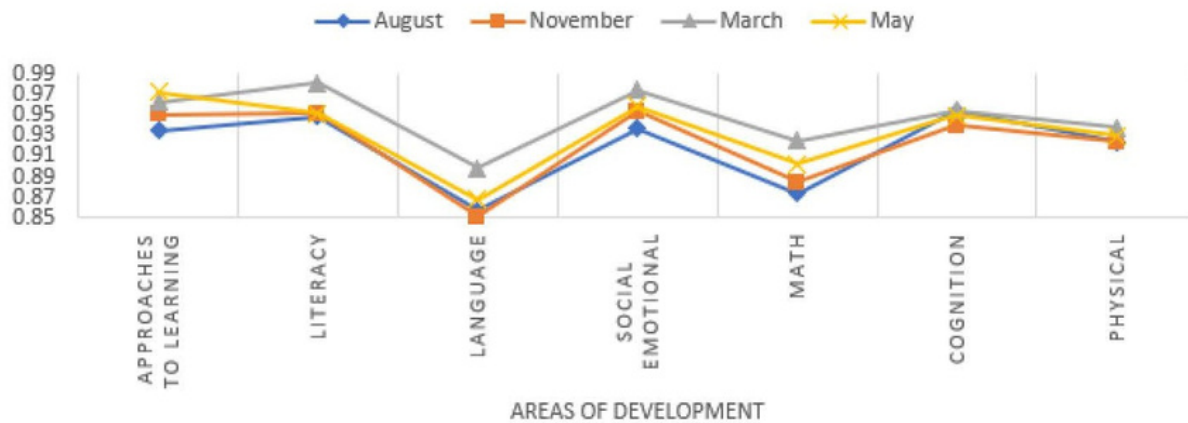
Grant Results per Domain of Children Meeting or Exceeding Expectations

Domain	Child Care Partnerships Average	Home Base Average
Approaches to Learning	97.25%	95.17%
Literacy	95.17%	92.75%
Language	86.82%	82.67%
Social Emotional	95.82%	92.17%
Mathematics	90.27%	82.13%
Cognition	94.97%	90.50%
Physical	93.02%	91.50%

Child Care Partnership Checkpoint Comparison



Home-Base Checkpoint Comparison



2021-2022 Results:

- Child Care Partnership: Over the course of the year increases were seen in all developmental areas other than Cognition which had a slight drop of less than 1%
- Home Base: Over the course of the year increases were seen in all developmental areas other than Language and Physical which had a slight drop of around 1% each

Coaching

OCDEL partners with seven different hubs to provide Early Head Start center-based services and two partners to provide home-based services throughout Pennsylvania during 2021-2022. In order to provide coaching to staff OCDEL EHS contracts with seven coaches and collaborates with two internal coaches employed by the hubs. The number of coaches was increased from the previous year by obligating Quality Improvement money from the federal government to add four additional coaches. The additional coaches allowed for an increase in dosage for each staff person. Smaller hubs had one coach, larger hubs had two to three coaches, and the two home-based partners have the same coach.

Coaches employ a Practice Based Coaching (PBC) model. Center based coaches worked with staff at assigned centers on a rotating basis. Staff completed a self-assessment to identify skills that could benefit from coaching. Those skills were incorporated into an action plan with a goal and the steps to accomplishing those goals. Coaches then began the portion PBC cycle that included focused observations and reflection and feedback. This portion of the cycle contained until the goal had been accomplished.

Over the course of 2021-2022, trainings were offered to EHS staff and quite frequently coaches participated as well. This allowed coaches to follow up with staff to ensure understanding of the concepts shared and assist staff in integrating those concepts into their work in the classroom.

OCDEL EHS home-based programs have been working consistently with the same coach for three years. Both programs have identified a focus of Trauma Informed Practices for their home-visitors. Home visitors have spent time monthly, in groups and individually, to learn about trauma, it's origins, it's impact on children and adults, it's impact on the home visitors as secondary trauma, the influence of compassion fatigue, the importance of self-care for themselves and their families, the significance of brain state (theirs and the families) when conducting a home-visit, adverse childhood experiences, and much more.



"I have learned to do my own feelings check-in so that I can feel calm and self-assured when entering the homes of my families. When families share a traumatic experience with me, I process what the outward behaviors are showing. I have learned not to allow the stress responses in the environment to trigger within myself a sense of needing to fix everything immediately for the family. I have learned to use active listening and the ice berg to dig deeper to find the root cause of the difficulty that the family might be facing. We use open-ended questions to determine where the family is currently, where they would like to be in the future, and how they want to show up for their children and be present in the moment. These strategies have enabled me to be an anchored, calm, and supportive presence in the lives of the families that I support."

Renaë Boyer, Home-visitor, LLIU #13

Between 2021 and 2022, OCDEL's EHS programs served over **716** children and their families, **135** who had been enrolled for three years of EHS services. Without the support of the federal funds, and the officials in the Pennsylvania Office of Child Development and Early Learning, the work done by the EHS team would not be possible.



On behalf of the children and families served, the Early Head Start team shares their appreciation for the ongoing funding and support. We also recognize the tireless work of the home visitors, classroom staff, center directors and family service staff who care for the children and families in their programs as if they were their own. Those staff come to work with their own burdens, and selflessly put those burdens aside to pour their hearts into the children and families in their care. These staff are not just the backbone of the work, they are the entire body, leading with their hearts.

"The work that Dr. Jackson has done with the UI13 EHS staff over the course of the last four years has in fact been transformational. In my opinion, the instruction and coaching to become TI as a program directly impacts the practical and actual relevance of our program.

Parenting is a difficult job. Our families have added stressors for a variety of reasons. Our program is rich in resources and information. Being TI takes into account the brain states and ability to process all of that information.

Dr. Jackson has taught us that the only brain state in which teaching can occur is the calm brain state. Being aware of such a fact is the difference between meeting a person where they are at and coaching/teaching principles that will actually increase self awareness versus 'information dumping' to no effect and just for the sake of checking boxes.

Dr. Jackson has taught us that to be TI facilitators we must also be practitioners. Again, with the example of knowledge regarding brain states alone we as practitioners are able to identify our own brain states. Therefore when we find ourselves not in a calm brain state we can employ self-regulation measures again improving the quality of our program implementation."

Annette Moran, Home-visitor, LLIU #13

