

# Quality Progress Report (QPR) For Kansas FFY 2020

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## 1) Overview

*To gain an understanding of the availability of child care in the State/Territory please provide the following information on the total number of child care providers. Please enter N/A when necessary.*

### 1.1 State or Territory Child Care Provider Population

*Enter the total number of child care providers that operated in the State/Territory as of September 30 of the last federal fiscal year. These counts should include all child care providers, not just those serving children receiving CCDF subsidies. Please enter N/A when necessary.*

a. Licensed family child care # 3515

N/A

Describe:

b. Legally exempt family child care (care in providers' home) #

N/A

Describe:

Except for relative care providers who meet the required definition, Child Care providers in these situations are not eligible to receive CCDF subsidy. The following situations DO NOT require a license, and are considered "inconsequential care" in Kansas:

- When child care is provided for children in their own home;
- When child care is provided for children who are relatives of the child care provider;
- When child care is arranged between friends or neighbors on an irregular basis; or when child care is provided for not more than two children unrelated to the child care provider for not more than 20 hours a week. The total hours shall be determined by adding the hours each child is cared for during the week.
- There were 311 out of home relative providers enrolled with DCF to provide child care as of the end of FFY 2020.

c. Licensed center-based programs # 1237

N/A

Describe:

d. Legally exempt center-based programs #

N/A

Describe:

Legally exempt center-based care is not tracked in Kansas. The Kansas Department for Children and Families does have a memorandum of understanding with one federally regulated center.

e. In-home (care in the child's own home) #

N/A

Describe:

In-home care is not tracked in Kansas. Child care providers in these situations are not eligible to received CCDF subsidy unless they meet the definition of relative care and are enrolled with the Kansas Department for Children and Families to provide child care. There were 65 relative providers enrolled with DCF to provide in-home child care as of the end of FFY2019.

f. Other (explain)

# of In home relative providers 311

# of out of home relative providers 63

## 1.2 Goals for Quality Improvement

**Based on Question 7.1.1 and 7.1.2 from the FFY2019-2021 CCDF State Plan, please report your progress on the State or Territory's overarching goals for quality improvement during October 1 to September 30 of the last federal fiscal year. You may include any significant areas of progress that were not anticipated in the Plan, as well. For each goal listed, briefly describe the improvement with specific examples or numeric targets where possible.**

Each CCDF funded quality program is reviewed annually during the contract renewal process. Fiscal and program outcomes are reviewed as part of this annual review. All quality efforts are reviewed and assessed every three years in conjunction with the completion of

the CCDF state plan. During this time, our work on our developing QRIS (known as Links to Quality) program established the goals to 1) focus on the few and the powerful (quality indicators); 2) build the system with sustainability in mind from the start; 3) use Kansas's strong system of early education and child care supports rather than build a new system; and 4) seek provider and parent engagement and offer choice.

Links to Quality (L2Q) recently completed a two-year pilot which began in April 2018. The program was created with the support of early childhood organizations across the state and was led by the Kansas Department for Children and Families. The pilot was a trial run to ensure that all L2Q materials and procedures operate as planned. We chose three topic links which contained indicators that have been identified as contributing to high-quality child care. Our quality indicators are built on the foundation of licensing. The original quality indicators were based on findings from research and stakeholder meetings. These indicators/links included: program leadership, family partnerships, and learning and development. Within each indicator there were benchmarks that were processes a child care provider must engage in or complete to satisfy the requirements of that indicator. The child care provider submitted evidence through an online system to support the activities required in each benchmark.

L2Q is innovative in design to *recognize* rather than *rate* quality. We have chosen to value our providers and the programs they implement. Through the portfolio review process, we utilized Appreciate Inquiry to provide feedback on evidence submitted to meet L2Q quality indicators. Providers were encouraged and motivated by this feedback that honored their accomplishments. During the pilot, we evaluated and started modifications on each link before considering broader implementation. No provider's program was awarded the three-foundation links during the pilot.

L2Q is structured into five learning communities. Members of each learning community include child care providers, community consultants and other early childhood professionals. These communities meet monthly to share common goals, work collaboratively to improve their program quality and progress through the L2Q quality indicators. Learning communities are in five county clusters in 17 counties. Our pilot participants include both family and center based child care programs. During and after the L2Q pilot, participants were given various technical assistance based on their need. These included: peer-to-peer meetings, coaching, mentoring, technical assistance, training (online and face-to-face), reviewing and assessing.

Community consultants have specifically provided the following technical assistance from October 2019 to September 2020.

On-site (in person) 141

Phone 140

Email 161

Technology Based 116

Off-site (in person) 5

Virtual 52

Each participant was eligible for financial incentives and grants throughout the pilot and into the transition. Providers are receiving a monthly stipend to use for expenses such as substitute pay, travel and other expenses incurred as part of their participation within their learning community. Grants were awarded through a grant application process to promote opportunities to achieve professional goals identified in self-assessments and quality improvement plans. Grant funds could be utilized as follows: purchasing supplies, developing and copying materials, paying substitutes, distributing parent surveys, hosting family engagement activities and completing professional development. The awarded amount varies depending on the licensed capacity of each program. Recognition incentives were the final method used to increase motivation to complete the pilot. This incentive is to reward L2Q child care providers when they reach program milestones during the L2Q journey. The grant opportunities for L2Q were only available during the pilot. The providers who have continued with L2Q during this transition have continued to receive the monthly stipends. Recognition incentives include but are not limited to the following: positive and motivational appreciation notes and tokens, spotlight on the program's success in printed publications, such as newsletters and social media posts.

Grants awarded to participants in Links to Quality (QRIS)

27 Licensed Center-based Programs \$7,400.00

48 Licensed Family Child Care Homes \$8,875.00

On-going stipends to participants in Links to Quality (QRIS)

74 Licensed Center-based Programs \$17,500.00

75 Licensed Family Child Care Homes \$16,650.00

L2Q pilot participants used several trainings and assessment tools throughout the pilot. At the beginning of the Learning and Development link, each program could receive discounted training on Kansas Early Learning Standard (KELS). Additionally, all participants had access to Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC). This tool

assisted child care providers in comparing their nutrition and physical activity practices to best practice standards. Go NAPSACC is an interactive tool that allows child care providers to complete and save their self-assessments online. The self- assessment tool offers action plans, goal setting, and tips and materials to guide them in their nutrition and physical activity journey.

Kansas Early Learning Standards (KELS) Training:

Family Child Care Homes 21

Child Care Centers 14

Go NAPSACC Self-Assessment:

Family Child Care Homes 81

Child Care Centers 47

Go NAPSACC Self-Assessments by Topic:

Family Child Care Homes

Breastfeeding and Infant Feeding 6

Child Nutrition 21

Farm to ECE 6

Infant and Child Physical Activity 20

Outdoor Play and Learning 17

Screen Time 4

Oral Health 7

Child Care Centers

Breastfeeding and Infant Feeding 6

Child Nutrition 8

Farm to ECE 2

Infant and Child Physical Activity 11

Outdoor Play and Learning 8

Screen Time 7

Oral Health 5

Go NAPSACC Action Plans:

Family Child Care Homes 71

Child Care Centers 37

Baseline information and objective measurements obtained from the pilot will ensure our quality indicators have the greatest impact on the quality of services, avoid any duplication of existing standards and requirements, and serve as a tool to unite early childhood programs under a common vision of quality that applies to all settings and sectors. After the pilot was completed, a comprehensive evaluation and a needs assessment were completed by our implementation and evaluation partners. The results included recommendations and considerations for future statewide implementation.

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

*Goal: Ensure the State/Territory's professional development systems or framework provides initial and ongoing professional development and education that result in a diverse and stable child care workforce with the competencies and skills to support all domains of child development. Please select N/A when necessary.*

### **2.1 State/Territory Progression of Professional Development**

2.1.1 Did the State/Territory use a workforce registry or professional development registry to track progression of professional development during October 1 to September 30 of the last federal fiscal year?

Yes.

If yes, describe:

No.

If no, what alternative does the State/Territory use to track the progression of professional development for teachers/providers serving CCDF eligible children?

Describe:

L2Q pilot and transition participants receive relationship-based consultation and technical assistance to develop and meet goals indicated in their Quality Improvement Plans (QIP). Participants have developed and implemented a plan in the area of Learning and Development during FY2020. Participants develop these plans with the feedback from self-assessments from GO NAPSACC and the Kansas Early Learning Standards (KELS) training. Providers may also use their feedback from evaluations to inform goal setting on the QIP. Along with this, our Learning Community Consultants

(TA) tracked the professional development of the L2Q programs on a monthly basis during the pilot and transition.

Kansas currently has regulations addressing all Health and Safety Topics within the CCDBG Act of 2014. These topics are addressed throughout orientation and/or pre-service training. Required training on these topics is available through various training organizations. Documentation of health and safety trainings are reviewed during KDHE licensing surveyor monitoring visits.

A program director is required to have KDHE approved annual training. A program director may take a KDHE approved training and take that knowledge to staff. The intent is that the program director utilizes what was learned, makes it applicable to their program and then provides that overall training to staff. This training may include clock hours for program staff for job-related training. Staff training documentation must be on file for review by the licensing surveyor.

DCF supports workforce training and professional development through our contracts with the Kansas Child Care Training Opportunities, Inc. (KCCTO). KCCTO offers the required health and safety training through one 18-hour, two-week module. All health and safety trainings are also available as individual courses. DCF subsidy providers are required to have four hours of the annual clock hour training that meets the ongoing health and safety requirements. Certificates of completion provide verification to KDHE child care licensing surveyors that this requirement has been met. KCCTO also offers 15 follow-up courses that build on the required health and safety courses. These courses were offered 169 times during FFY2020.

Health and safety courses and training requirement topics available through KCCTO include:

- Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) certification (a face-to-face skill test is required, and a copy of the current certification card must be on file)
- Recognizing and reporting signs of child abuse or neglect (including prevention of shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect)
- Basic child development including supervision of children (state regulation)
- Safe sleep practices and sudden infant death syndrome

- Prevention and control of infectious disease (including immunizations)
- Prevention and response to emergencies caused by food and allergic reactions
- Building and premises safety (including identification and protection from hazards that can cause bodily injury)
- Emergency preparedness and response planning (for natural disasters or human-caused events)
- Handling of hazardous materials
- Transporting children safely
- Medication administration

Kansas Department of Health and Environment (KDHE) Child Care Licensing requires 16 clock hours of annual training for licensing renewals. It is the expectation of the licensing program that providers will take a variety of training offered and not repeat the same training every year. KDHE does not compare training from year to year, however, based on program experience, providers prefer to take new available training. DCF subsidy providers are required to have four hours of the annual clock hour training that meets the ongoing health and safety requirements in the 10 topic areas provided above. KDHE child care licensing surveyors verify the training information and report to DCF child care staff when this requirement is not met.

DCF contracts with KCCTO to provide workforce professional development and infant toddler specialist training and technical assistance to Kansas child care program staff. KCCTO offers online and in-person training. Course offerings include health and safety training modules and a variety of content topics including social emotional, cognitive and physical development; behavior management, challenging behaviors, and reducing expulsion and prevention; cultural and linguistic responsiveness through family engagement and learning environments aligned with the Kansas Early Learning Standards; and caring for and supporting the development of children with disabilities and developmental delays.

To be eligible for scholarships, KCCTO utilizes **KCCTO Individualized Professional Development Plan (IPDP)** templates that are planning tools available to all early care providers. The templates assist providers with completing a self-assessment, settings goals, and tracking their professional education or training. There are four different options that are relevant to Kansas providers. These include;

**Basic:** this IPDP provides basic guidance for completing a self-assessment, setting goals, and tracking professional education. This IPDP uses the *National Association for the Education of Young Children's 5 Guidelines for Effective Teaching* as a



framework.

**CDA Candidates:** this IPDP's self-assessment, goal-setting, and professional education tracking documents help plan for and meet Child Development Associate (CDA) Credential professional education requirements

**New Providers:** this IPDP's self-assessment, goal-setting, and professional education tracking documents help plan for and meet initial KDHE licensing requirements

**Annual Training:** this IPDP's self-assessment, goal-setting, and professional education tracking documents help you identify areas an individual would like to improve upon as he/she plans for and meet annual training requirements. This IPDP uses the *Core Competencies for Early Childhood and Youth Development Professionals (Kansas and Missouri)* as a framework.

A WFD Training and Technical Assistance Specialist works directly with the providers as they complete their self-assessment and set individualized goals.

KCCTO continues its role as a CDA Resource Center. They offer a CDA training track that assists in tracking progression as participants work towards their certification. Their CDA Resource Center offers resources, training support, scholarships and technical assistance to guide the participants through the credentialing process.

Infant Toddler Specialist Network (ITSN) tracks professional development progression through written Technical Assistance (TA) plans. TA plans are long term investments of ITSN resources to bring about change involving the development of written outcomes, action plan, and plan for implementation follow-up. Development of a plan includes information gathered for ITSN TA intake as well as the number of children impacted by the plan. Information on a Quality Improvement Plan (QIP) includes descriptions of the program's current status and proposed status, anticipated outcomes, activities to be implemented, resources needed, persons responsible, timelines, and measurable/observable results with documented data and/or products. ITSN specialists' role is to help programs prioritize where their major efforts will be invested.

### 2.1.2 Are any teachers/providers required to participate?

Yes.

If yes, describe:

No.

If no, describe:

There are no requirements for teachers/providers to participate in alternatives to a workforce registry.

2.1.3 How many people were in the registry as of September 30 of the last federal fiscal year? # 0

**2.2 What supports did the State/Territory make available to teachers/providers to help them progress in their education and professional pathway between October 1 and September 30 of the last federal fiscal year (check all that apply)? If available, how many people received each type of support?**

Scholarships (for formal education institutions)

# 6

Financial bonus/wage supplements tied to education levels

# 22

Career advisors, Mentors, Coaches, or Consultants

# 1006

Reimbursement for training

# 0

Loans

# 0

Other.

Describe:

- Trainer Mini Grants: provided for 41 clock hours

N/A

Describe:

**2.3 Did the State/Territory have other initiatives available to support professional development and the workforce during October 1 to September 30 of the last federal fiscal year? (e.g. Substitutes, sick/annual leave, release time, etc.)**

Yes.

If yes, describe:

Other organizations within the state may provide funding that supports professional development and the workforce. There are other non-CCDF funded professional

development events available to the child care workforce, but specifications of other statewide initiatives for the child care workforce are unknown.

No.

**For the questions 2.4 to 2.9 please report on the number of staff by qualification level as of September 30th of the last federal fiscal year. Count only the highest level attained by staff.**

## **2.4 Licensed child care center director**

a) How many had a Child Development Associate (CDA)?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

b) How many had an Associate's degree in an early childhood education?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

c) How many had a Bachelor's degree in an early childhood education?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

d) How many had a State child care credential?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

e) How many had State infant and toddler credentials?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

f) How many had an "other" degree in a field related to early childhood education or coursework equivalent to a major relating to early childhood education with experience teaching appropriate age group?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

## 2.5 Licensed child care center teachers

a) How many had a Child Development Associate (CDA)?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

b) How many had an Associate's degree in an early childhood education?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

c) How many had a Bachelor's degree in an early childhood education?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

d) How many had a State child care credential?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

e) How many had State infant and toddler credentials?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

f) How many had an "other" degree in a field related to early childhood education or coursework equivalent to a major relating to early childhood education with experience teaching appropriate age group?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:  
%:

## 2.6 Licensed family child care providers

a) How many had a Child Development Associate (CDA)?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:  
%:

b) How many had an Associate's degree in an early childhood education?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:  
%:

c) How many had a Bachelor's degree in an early childhood education?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:  
%:

d) How many had a State child care credential?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:  
%:

e) How many had State infant and toddler credentials?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

f) How many had an "other" degree in a field related to early childhood education or coursework equivalent to a major relating to early childhood education with experience teaching appropriate age group?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

## 2.7 Licensed child care center directors who serve CCDF children

a) How many had a Child Development Associate (CDA)?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

b) How many had an Associate's degree in an early childhood education?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

c) How many had a Bachelor's degree in an early childhood education?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:  
%:

d) How many had a State child care credential?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:  
%:

e) How many had State infant and toddler credentials?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:  
%:

f) How many had an "other" degree in a field related to early childhood education or coursework equivalent to a major relating to early childhood education with experience teaching appropriate age group?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:  
%:

## 2.8 Licensed child care center teachers who serve CCDF children

a) How many had a Child Development Associate (CDA)?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:



%:

b) How many had an Associate's degree in an early childhood education?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

c) How many had a Bachelor's degree in an early childhood education?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

d) How many had a State child care credential?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

e) How many had State infant and toddler credentials?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

f) How many had an "other" degree in a field related to early childhood education or coursework equivalent to a major relating to early childhood education with experience teaching appropriate age group?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

## 2.9 Licensed family child care providers who serve CCDF children

a) How many had a Child Development Associate (CDA)?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

b) How many had an Associate's degree in an early childhood education?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

c) How many had a Bachelor's degree in an early childhood education?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:

%:

d) How many had a State child care credential?

Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:
%:

e) How many had State infant and toddler credentials?

[X] Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:
%:

f) How many had an "other" degree in a field related to early childhood education or coursework equivalent to a major relating to early childhood education with experience teaching appropriate age group?

[X] Unknown

Describe:

Kansas does not have a workforce registry. This data is unavailable.

#:
%:

2.10 Spending

2.10.1. Did the State/Territory spend CCDF quality set aside funds to support the training and professional development of the child care workforce during October 1 to September 30 of the last federal fiscal year? This includes CCDF funds from all available appropriation years that were spent during the fiscal year. If so, what estimated percentage of CCDF quality dollars was spent on supporting the training and professional development of the child care workforce

[X] Yes.

If yes, %: 8.31

[ ] No

[ ] N/A

Describe:

2.10.2 Did the State/Territory use other non-CCDF funds to support the training and professional development of the child care workforce (for example, TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) during October 1

to September 30 of the last federal fiscal year? If yes, describe the source of the funding and the total amount.

Yes.

If yes, describe:

Other organizations within the state may provide funding that supports the training and professional development of the child care workforce. There are other non-CCDF funded professional development events available to the child care workforce. The funding sources for these training events are unknown.

No

N/A

Describe:

2.10.3 Did the State/Territory spend at least some of the increased CCDF funds from the Consolidated Appropriations Act, 2018 towards supporting the training and professional development of the child care workforce?

Yes.

If yes, describe:

No

N/A

Describe:

2.10.4 Did the State/Territory spend at least some of the CCDF funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 towards supporting the training and professional development of the child care workforce?

Yes.

If yes, describe:

No

N/A

Describe:

## **2.11 Progress Update:**

Describe the measures used and progress made during October 1 to September 30 of the last federal fiscal year. Include examples and numeric targets where possible.

The Lead Agency funds multiple contracts that include measures to evaluate professional development progress of the child care workforce. Current funding is provided to Kansas Department of Health and Environment (KDHE), Kansas Early Head Start (KEHS), Kansas Child Care Training Opportunities (KCCTO), and Child Care Aware of Kansas. Quality data collected is based upon data requested within the Federal QPR report. Quality indicators are currently under development within the QRIS framework. Kansas Department for Children and Families (DCF), the Lead Agency, will develop quality measures in collaboration with the QRIS Advisory Group. KDHE Infant-Toddler supports professional development through the Kansas In-service Training System (KITS). KITS is a program of the University of Kansas Life Span Institute designed to provide a training and resource system for early intervention networks and early childhood special education program staff through collaborative training and technical assistance activities on a comprehensive statewide basis. DCF supports the statewide Infant Toddler Specialist Network (ITSN), a subcontracted partnership between KCCTO and KITS.

L2Q Pilot participants used several trainings and assessment tools throughout the pilot. At the beginning of the Learning and Development link, each participant could receive discounted training on the Kansas Early Learning Standard (KELS). Additionally, all participants had access to Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC). This tool assisted child care providers in comparing their nutrition and physical activity practices to best practice standards. Go NAPSACC is an interactive tool that allows child care providers to complete and save their self-assessments online. The self-assessment tool offers action plans, goal setting, and tips and materials to guide them in their nutrition and physical activity journey.

Kansas Early Learning Standards (KELS) Training:

Family Child Care Homes 21

Child Care Centers 14

Go NAPSACC Self-Assessment:

Family Child Care Homes 81

Child Care Centers 47

Go NAPSACC Self-Assessments by Topic:

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Child Nutrition 21

Farm to ECE 6

Infant and Child Physical Activity 20

Outdoor Play and Learning 17

Screen Time 4

Oral Health 7

Child Care Centers

Breastfeeding and Infant Feeding 6

Child Nutrition 8

Farm to ECE 2

Infant and Child Physical Activity 11

Outdoor Play and Learning 8

Screen Time 7

Oral Health 5

Go NAPSACC Action Plans:

Family Child Care Homes 71

Child Care Centers 37

KDHE approved KCCTO training events are designed using instructional design theories, aligned with KS/MO Core Competencies for Early Childhood and Youth Professionals and CDA Credential Subject Areas, and reviewed at development and on an on-going basis. Courses approved for KDHE clock hours by KCCTO require a KCCTO approved trainer to implement/facilitate the training.

Online: WFD Training and Technical Assistance (T/TA) specialists facilitate KCCTO online courses. T/TA specialists interact within discussion board posts and score all responses from participants for completion. WFD courses are interactive with other participants and the course trainer.

Live Virtual Training - Each live virtual training consists of the Zoom training session and a

written self-reflection. Participants need to complete both the Zoom session and the self-reflection to receive a certificate of completion.

KCCTO collects pre-and post-assessment data and course evaluation information for all online and in-person training events. Participant knowledge gain from course content is measured in the change in scores from the pre-test to the post-test. This information is reviewed quarterly to identify areas to improve learning outcomes to be used in course and assessment updates.

Number of online training events: 1012

Number of in person training events: 29 In-person/4 Virtual

Number of online enrollments: 72,986

Number of in person enrollments: 478 in-person/96 virtual

Number of unique online participants: 10,053

Number of unique in person training participants: 391 in-person/78 virtual

Overall average change in scores measured by pre-test to post-test: 18%

KCCTO's online health and safety foundation courses are available in one 18-hour module.

All 10 courses are available individually. DCF subsidy providers must complete four hours of their annual 16-hour training requirement in ongoing health and safety trainings.

Number of duplicated enrollments in Health and Safety Modules (Foundation Module/18 hours 10 topic areas): 54,990

Number of unduplicated participants in Health and Safety Modules (Foundation): 4610 (All participants receive follow-up contact via email with a Foundational Module Toolkit)

Number of duplicated enrollments in individual Health and Safety foundation courses: 3063

Number of unduplicated participants in individual Health and Safety foundation courses: 1555

Number of ongoing Health and Safety Courses: Total Courses Available is 15 - offered 169 times

Number of duplicated enrollments in ongoing Health and Safety courses: 4224

Number of unduplicated participants in ongoing Health and Safety courses: 2720

Number of follow up TA (phone calls, texts, emails) for Health and Safety courses (if available): 175 phone calls - all Foundation Module participants (total 4610 emails) received two virtual toolkits via email and are provided an opportunity to sign up for TA.

KCCTO workforce development offers scholarships to providers. To be eligible for a scholarship and/or to be on the CDA Training Track, all providers must complete an IPDP.

KCCTO supports CDA Candidates through the following:

**CDA Candidates:** This IPDP's self-assessment, goal-setting, and professional education tracking documents help plan for and meet Child Development Associate (CDA) Credential

professional education requirements.

**CDA Specific Courses:** KCCTO offers 3 CDA specific courses. These courses help you gain an understanding of the overall initial CDA Credentialing process and begin work on your CDA Professional Portfolio. Additionally, most KCCTO courses will apply toward CDA professional education requirements.

**KCCTO CDA Training Tracks:** KCCTO offers a customized training track for up to 120 KDHE approved clock hours to meet the professional education requirements for the Infant/Toddler, Preschool, or Family Child Care CDA for first-time CDA Candidate. In addition, KCCTO also offers a renewal track for up to 45 KDHE approved clock hours for those that are renewing their CDA.

CDA Training Track: Supported 134 providers on the Training Track (91 started during FFY, 39 completed during FFY)

**Scholarships:** KCCTO offers scholarships for both CDA training and the online CDA application: CDA Scholarship: 14 total, 9 center, 3 FCC, 1 Other (high school student) 1 Head Start

*\*All scholarships awarded were for providers working in a DCF contract program*

**CDA Technical Assistance:** WFD Training and Technical Assistance Specialists check in with CDA Training Track participants to answer any questions about the courses or the CDA Credentialing process.

Number of phone/email/text TA contacts: 169 phone TA to assist with IPDP, 507 phone TA for multiple subject area requests

Number of providers TA Specialists assisted in writing IPDPs: 206

KCCTO also provides training and technical assistance for infant and toddler programs and providers through ITSN. KCCTO workforce development trainers and ITSN specialists have a working knowledge Kansas Early Learning Standards to incorporate standards into site-visits, technical assistance and course development and delivery. In April 2020 KCCTO moved to online and virtual training only due to COVID 19.

KCCTO ITSN specialists offered online infant and toddler trainings.

Number of online training events (including virtual): 107

Number of online enrollments (including virtual): 2772

Number of unique online participants: 982

Prior to April 2020 KCCTO offered in-person infant and toddler training events.

Number of in person training events: 50

Number of in person enrollments: 1406

Number of unique in person training participants: 842

Overall average change in scores measured by pre-test to post-test: 15%

ITSN offers onsite technical assistance to providers. Written TA plans track progression of professional development, but not all providers need intense TA and written plans.

Number of written TA plans (Prior to April 2020): 68 written TA plans

Number of on-site visits for TA Plans: 156 on-site visits conducted October 2019-March



2020. All on-sight activity was suspended mid-March due to Covid19.

Number of providers who received on-site technical assistance - 124 (84 on TA plans, 40 not on TA plans)

ITSN's written TA plans includes supports to new providers.

Number of initial contact with new providers: 648 providers received welcome information about the program by email  
Number of new providers who had written TA plans: 22 providers

Number of new provider TA plan completions: 11

Number of onsite TA support with newly licensed programs: 30 new providers received coaching/consultation

Number of reimbursements for training for new providers: 13 courses reimbursed

Number of new program quality incentives: 8 incentives totaling \$4564.99

The Kansas Early Learning Standards (KELS) provide developmentally appropriate guidance as a starting point for individual adaptations and modifications to be created to meet the special needs of any child. The KELS are used in the development of coursework and technical assistance offered to providers. Cultural and linguistic indicators are embedded in Early Learning Standards and Core Competencies. Professional development trainings are designed within the guidelines of standards and competencies. Cultural and linguistic activities are embedded within the courses.

KCCTO Workforce Development KELS training included the following:

Number of KELS training events: 10 groups

Number of enrollments in KELS training: 216

Average change in scores measured by pre posttests: 22%

KCCTO ITSN KELS training included the following:

Number of KELS training events: 2

Number of enrollments in KELS training: 45

Average change in scores measured by pre post tests: 22%

KELS Material Distribution and training by ITSN staff includes the following: by ITSN staff includes: :

Number of KELS training events: 10 groups

Number of enrollments in KELS training: 216

Average change in scores measured by pre posttests: 22%

The Kansas Family Engagement and Partnership Standards for Early Childhood are structured to align with KELS and the Kansas School Readiness Framework. The Kansas Family Engagement and Partnership Standards for Early Childhood are also linked with indicators from KELS. KCCTO offers a Family Engagement and Partnership Standards course. This course familiarizes participants with the Kansas Family Engagement and Partnership Standards for Early Childhood. Participants obtain knowledge about the purpose of the standards and how they relate to other state standards, such as the Kansas Early Learning Standards. Upon completion of the course, participants will be familiar with the five Family Engagement and Partnership Standards, as well as describe program practices that help support the standards.

KCCTO Workforce Development provided the following online trainings:

Number of KS Family Engagement and Partnership Standards for EC events: 6 groups

Number of enrollments in KS Family Engagement and Partnership Standards training: 120 enrollments (unduplicated)

Average change in scores measured by pre posttests: 13%

KCCTO ITSN provided the following training events:

Number of KS Family Engagement and Partnership Standards for EC events: 5

Number of enrollments in KS Family Engagement and Partnership Standards training: 55

Average change in scores measured by pre post tests: 3%

Comprehensive services are offered to families through the Kansas Early Head Start (KEHS) Child Care partnership with plans to target services in areas with significant concentrations of poverty, unemployment and high out of home placements (foster care). The KEHS program utilizes the Thelma Harms Environmental tool to assess partners. Based upon this tool, 97.56% of the Child Care Center Partners and Grantee Child Care Centers had a score of five or higher on the Thelma Harms Rating Scale for FFY2020. 100% of the Family Child Care Partners had a score of five or higher on the Thelma Harms Rating Scale for FFY2020. KEHS grantees had 29 child care partnerships. They had 402 KEHS slots.

Kansas Enrichment Network (KEN) provides the means to strengthen the infrastructure of afterschool programs that target low-income populations and students at-risk of dropping out of school. KEN's activities include technical assistance and training opportunities through bi-annual conferences, on-site technical assistance to state-wide school age programs and specialized technical assistance and training opportunities that focus on topics that are appropriate for school age children. KEN, and partnering organizations, collaborate with school age program workforce to promote safe, healthy and enriching learning opportunities to prepare students for the future.

Coordinated activities and measures of impact for school age programs include the following:

Conferences 13 (clock hours provided)

Training Events 15

Number of site visits to 21st Century Learning Community Center(CCLC) and Quality Matters 133

Number of counties represented 55

Number of youth impacted (cumulative for all events and self-reported) 13,232

Topics addressed: Quality guidelines, digital badging assessment and goal setting, performance improvement plans, homework help, use of virtual platforms, creating safe spaces in homes and programs, stress management, strategies for health, activity and nutrition, Why Hope Matters and supporting LGBTQ youth and staff.

### 3) Improving early learning and development guidelines

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

#### 3.1. Describe any changes or updates to the State or Territory's early learning and development guidelines during October 1 to September 30 of the last federal fiscal year

Kansas had no changes to the Kansas Early Learning Standards (KELS) during this time period.

### 3.2 Spending

3.2.1. Did the State/Territory spend CCDF quality set aside funds during October 1 to September 30 of the last federal fiscal year on the development or implementation of early learning and development guidelines? This includes CCDF funds from all available appropriation years that were spent during the fiscal year. If so, what was the percentage of CCDF quality dollars spent on the development or implementation of early learning and development guidelines?

Yes.

If yes, %:

No

N/A

Describe:

Kansas made no changes to the KELS during this time period.

3.2.2. Did the State/Territory use other non-CCDF funds to develop or implement early learning and development guidelines (for example, TANF funds spent directly on quality,

Preschool Development Funds, state or local funds, etc.) during October 1 to September 30 of the last federal fiscal year? If yes, describe the source of the funding and the total amount.

Yes.

If yes, describe:

No

N/A

Describe:

Kansas made no changes to the KELS during this time period.

3.2.3. Did the State/Territory spend at least some of the increased CCDF funds from the Consolidated Appropriations Act, 2018 on developing or implementing early learning and development guidelines?

Yes.

If yes, describe:

No

N/A

Describe:

3.2.4. Did the State/Territory spend at least some of the CCDF funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 on developing or implementing early learning and development guidelines?

Yes.

If yes, describe:

No

N/A

Describe:

### 3.3 Progress Update:

Describe the measures used and progress made during October 1 to September 30 of the last federal fiscal year. Include examples and numeric targets where possible.

There have been no revisions or updates to the Kansas Early Learning Standards (KELS). KELS are accessible to parents, providers and the community through many agency websites including the Lead Agency's Kansas Quality Network, Kansas Department of Education and contractor websites.

KCCTO, our Infant Toddler Specialist Network and professional development contractor, continues to offer training and technical assistance on KELS and disseminates the KELS toolkit and standards. Training and distribution during FFY2020 includes:

KCCTO ITSN enrolled 45 participants in 2 KELS training events. The average change in scores measured by pre post tests was 22%.

KCTTO Workforce Development enrolled 216 participants in 10 groups of KELS training. The average change in scores measured was 22%.

The KCCTO/KITS website offers links to KELS, toolkits that include training modules, Kansas resources, position statements, alignments, and other support materials.

<http://kskits.org/kels-toolkit> (link to basic information) <http://kskits.org/virtual-kit-early-learning-standards> (short 2-page information sheet with outside links to information)

Total number of distributions of KELS materials includes 48 print copies and 158 flash drives. There were 214 referrals to KELS online.

The Kansas Family Engagement and Partnership Standards for Early Childhood are structured to align with KELS and the Kansas School Readiness Framework. The Kansas Family Engagement and Partnership Standards for Early Childhood are also linked with indicators from KELS. The Kansas Family Engagement and Partnership Standards were updated in 2019.

KCCTO offers a Family Engagement and Partnership Standards course. This course familiarizes participants with the Kansas Family Engagement and Partnership Standards for Early Childhood. First, participants will obtain knowledge about the purpose of the standards and how they relate to other state standards, such as the Kansas Early Learning Standards. Upon completion of the course, participants will be familiar with the five Family Engagement and Partnership Standards, as well as describe program practices that help support the standards.

KCCTO Workforce Development enrolled 120 participants to six groups of Family

Engagement and Partnership Standards. The average change in scores measured by pre post tests was 13%.

KCCTO ITSN enrolled 55 participants to five groups of Family Engagement and Partnership Standards. Average change in scores measured by pre post tests was 3%.

Total number of KS Family Engagement and Partnership Standards materials distributed was 110.

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

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

**Please provide your State/Territory's definition of high quality care, and how it relates to the tiers of your QRIS (if applicable).** *This may include the State/Territory's RTT-ELC definition of high quality or high quality definition as part of the State/Territory's Quality Rating Improvement System (QRIS). If no QRIS exists describe other measures used to assess quality (may include assessment scores, accreditation, or other metric):*

By Kansas's definition, "Quality early care and education provide a safe, stable, and nurturing environment where every child can thrive." Because we recently completed the pilot process for Links to Quality, we do not yet have a complete definition of the standards for various elements of quality that will be used for the final indicators. Many organizations, stakeholders, and others are working collaboratively through advisory groups, work groups, and research to establish and define a standard for the various elements of quality that will be used in the program.

Within the pilot, Links to Quality defined quality indicators within each link to examine with participants. They were program leadership, family partnerships, and learning and development. These quality indicators were built upon the foundation of licensing requirements. The development of these quality indicators is based on findings from research and advisory groups. Within each link, there are requirements a child care program must engage in to meet the indicator.

Links to Quality (L2Q), Kansas's QRIS system, recently completed a two-year pilot which began in April 2018. It was created with the support of early childhood organizations across

the state and led by the Kansas Department for Children and Families. We have chosen to value our providers and their work. Through the portfolio review process, we utilized Appreciate Inquiry to provide feedback on evidence submitted to meet L2Q quality indicators. Providers were encouraged and motivated by this feedback that honored their accomplishments. Throughout the pilot, we were evaluating and modifying each link before statewide implementation. No program was awarded a link during the pilot.

L2Q is structured into five learning communities. Members of each learning community include child care providers, community consultants and other early childhood professionals. These communities meet monthly to share common goals, work collaboratively to improve their program quality and progress through the L2Q indicators. Learning communities are in five county clusters in 17 counties. Our pilot participants include both family and center based child care programs. During and after the pilot the L2Q pilot, participants were given various technical assistance based on their need. These included: peer-to peer meetings, coaching, mentoring, technical assistance, training (online and face-to-face), reviewing and assessing.

At the completion of the Links to Quality pilot in May 2020, participating providers were invited to continue with Links to Quality as part of the transition. The providers continue to receive peer-to peer meetings, coaching, mentoring, and technical assistance as part of their learning communities. The providers have assisted with the transition of Links to Quality with feedback received from workgroups, focus groups and quarterly webinars. This has allowed Links to Quality to have program voice in the changes and updates to the indicators.

#### **4.1 Did the status of your State/Territory quality rating and improvement system (QRIS) change during October 1 to September 30 of the last federal fiscal year?**

- Yes, the State/Territory QRIS is now operating State/Territory-wide
- Yes, the State/Territory QRIS is now operating as a pilot, in a few localities, or only a few levels
- Yes, the State/Territory is now operating another system of quality improvement.

Describe:

- Yes, the State/Territory no longer has a QRIS.
- No, the status of the State/Territory QRIS has not changed as of September 30th of the last federal fiscal year.

**4.2 Did the types of providers included in the State/Territory QRIS change during October 1 to September 30 of the last federal fiscal year? If yes, check which types of providers were added or removed (check all that apply):**

- Yes
  - Added licensed family child care
  - Removed licensed family child care
  - Added legally exempt family child care (care in providers' home)
  - Removed legally exempt family child care (care in providers' home)
  - Added licensed center-based programs
  - Removed licensed center-based programs
  - Added legally exempt center-based programs
  - Removed legally exempt center-based programs
  - Added in-home (care in the child's own home)
  - Removed in-home (care in the child's own home)
  - Other.

Describe:

- No

**4.3 Is participation in the State/Territory QRIS mandatory for any group of providers?**

- Yes

Describe;

- No

- N/A

Describe;

Limit volunteer participation for the pilot

**4.4 Enter the number of programs that met the State's high quality definition as of September 30 the last fiscal year:**



- a) Licensed family child care #
- b) Legally exempt family child care (care in providers' home) #
- c) Licensed center-based programs #
- d) Legally exempt center-based programs #
- e) In-home (care in the child's own home) #

N/A

Describe:

By Kansas's definition, "Quality early care and education provide a safe, stable, and nurturing environment where every child can thrive." Because we recently completed the pilot process for Links to Quality, we do not yet have a complete definition of the standards for various elements of quality that will be used for the final indicators. Many organizations, stakeholders, and others are working collaboratively through advisory groups, work groups, and research to establish and define a standard for the various elements of quality that will be used in the program.

The Links to Quality team recently completed a two-year pilot to determine and evaluate the quality indicators and QRIS processes. No "links" have been awarded based on these indicators during the pilot. Twenty-four family child care programs and fifteen child care centers participated during this reporting period.

**4.5 Enter the number of CCDF children in high quality care by age grouping as of September 30 of the last federal fiscal year:**

- a) Birth to 35 months #
- b) 3 years up to kindergarten entry #
- c) School Aged (post kindergarten entry) #
- d) Other. Describe:

N/A

Describe:

Links to Quality recently completed the pilot process, and we do not yet have a complete definition of the standards for various elements of quality that will be used for the final indicators. Many organizations, stakeholders, and others are working collaboratively through advisory groups, work groups, and research to establish and define a standard for the various elements of quality that will be used in the program. Providers from family child care centers, center child care facilities, and those currently providing child care to families receiving and not receiving child care subsidy

participated in the pilot.

L2Q shows 33 of 39 pilot programs had at least one child receiving subsidy during the period of October 2019 to September 2020. Number of children in care on September 30:

Birth to 35 months - 39

36 to 71 months - 64

School Aged (72 months or more) - 42

The pilot L2Q indicators, however, are not the final definition of the standards for the various elements of high quality that will be used in Kansas.

**4.6 Provide the percentage of CCDF children in high quality care by age grouping as of September 30 of the last federal fiscal year:**

- a) Birth to 35 months %
- b) 3 years up to kindergarten entry %
- c) School Aged (post kindergarten entry) %
- d) Other. Describe:

N/A

Describe:

Links to Quality has recently completed the pilot process for Links to Quality, and we do not yet have a complete definition of the standards for various elements of quality that will be used for the final indicators. Many organizations, stakeholders, and others are working collaboratively through advisory groups, work groups, and research to establish and define a standard for the various elements of quality that will be used in the program. Providers from family child care centers, center child care facilities, and those currently providing child care to families receiving and not receiving child care subsidy participated in the pilot.

L2Q shows 33 of 39 programs had at least one child receiving subsidy during the period of October 2019 to September 2020. Percentage of children in care on September 30, based on licensed capacity, not on actual number of children in care:

Birth to 35 months - 3%

36 to 71 months - 4%

School Aged (72 months or more) - 2%

The pilot L2Q indicators, however, are not the final definition of the standards for the various elements of high quality that will be used in Kansas.

#### **4.7 Provide the number of programs that participated in the State/Territory's QRIS in the last fiscal year.**

4.7.1 What is the total number of *eligible* child care settings for QRIS or other transparent system of quality indicators?

i. Licensed Child Care Centers:

# 15

N/A

Describe:

The Links to Quality team recently completed a two-year pilot to determine and evaluate the quality indicators and QRIS processes. No "links" have or will be awarded based on these indicators from this pilot. Twenty-four family child care programs and fifteen child care centers participated during this reporting period.

ii. Licensed Family Child Care Homes:

# 24

N/A

Describe:

The Links to Quality team recently completed a two-year pilot to determine and evaluate the quality indicators and QRIS processes. No "links" have or will be awarded based on these indicators from this pilot. Twenty-four family child care programs and fifteen child care centers participated during this reporting period.

iii. License-Exempt Providers:

#

N/A

Describe:

Kansas only has one exempt program in the state, and it is not licensed which was

the minimum requirement from Links to Quality pilot.

4.7.2 Of the total number eligible, what is the total number and percentage of child care settings in the State/Territory that participated in the QRIS or other transparent system of quality indicators?

i. Licensed Child Care Centers:

N/A

Describe:

The Links to Quality team recently completed a two-year pilot to determine and evaluate the quality indicators and QRIS processes. No "links" have or will be awarded based on these indicators from this pilot. Twenty-four family child care programs and fifteen child care centers participated during this reporting period.

#  
%

ii. Licensed Family Child Care Homes:

N/A

Describe:

The Links to Quality team recently completed a two-year pilot to determine and evaluate the quality indicators and QRIS processes. No "links" have or will be awarded based on these indicators from this pilot. Twenty-four family child care programs and fifteen child care centers participated during this reporting period.

#  
%

iii. License-Exempt Providers:

N/A

Describe:

Kansas only has one exempt program in the state, and it is not licensed which was the minimum requirement from Links to Quality pilot.

#  
%

**4.8 Did the State/Territory provide one-time grants, awards or bonuses connected to (or related to) QRIS during October 1 to September 30 of the last federal fiscal year? If yes, how many were provided to the following types of programs during October 1 to September 30 of the last federal fiscal year?**

- Yes
- a) Licensed center-based programs: # 27
  - b) Licensed Family Child Care Homes: # 48
  - c) Legally exempt care in providers home: # 0
  - d) Legally exempt center-based programs: # 0
  - e) In-home (care in the child's own home): # 0

No

N/A

Describe:

**4.9 Did the State/Territory provide on-going or periodic quality stipends connected to (or related to) QRIS during October 1 to September 30 of the last federal fiscal year? If yes, how many programs received on-going or periodic quality stipends connected to (or related to) QRIS during October 1 to September 30 of the last federal fiscal year?**

- Yes
- a) Licensed center-based programs: # 15
  - b) Licensed Family Child Care Homes: # 24
  - c) Legally exempt care in providers home: # 0
  - d) Legally exempt center-based programs: # 0
  - e) In-home (care in the child's own home): # 0

No

N/A

Describe:

**4.10 Did the State/Territory provide ongoing technical assistance related to the QRIS or other quality rating system during October 1 to September 30 of the last federal fiscal year? If so, how many programs received ongoing technical assistance during October 1 to September 30 of the last federal fiscal year?**

Yes

- a) Licensed center-based programs: # 15
- b) Licensed Family Child Care Homes: # 24
- c) Legally exempt care in providers home: # 0
- d) Legally exempt center-based programs: # 0
- e) In-home (care in the child's own home): # 0

No

N/A

Describe:

**4.11 Did the State/Territory provide higher subsidy rates related to the QRIS or other quality rating system during October 1 to September 30 of the last federal fiscal year? If so, how many programs received higher subsidy payment rates due to their QRIS rating during October 1 to September 30 of the last federal fiscal year?**

Yes

- a) Licensed center-based programs: #
- b) Licensed Family Child Care Homes: #
- c) Legally exempt care in providers home: #
- d) Legally exempt center-based programs: #
- e) In-home (care in the child's own home): #

No

N/A

Describe:

**4.12 Spending**

4.12.1 Did the State or Territory use CCDF quality set aside funds to support QRIS or other quality rating system during October 1 to September 30 of the last federal fiscal year? This includes CCDF funds from all available appropriation years that were spent during the fiscal year. If so, what estimated percentage of CCDF quality dollars was spent supporting QRIS or other quality related improvements?

Yes.

If yes, %: 5.63

No

N/A

Describe:

4.12.2 Did the State or Territory use other non-CCDF funds to support QRIS or other quality rating system (for example, TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) during October 1 to September 30 of the last federal fiscal year? If yes, describe the source of the funding and the total amount.

Yes.

If yes, %:

No

N/A

Describe:

4.12.3 Did the State/Territory spend at least some of the increased CCDF funds from the Consolidated Appropriations Act, 2018 to support QRIS or other quality rating systems?

Yes.

If yes, describe :

No

N/A

Describe:

4.12.4 Did the State/Territory spend at least some of the CCDF funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 to support QRIS or other quality rating systems?

Yes.

If yes, describe :

No

N/A

Describe:

#### 4.13 Progress Update:

Describe the measures used and progress made during October 1 to September 30 of the last federal fiscal year. Include examples and numeric targets where possible.

The Links to Quality (L2Q) team recently completed a two-year pilot which began in April 2018. It was created with the support of early childhood organizations across the state and led by the Kansas Department for Children and Families. The L2Q pilot is using several assessment tools throughout the pilot. Upon the completion of the self-assessment, the providers developed and implemented their Quality Improvement Plans (QIPs) focused on their programs. Program leadership is the first link in the pilot. Providers utilized the Business and Program Administrative Scales (BAS/PAS).

Family partnerships is the second link and encourages support and communication with families. Providers utilized the Strengthening Families self-assessment along with a strengthening family training of their choice in the creation of their QIPs.

And lastly, the Go NAPSACC works with leaders of child care programs to improve the health of children. Go NAPSACC includes, self-assessments, action plans, and trainings on healthy eating, physical activity and oral health. Through the self-assessment providers can create action plans (improvement plans) to make changes in their programs related to health and physical activity. Along with Go NAPSACC providers utilized discounted training on the Kansas Early Learning Standard (KELS).

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

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

### **5.1. Provide the total number of State funded Infant Toddler Specialists available to providers during October 1 to September 30 of the last federal fiscal year.**

- a) Number of Specialists available to all providers # 7
- b) Number of Specialists available to providers serving CCDF children # 7
- c) Number of infant toddler specialists available specifically trained to support FCC providers # 7
- d) Number of providers served # 189



e) Total number of children reached # 1579

N/A

Describe:

Number of providers served includes those who received intensive TA

**5.2. Provide the number of professionals receiving any State- funded on-site coaching in infant and toddler practice during October 1 to September 30 of the last federal fiscal year.**

a) Number of licensed center-based teachers # 35

b) Number of licensed family child care providers # 35

c) Number of license-exempt providers of care in their home # 0

d) Number of center directors # 14

N/A

Describe:

Coaching is defined as providers on a written technical assistance plan. On-site TA was also provided to 40 providers who did not have written TA plans. These providers are not included in 5.3.

**5.3. Of the number of professionals listed in question 5.2, what percentage served CCDF children during October 1 to September 30 of the last federal fiscal year?**

a) Number of licensed center-based teachers # 26.5

b) Number of licensed family child care providers # 55

c) Number of license-exempt providers of care in their home # 0

d) Number of center directors # 18.5

N/A

Describe:

**5.4. Provide the total number of State funded infant and toddler health consultants in the State or Territory during October 1 to September 30 of the last federal fiscal year.**

a) Consultants available in State #

b) Consultants available to providers serving CCDF children #

N/A

Describe:

Unknown, this data is not available.

**5.5. Did the State/Territory conduct an analysis of supply and demand for infant toddler slots and to identify areas of focus to build supply during October 1 to September 30 of the last federal fiscal year?**

Yes

(please provide link)

No

N/A

Describe:

**5.6. Provide the number of staffed FCC networks supported by the CCDF funds through direct agreement with a centralized hub or community-based agency during October 1 to September 30 of the last federal fiscal year.**

a) Number of staffed FCC networks: #

Describe what the hub provides to participating FCC providers:

N/A

Describe:

Lead Agency does not fund staffed Family Childcare Networks. Unknown, no data is available.

## **5.7 Spending**

5.7.1. Did the State or Territory use CCDF quality set aside funds in addition to the 3% infant and toddler set-aside to improve the supply and quality of child care programs and services for infants and toddlers during October 1 to September 30 of the last federal fiscal year? If so, what estimated percentage of CCDF quality dollars was spent supporting the quality and supply of infant and toddler care? The State or Territory should not include the 3% infant and toddler set-aside in the estimated percentage.

Yes.

If yes, %: 41.15

No

N/A

Describe:

5.7.2. Did the State or Territory use other non-CCDF funds to improve the supply and quality of child care programs and services for infants and toddlers (for example, TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) during October 1 to September 30 of the last federal fiscal year? If yes, describe the source of the funding and the total amount.

Yes.

If yes, describe:

Unknown, this data is not available.

No

N/A

Describe:

5.7.3. Did the State/Territory spend at least some of the increased CCDF funds from the Consolidated Appropriations Act, 2018 to improve the supply and quality of child care programs and services for infants and toddlers?

Yes.

If yes, describe:

No

N/A

Describe:

5.7.4. Did the State/Territory spend at least some of the CCDF funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 to improve the supply and quality of child care programs and services for infants and toddlers?

Yes.

If yes, describe:

No

N/A

Describe:

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

### **5.8 Progress Update:**

Describe the measures used and progress made during October 1 to September 30 of the last federal fiscal year. Include examples and numeric targets where possible.

The Infant Toddler Specialist Network (ITSN) evaluates progress and quality improvement through their technical assistance plans. TA plans are written for established providers and newly licensed providers.

Supports for established providers include:

Number of new written technical assistance plans during FY2020 - 68

Number of professionals who received on-site TA --124 (84 written TA plans and 40 individuals with no written plan)

Number of participants who completed TA plans: 57

Number of on-site visits for TA Plans: 305 on-site visits conducted October 2019- March 2020. All on-sight activity was suspended mid-March due to Covid19.

ITSN specialists use GAS scores to evaluate progress and quality. Number of GAS scores/ measures at 6 months that performance was maintained or improved: 19

\*\*Global Assessment Scale (GAS): There are two purposes for the GAS: First it serves as a measurement of the TA plan's long-term outcome(s). As such, goals that are written into the GAS should reflect outcomes or effects on the outcome(s) of the plan rather than process variables (e.g. methods or procedures). Secondly, the GAS provides a standard measurement of the impact of technical assistance and the sustainability of those changes, which can be used for reporting and/or program evaluation.

Number of on-site visits to programs not on TA Plan: 63 on-site visits conducted October 2019-March 2020. All on-sight activity was suspended mid-March due to Covid19.

Number of phone/email/text TA contacts:

Phone (includes texts): 1841

Email: 2,397

Online (Zoom, facetime): 611

Child care providers participating in intensive, on-site TA and have TA plans receive financial support through ITSN Quality Improvement Plan (QIP). Supports include learning materials to assist in completion of their TA plan outcomes. Intense TA by topics include environments, materials and activities, schedules and routines, behavior, relationships, staff training and business practices.

Number of reimbursements for training: 23 courses reimbursed

Number of financial incentives for classroom materials to complete TA plan : 38 incentives totaling \$21,579.91

ITSN sends out a program packet to new providers within 30 days of active license and follows up within 60 days. Intensive on-site TA with support is offered to newly licensed child care programs. Providers participating in intensive on-site TA can receive Quality Improvement Plan incentives to assist in reaching their goals.

Supports for new providers include:

Number of initial contacts with new providers: 648 providers received welcome information about the program by email

Number of new providers who had written TA plans: 22 providers

Number of new provider TA plan completions: 11

Number of onsite TA support with newly licensed programs: 30 new providers received coaching/consultation

Number of reimbursements for training for new providers: 13 courses reimbursed

Number of new program quality incentives: 8 incentives totaling \$4564.99

ITSN staff continually collaborate to develop training, virtual kits, and TA packets based on current topics and needs of providers served through TA plans and long- and short-term consultations. ITSN provides technical assistance to all caregivers, teachers and toddlers serving infants and toddlers. All programs can receive Level 1 training which includes face-to-face, email, phone and texts. Level 2 TA includes identifying and providing resources and training to assist programs to meet their needs. ITSN offers resources to all providers, including those who are not on a TA Plan. Resources disseminated include materials developed in-house, packets; professional resource books, handouts, and website referrals. Materials are disseminated through on-site visits and trainings, virtual consultations, committee meetings such as community child care planning groups and local ICC's. During FFY2020 ITSN specialists distributed more than 2,500 handouts and made over 5,000 web referrals to child care providers.

In person trainings are developed and offered based on the feedback and needs of the child care programs they serve. ITSN utilizes the KCCTO learning management system to deliver Infant and Toddler online courses to providers.

During FFY 2020 ITSN provided the following Infant and Toddler trainings:

Number of in person training events: 50

Number of in person enrollments: 1406 (see table above)

Number of unique in person training participants: 842

Number of online training events: 107

Number of online enrollments (including virtual): 2772

Number of unique online participants: 982

Overall average change in scores measured by pre-test to post-test: 15%

In April, all in person activity was suspended due to COVID 19. As ITSN staff prepared to move to virtual TA, KCCTO WFD was offering free Health and Safety courses. Child care provider programs utilized the shutdown time to take advantage of this free time and the Health and Safety course enrollments increased. ITSN staff stepped in to assist WFD and provided the following Health and Safety trainings for the individual and ongoing Health and Safety courses:

Number of duplicated enrollments in individual Health and Safety foundation courses: 191

Number of ongoing Health and Safety Courses: 9

Number of duplicated enrollments in ongoing Health and Safety foundation courses: 468

Information regarding developmentally appropriate services are included in the Kansas Early Learning Standards (KELS). Thru work with the Kansas Department of Education (KSDE) and the Kansas State Agencies Early Childhood Team, the Lead Agency collaborated with the Kansas In-service Training System (KITS) to develop a toolkit and develop training coursework regarding the newly updated Kansas Early Learning Standards (KELS). KCCTO utilizes the toolkit when providing technical assistance and training. Infant Toddler Specialist Network (ITSN) Training/TA dissemination of Kansas Early Learning Standards (KELS) materials:

KCCTO ITSN enrolled 45 participants in two KELS training events. The average change in scores measured by pre post tests was 22%.

Total number of distributions of KELS materials includes 48 print copies and 158 flash drives. There were 214 referrals to KELS online.

KELS information is posted on KITS website and can be accessed at: <http://kskits.org/kels-toolkit> (link to basic information)

<https://kskits.drupal.ku.edu/kels-toolkit-materials> (link to KELS toolkit - including KELS document, training modules, Kansas resources, position statements, alignments, and other support materials)

<http://kskits.org/virtual-kit-early-learning-standards> (short 2-page information sheet with outside links to information)

The Kansas Family Engagement and Partnership Standards for Early Childhood are structured to align with KELS and the Kansas School Readiness Framework. The Kansas Family Engagement and Partnership Standards for Early Childhood are also linked with indicators from KELS.

KCCTO ITSN enrolled 55 participants in five KS Family Engagement and Partnership Standards training events. The average change in scores measured by pre post tests was 3%.

Number of KS Family Engagement and Partnership Standards Material distributed: 110

Comprehensive services are offered to families through the Kansas Early Head Start (KEHS) Child Care partnership with plans to target services in areas with significant concentrations of poverty, unemployment and high out of home placements (foster care). The KEHS program utilizes the Thelma Harms Environmental tool to assess partners. Based upon this tool; 97.56% of the Center Child Care Partners and Grantee Child Care Centers had a score of five or higher on the Thelma Harms Rating Scale for FFY2020. 100% of the Family Child Care partners had a score of five or higher on the Thelma Harms Rating Scale for FFY2020. KEHS grantees had 29 child care partnerships. They had 402 KEHS slots.

## **6) Establishing or expanding a statewide system of child care resource and referral services**

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

6.1. Describe how CCDF quality funds were used to establish or expand a statewide system of child care resource and referral services during October 1 to September 30 of the last federal fiscal year.

Child care consumer education and child care referral services are offered statewide. Services to families include providing individualized referrals and consumer education resources to parents and guardians about quality child care, how to choose quality child care, and to assist parents in locating child care based on their children and family needs. Four Child Care Resource and Referral Agencies provided services to all 105 Kansas counties. Providers are part of an established referral system to link families with child care providers. CCR&R's provide a wide variety of consumer education materials to child care providers. Through the referral database, Child Care Aware of Kansas collects data regarding childcare program vacancies and other information that will assist parents in meeting the needs of their families. The CCR&R contractor provides services to communities that includes collaboration with organizations that provide direct services to families and child care providers to assure services are provided seamlessly across service area boundaries. Community engagement activities include attending and participating in meetings and events where early childhood is a focus, including public/private partnership events, business/community stakeholder events or meetings or family and providers are represented. The contractor also collects data and provides information for the completion of the annual report on the supply and demand of quality child care services within the state.

6.2. Did the State/Territory change its use of symbols or simple icons, such as stars or levels, to communicate levels of quality for child care programs beyond what may be communicated to parents about licensing status and compliance during October 1 to September 30 of the last federal fiscal year?

Yes

Describe:

No

N/A

Describe:

### 6.3 Spending



6.3.1. Did the State or Territory use CCDF quality set aside funds to establish or expand a statewide CCR&R during October 1 to September 30 of the last federal fiscal year? This includes CCDF funds from all available appropriation years that were spent during the fiscal year. If so, what estimated percentage of CCDF quality dollars was spent to establish or expand a statewide CCR&R?

Yes.

If yes, %: 9.42

No

N/A

Describe:

6.3.2. Did the State or Territory use other non-CCDF funds to establish or expand a statewide CCR&R (for example, TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) during October 1 to September 30 of the last federal fiscal year? If yes, describe the source of the funding and the total amount.

Yes.

If yes, describe:

No

N/A

Describe:

This data is unknown.

6.3.3. Did the State/Territory spend at least some of the increased CCDF funds from the Consolidated Appropriations Act, 2018 to establish or expand a statewide CCR&R?

Yes.

If yes, describe:

No

N/A

Describe:

6.3.4. Did the State/Territory spend at least some of the CCDF funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 to establish or expand a statewide CCR&R?

Yes.

If yes, describe:

No

N/A

Describe:

#### 6.4. Progress Update:

Describe the measures used and progress made during October 1 to September 30 of the last federal fiscal year. Include examples and numeric targets where possible.

Child care consumer education and child care referral services are offered statewide. Services to families include providing individualized referrals and resources to parents and guardians about child care services including child development, delays in development, school-ages services, and affordable options to meet their children's needs. Providers are part of an established referral system to link families with child care providers. Through the referral database, Child Care Aware of Kansas collects data regarding childcare program vacancies and other information that will assist parents in meeting the needs of their families.

During FFY2020 Child Care Aware of Kansas services to families, providers and communities throughout Kansas included the following:

Number of all families requesting child care referrals (duplicated) 12,706

Number of DCF families requesting child care referrals 1,777

Number of all children needing child care 10,294

Number of DCF children needing child care 2,233

Child care setting requests by all families seeking child care (families can choose more than one option)

Child Care Center 9,429

Family Child Care 14,806

Preschool 2,275

School Age Program 1,693

Head Start Program 2,040

Child care settings sought by DCF families seeking child care (families can choose more than one option)

Child Care Center 1,314

Family Child Care 2,016

Preschool 342

School Age Program 324

Head Start Program 355

Number by age of **all** children in family referrals

Infant 0-17 months 3,827

Toddler 18 months to Age 3 2,170

Preschool Age 3 & 4 2,141

School Age Kindergarten Age 5 and up 2,156

Number by ages of **DCF** children in family referrals (infants, toddlers, preschool and school age)

Infant 0-17 months 568

Toddler 18 months to Age 3 510

Preschool Age 3 & 4 550

School Age Kindergarten Age 5 and up 605

Number of all family referrals by shift

Weekend, evening or overnight 2,713

Number of DCF referrals by shift

Weekend, evening or overnight 789

Each family receives a referral packet that is individualized based on the needs of the families. Families receive packets in print form and electronically.

Number of consumer education materials distributed to families through the resource center (electronic and printed) 40,717

Each family receives the opportunity to complete a survey to evaluate referral services.

CCR&R staff send the survey electronically and make follow-up calls. The survey asks the families if they found child care through the referral list.

Number of families who completed the survey 1,758

Number of families who answered the question 1,465  
Number of families who found child care from the referral list provided 618  
Number of DCF families who completed the survey 378  
Number of families who answered the question 351  
Number of DCF families who found child care from referral list 175

Consumer education materials are distributed to child care providers to increase their knowledge and share with families. Materials are distributed electronically, at conferences and professional development events. There were 46,708 consumer education materials distributed to providers. Topics include business/economic, child development, emergency preparedness/safety, family engagement, health/nutrition, infants, new provider, physical activity, preschool, R&R services, school age, school readiness, social-emotional and toddler.

Each quarter, CCR&R staff reach out to providers to update vacancy information on their referral database/provider portal. During FFY2020, the quarterly average of licensed providers who updated their vacancies was 70%.

Community supports include promotion of R&R services, sharing consumer education resources and collaboration with community leaders focused on child care issues.  
Number of meetings attended with community leaders and organizations to discuss child care issues: 20  
Number of presentations for community leaders and organizations about CCR&R services: 35  
Number of presentations for families and child care providers: 20

## **7) Facilitating compliance with State/Territory requirements for inspection, monitoring, health and safety standards and training, and State/Territory licensing standards**

*Goal: To ensure child care providers maintain compliance with State/Territory licensing, inspection, monitoring, and health and safety standards and training.*

### **7.1. Has the State/Territory aligned health and safety standards with the following:**

#### **a) Caring for Our Children Basics**

Yes.

No.

If not, describe:

**b) Head Start**

Yes.

No.

If not, describe:

**c) State pre-k**

Yes.

No.

If not, describe:

Programs operated by a local unit of government or school district, which meet for no more than four consecutive hours per day or for no more than two consecutive weeks are exempt from licensure. Preschools operated on the premises of private schools providing kindergarten through grade six shall be governed by Kansas statutes applicable to private schools. K.S.A. 65-501

**7.2. Check if pre-service/ongoing (or both) training is provided to child care staff on the following:**

Licensing Standards

Ongoing health and safety training or education

Monitoring Protocols

N/A

Describe:

**7.3 Complaints regarding child care providers received during October 1 to September 30 of the last federal fiscal year**

7.3.1 How many complaints were received regarding providers during October 1 to September 30 of the last federal fiscal year?

- a) Licensed providers # 611
- b) Licensed-exempt providers # 0

7.3.2 What was the average length of time between receiving the complaint and taking steps to respond to a complaint during October 1 to September 30 of the last federal fiscal year?

Up to five days

7.3.3 How many complaints received an on-site follow-up inspection during October 1 to September 30 of the last federal fiscal year ? # 611

7.3.4 How many of the complaints resulted in one or more substantiated violations in the program or provider site identified during October 1 to September 30 of the last federal fiscal year ? # 368

7.3.5 How many child care providers had CCDF funding revoked as a result of an inspection during October 1 to September 30 of the last federal fiscal year? # 3

7.3.6 How many child care providers closed as a result of an inspection during October 1 to September 30 of the last federal fiscal year? # 4

7.3.7 Please provide any additional information regarding health and safety complaints and inspections in the State or territory during October 1 to September 30 of the last federal fiscal year:

There were 648 notices of non-compliance issued for FFY 2020 by administrative staff in Topeka. Of the 648 notices of non-compliance, 236 were issued for a prohibited person or persons. There were 10 facilities that were closed by revocation of license due to substantiated complaints or other non-compliance. Guidance for licensing surveyors requires that complaint investigations be acted upon within five days. Pre-work starts within this timeframe and includes reviewing the facility's history, preparing initial questions, and determining what the potential non-compliance issue is. This may not mean that the surveyor has been to the facility by this date. This is evident by the first on-site date of the Notice of Survey Findings and the date of the complaint. Serious complaints are acted upon immediately.

For FFY 2020, there were three children substantiated or affirmed for abuse that involved a day care facility. This is the total number of children involved and not the number of incidents. Broken down by licensed child care home and licensed center care, two children were from licensed child care homes and one child is from a licensed care center.

**7.4 How many child care staff, including caregivers, teachers, and directors, received coaching or TA to improve their understanding and adherence to health and safety standards (as a result of an inspection) during October 1 to September 30 of the last**

**federal fiscal year?**

- a) Licensed child care center staff: # 2
- b) Licensed family child care staff: # 4
- c) Licensed exempt child care staff: # 0
- d) Licensed exempt family child care staff: # 0

e) N/A

Describe:

**7.5 Spending**

7.5.1 Did the State or Territory spend CCDF quality set aside funds on facilitating compliance with State/Territory requirements for inspections, monitoring, health and safety standards and training, and State/Territory licensing standards during October 1 to September 30 of the last federal fiscal year? This includes CCDF funds from all available appropriations years that were spent during the fiscal year. If so, what estimated percentage of CCDF quality dollars was spent on facilitating compliance with State/Territory requirements?

Yes.

If yes, %: 33.12

No

N/A

Describe:

7.5.2 Did the State or Territory use other non-CCDF funds (for example, TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) on facilitating compliance with State/Territory requirements for inspections, monitoring, health and safety standards and training, and State/Territory licensing standards during October 1 to September 30 of the last federal fiscal year? If yes, describe the source of the funding and the total amount.

Yes.

If yes, describe:

Unknown, this data is unavailable.

No

N/A

Describe:

7.5.3. Did the State/Territory spend at least some of the increased CCDF funds from the Consolidated Appropriations Act, 2018 to facilitate compliance with State/Territory requirements for inspections, monitoring, health and safety standards and training, and State/Territory licensing standards?

Yes.

If yes, describe:

No

N/A

Describe:

7.5.4. Did the State/Territory spend at least some of the CCDF funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 to facilitate compliance with State/Territory requirements for inspections, monitoring, health and safety standards and training, and State/Territory licensing standards?

Yes.

If yes, describe:

DCF contracted with Child Care Aware of Kansas to provide grants to child care centers, family/group child care homes and relative care providers. The total amount of grant payments for supply and sustainability grants was \$8,311,111. These grants supported child care providers so they could continue to operate safely during the COVID-19 pandemic. The one-time supply grants were used to reimburse purchases for supplies for their facilities. Sustainability grants were monthly sustainability stipends for up to six months. These funds could be used for supplies and other operating expenses needed to remain open and maintain health and safety standards during the pandemic.

Supply Grants

Child Care Centers 418

Family/Group Child Care Homes 2,465



Relative Child Care Providers 156

Sustainability Grants

Child Care Centers 427

Family/Group Child Care Homes 2,524

Relative Child Care Providers 154

No

N/A

Describe:

### **7.6 Progress Update:**

Describe the measures used and progress made during October 1 to September 30 of the last federal fiscal year. Include examples and numeric targets where possible.

Online Information Dissemination System (OIDS)

The online availability of facility compliance history significantly increases the ability of Kansas families to research their child care options and make more informed child care choices. The portal is used frequently by the public to review a provider's compliance history, which then allows for informed decisions to be made when selecting child care. During the federal fiscal year, the portal averaged over 2,375 facility searches monthly to view 1,750 facility findings. In addition, the KDHE website includes consumer information, current Bureau forms and regulations, and links to related websites including DCF and Child Care Aware of KS.

KDHE Website/ Child Care Licensing Webpage

The CCL webpage includes consumer information, current Bureau forms and regulations, links to related websites including DCF and other partners. A provider page is available that includes application resources. Many of the forms available online are also available in

Spanish. Additionally, a parent page is available which includes FAQs, opportunity to submit a complaint online, and search inspection results for licensed child care facilities.

For the period (October 1, 2019 - September 30, 2020) surveyors:

- Conducted approximately 3,169 initial, annual and compliance inspections;
- Investigated 694 complaint inspections; 243 had substantiated findings due to regulatory noncompliance in a licensed facility; 368 had unsubstantiated findings due to regulatory noncompliance in a licensed facility; 83 were for illegal care;
- Investigated and provided technical assistance in approximately 170 incidents of communicable diseases in child care settings involving about 180 children and 201 adults;
- Provided orientation training (classroom setting or individual) to 1,040 potential providers (day care home, group day care home and center-based);

The Kansas Licensing Indicator System (KLIS)

Approximately 36% of all facilities with a pending annual inspection due October 1, 2019 through February 2020 qualified for the KLIS survey. Due to COVID-19, annual inspections were not conducted between March 2020-September 2020.

CLARIS Provider Access Portal

The Provider Access Portal is a web-based system whereby applicants and licensees may apply for an initial or renewal license online and may update the affiliate list (anyone who works resides or volunteers). Seventy percent of all applications were submitted through the Provider Access Portal between October 1, 2019- September 30, 2020.

Total: 4,368 applications received, 3,371 online, 997 paper

The Kansas Department of Health and Environment (KDHE) utilizes data from the web-based survey tool to pull information.

## **8) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children**

*Goal: State/Territory investment in effective quality improvement strategies using reliable*

**8.1. What assessment tool(s) did the State/Territory use in center based programs during October 1 to September 30 of the last federal fiscal year?**

a) To measure program quality, describe:

The Kansas QRIS System, Links to Quality, was in a pilot in which processes and assessment tools were being utilized and reviewed as part of the pilot phase from October 1, 2019 to September 30, 2020. With the Learning and Development Link, L2Q used Go NAPSACC which works with child care providers to improve the health of children. Go NAPSACC includes, self-assessments, action plans, and trainings on healthy eating, physical activity and oral health. Through the self-assessment, they can create action plans (improvement plans) to make changes in their programs related to health and physical activity.

Baseline information and objective measurements were obtained during the pilot to ensure our quality indicators have the greatest impact on the quality of services, avoid any duplication of existing standards and requirements and serve as a tool to unite early childhood programs under a common vision of quality that applies to all settings and sectors. After the pilot was completed, a comprehensive evaluation and needs assessment was completed by our implementation and evaluation partners. This included recommendations and considerations for future statewide implementation.

EHS assessment tools used were ITERS-3, Protective Factors, ASQ/ASQSE (screening tool) and Thelma Harms.

To measure program quality in centers, Infant Toddler Specialists (ITS) use the following:

Infant Toddler Environmental Rating Scale

Early Childhood Environmental Rating Scale

KCCTO collects pre-and post-assessment data and course evaluation information for all online and community-based training events. Participant knowledge gain from course content is measured in the change in scores from the pre-test to the post-test. This information is reviewed quarterly to identify areas to improve learning outcomes to be used in course and assessment updates.

**b) To measure effective practice, describe:**

Baseline information and objective measurements were obtained during the pilot to ensure our quality indicators have the greatest impact on the quality of services, avoid any duplication of existing standards and requirements and serve as a tool to unite early childhood programs under a common vision of quality that applies to all settings and sectors. After the pilot was completed, a comprehensive evaluation and needs assessment was completed by our implementation and evaluation partners. This included recommendations and considerations for future statewide implementation.

ITSN Specialists measure effective practice through the following:

Observations and Observational Checklists:

Materials from the National Center for Pyramid Model Innovations, Center on the Social and Emotional Foundations for Early Learning

DAP Practice Implementation Guides

ASQ3 and ASQ:SE2 Competency Checklists

Preventive Strategies Checklist for Toddlers and Twos

STEM for Babies and Toddlers Implementation Checklist Utilization of Division for Early Childhood Recommended Practices

KCCTO workforce trainers actively engage participants during training by providing feedback and opportunities to reflect and engage with other participants. The feedback provides clarification, strategies and information for participants to gain a better understanding of the course content, strategies for implementation in their program and personalized technical assistance through discussions of individual situations that arise during the course. KCCTO trainers follow up with online course participants to offer personalized technical assistance/consultation.

**c) To measure age appropriate child development, describe:**

The Learning and Development link has been tested during the pilot. Each participating provider was offered discounted training on the Kansas Early Learning Standard (KELS).

KEHS grantees and ITSN specialists use the following to measure age appropriate child

development in family child care programs:

Ages and Stages Questionnaire - ASQ 3

Ages and Stages Questionnaire - Social Emotional - ASQ-SE 2

KCCTO workforce development measurement of age appropriate child development is embedded in the coursework and opportunities for feedback, questions, discussions, and further technical assistance/consultation are offered.

d) Other, describe:

N/A

Describe:

Measurement tools have been described in appropriate sections.

**8.2. What assessment tool(s) did the State/Territory use to measure quality of program and effective practice in family child care programs during October 1 to September 30 of the last federal fiscal year?**

a) To measure program quality, describe:

The Kansas QRIS System, Links to Quality, was in a pilot in which processes and assessment tools were being utilized and reviewed as part of the pilot phase from October 1, 2019 to September 30, 2020. With the Learning and Development Link L2Q used Go NAPSACC which works with child care providers to improve the health of children. Go NAPSACC includes, self-assessments, action plans, and trainings on healthy eating, physical activity and oral health. Through the self-assessment they can create action plan (improvement plans) to make healthy changes in their programs.

Baseline information and objective measurements were obtained during the pilot to ensure our quality indicators have the greatest impact on the quality of services, avoid any duplication of existing standards and requirements and serve as a tool to unite early childhood programs under a common vision of elements of quality that applies to all settings and sectors. After the pilot was completed, a comprehensive evaluation and needs assessment was completed by our implementation and evaluation partners. This included recommendations and considerations for future statewide implementation.

Infant Toddler Specialist Network (ITSN) utilizes many tools to assess providers and to assist family child care providers with their quality improvement plans. To measure program quality Infant Toddler Specialists (ITS) uses the Family Child Care Environmental Rating Scale.

KCCTO collects pre-and post-assessment data and course evaluation information for all online and community-based training events. Participant knowledge gain from course content is measured in the change in scores from the pre-test to the post-test. This information is reviewed quarterly to identify areas to improve learning outcomes to be used in course and assessment updates.

EHS assessment tools used for family child care programs were ITERS-3, Protective Factors, ASQ/ASQE (screening tool) and Thelma Harms

**b) To measure effective practice, describe:**

Baseline information and objective measurements were obtained during the pilot to ensure our quality indicators have the greatest impact on the quality of services, avoid any duplication of existing standards and requirements and serve as a tool to unite early childhood programs under a common vision of quality that applies to all settings and sectors. After the pilot was completed, a comprehensive evaluation and needs assessment was completed by our implementation and evaluation partners. This included recommendations and considerations for future statewide implementation. ITSN specialists measure effective practice in family child care programs by the following:

Observation by ITSN Specialists using Observational Checklists

Materials from the National Center for Pyramid Model Innovations, Center on the Social and Emotional Foundations for Early Learning

DAP Practice Implementation Guides

ASQ3 and ASQ:SE2 Competency Checklists

Active Learning Checklists for Infants, Ones, and Twos

Utilization of Division for Early Childhood Recommended Practices

Global Assessment Scale (GAS) \*\*

**\*\*Global Assessment Scale (GAS):** There are two purposes for the GAS: First it serves

as a measurement of the TA plan's long-term outcome(s). As such, goals that are written into the GAS should reflect outcomes or effects on the outcome(s) of the plan rather variables (e.g. methods or procedures). Secondly, the GAS provides a standard measurement of the impact of technical assistance and the sustainability of those changes, which can be used for reporting and/or program evaluation.

KCCTO workforce development measurements of effective practices child are embedded in the coursework and opportunities for feedback, questions, discussions and further technical assistance/consultation are offered.

**c) To measure age appropriate child development, describe:**

Baseline information and objective measurements were obtained during the pilot to ensure our quality indicators have the greatest impact on the quality of services, avoid any duplication of existing standards and requirements and serve as a tool to unite early childhood programs under a common vision of quality that applies to all settings and sectors. After the pilot was completed, a comprehensive evaluation and needs assessment was completed by our implementation and evaluation partners. This included recommendations and considerations for future statewide implementation.

KEHS grantees and ITSN specialists use the following to measure age appropriate child development in family child care programs:

Ages and Stages Questionnaire - ASQ 3

Ages and Stages Questionnaire - Social Emotional - ASQ-SE 2

KCCTO workforce development measurements of age appropriate child development are embedded in the coursework and opportunities for feedback, questions, discussions and further technical assistance/consultation are offered.

**d) Other, describe:**

Assessment tools were described in appropriate sections.

N/A

Describe:

## 8.3 Spending

8.3.1. Did the State or Territory spend CCDF quality set aside funds on evaluating the quality of child care programs, practice, or child development during October 1 to September 30 of the last federal fiscal year? This includes CCDF funds from all available appropriation years that were spent during the fiscal year. If so, what estimated percentage of CCDF quality dollars was spent on evaluating child care programs, practice, or child development?

Yes.

If yes, %:

No

N/A

Describe:

NOTE: Spending is within our infant Toddler Specialist Network which is funded with our 3% Infant and Toddler set aside funds.

8.3.2 Did the State or Territory use other non-CCDF funds development (for example, TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) to evaluate the quality of child care programs, practice, or child development during October 1 to September 30 of the last federal fiscal year? If yes, describe the source of the funding and the total amount.

Yes.

If yes, describe:

No

N/A

Describe:

Unknown, this data is not available.

8.3.3 Did the State/Territory spend at least some of the increased CCDF funds from the Consolidated Appropriations Act, 2018 on evaluating the quality of child care programs in their state?

Yes.

If yes, describe:



No

N/A

Describe:

8.3.4. Did the State/Territory spend at least some of the CCDF funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 on evaluating the quality of child care programs in their state?

Yes.

If yes, describe:

No

N/A

Describe:

#### **8.4 Progress Update:**

Describe the measures used and progress made during October 1 to September 30 of the last federal fiscal year. Include examples and numeric targets where possible.

The indicators/links include program leadership, family partnerships, and learning and development. Within each indicator there are benchmarks that measure the process a child care provider must engage in or complete to satisfy the requirements of each indicator. Providers submit evidence through an online system to verify a requirement has been satisfied. L2Q is innovative in design to recognize rather than rate quality. We have chosen to value our providers and their work. Through the portfolio review process, we utilized Appreciate Inquiry to provide strengths-based feedback on submitted evidence to encourage and motivate providers' progress and honor their accomplishments. Throughout the pilot, we were evaluating and modifying links before statewide implementation.

Baseline information and objective measurements were obtained during the pilot to ensure our quality indicators have the greatest impact on the quality of services, avoid any duplication of existing standards and requirements and serve as a tool to unite early childhood programs under a common vision of quality that applies to all settings and sectors. After the pilot was completed, a comprehensive evaluation and needs assessment was completed by our implementation and evaluation partners. This included recommendations

and considerations for future statewide implementation.

KCCTO - all online and in-person courses average change in measured pre-test to post-test was 17% increase in knowledge. (other specific scores are previously reported separately)  
KCCTO's ITSN evaluates progress and quality improvement through their technical assistance plans.

Number of written technical assistance plans during FFY 2020 - 84

Numbers of GAS scores/measures at 6 months that performance was maintained or improved: 19

Kansas Early Head Start Program-The KEHS-Child Care Partnership services will expand the continuum of early care and education services and enhance the network supports by meeting the objectives, including but not limited to: increasing comprehensive supports in high quality infant and toddler child care centers, group child care homes and family childcare services in high-risk, high-need communities; building protective factors for vulnerable children and families; increasing the quality of child care providers through recruitment and participation; enhancing the statewide network of resources and supports by improving cross-systems professional development and systems linkages; and supporting families as they move toward self-sufficiency. In addition to supporting vulnerable children and their families, the Lead Agency's goal is to increase the quality of child care environments in which these children are enrolled. Kansas is also in the development phase of a statewide QRIS system.

## **9) Supporting providers in the voluntary pursuit of accreditation**

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

### **9.1. How many providers did the State or Territory support in their pursuit of accreditation during October 1 to September 30 of the last federal fiscal year?**

- a) Number of licensed center based providers #
- b) Number of licensed FCC providers #
- c) Number of center based providers that serve CCDF children #
- d) Number of FCC providers that serve CCDF children #

N/A

Describe:

While CCDF funded activities may assist child care providers pursuing accreditation, CCDF funding is not designated to support this specific activity.

## 9.2 Spending

9.2.1 Did the State or Territory spend CCDF quality set aside funds on accreditation during October 1 to September 30 of the last federal fiscal year? This includes CCDF funds from all available appropriation years that were spent during the fiscal year. If so, what estimated percentage of CCDF quality dollars was spent on evaluating child care programs, practice, or child development?

Yes.

If yes, %:

No

N/A

Describe:

While CCDF funded activities may assist child care providers pursuing accreditation, CCDF funding is not designated to support this specific activity.

9.2.2 Did the State or Territory use other non-CCDF funds development (for example, TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) to support accreditation during October 1 to September 30 of the last federal fiscal year? If yes, describe the source of the funding and the total amount.

Yes.

If yes, describe:

No

N/A

Describe:

Unknown, this data in not available.

9.2.3. Did the State/Territory spend at least some of the increased CCDF funds from the

Consolidated Appropriations Act, 2018 to support accreditation for child care providers?

Yes.

If yes, describe:

No

N/A

Describe:

9.2.4. Did the State/Territory spend at least some of the CCDF funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 to support accreditation for child care providers?

Yes.

If yes, describe:

No

N/A

Describe:

### **9.3 Progress Update:**

Describe the measures used and progress made during October 1 to September 30 of the last federal fiscal year. Include examples and numeric targets where possible.

While CCDF funded activities may assist child care providers pursuing accreditation, CCDF funding is not designated to support this specific activity.

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

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

### **10.1 Quality Indicators**

**10.1.1 Does the State/Territory have quality improvement standards that include indicators covering the following areas beyond what is required for licensing?**

- Yes.
- No. Skip to 10.2

**10.1.2 If yes, check which indicators, the State/Territory has established.**

- Health, nutrition, and safety of child care settings
- Physical activity and physical development in child care settings
- Mental health of children
- Learning environment and curriculum
- Ratios and group size
- Staff/provider qualifications and professional development
- Teacher/provider-child relationships
- Teacher/provider instructional practices
- Family partnerships and family strengthening
- Other

Describe:

**10.2 Spending**

10.2.1. Did the State or Territory spend CCDF quality set aside funds on supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development during October 1 to September 30 of the last federal fiscal year? This includes CCDF funds from all available appropriation years that were spent during the fiscal year. If so, what estimated percentage of CCDF quality dollars was spent on these standards?

- Yes.
- If yes, %:

- No
- N/A

Describe:

Spending in this area is included in our percentages reported in section 2.10 of this report.

10.2.2 Did the State or Territory use other non-CCDF funds development (for example, TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) to support the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development during October 1 to September 30 of the last federal fiscal year? If yes, describe the source of the funding and the total amount.

Yes.

If yes, describe:

No

N/A

Describe:

Unknown, this data is not available.

10.2.3 Did the State/Territory spend at least some of the increased CCDF funds from the Consolidated Appropriations Act, 2018 to support the development or adoption of high-quality program standards?

Yes.

If yes, describe:

No

N/A

Describe:

10.2.4 Did the State/Territory spend at least some of the CCDF funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 to support the development or adoption of high-quality program standards?

Yes.

If yes, describe:

No

N/A

Describe:

### **10.3 Progress Update:**

Describe the measures used and progress made during October 1 to September 30 of the last federal fiscal year. Include examples and numeric targets where possible.

KCCTO, our professional development and ITSN contractor, offers courses and TA that align with the Kansas Early Learning Standards (KELS), the Kansas Family Engagement and Partnership Standards for Early Childhood, and the Core Competencies for Early Childhood and Youth Development Professionals (Kansas and Missouri). The KELS include health, nutrition and safety; physical activity and physical development; learning environments and curriculum, instructional practices and family partnership and family engagement. The Kansas Family Engagement and Partnership Standards for Early Childhood are structured to align with KELS and the Kansas School Readiness Framework. The Kansas Family Engagement and Partnership Standards for Early Childhood are also linked with indicators from KELS.

All KDHE child care licensing approved courses and KCCTO courses align with the Core Competencies for Early Childhood and Youth Development Professionals (Kansas and Missouri). The core competencies are organized into eight content areas, each providing specific standards.

Child and Youth Growth and Development

Learning Environment and Curriculum

Observation and Assessment

Families and Communities

Health and Safety

Interactions with Children and Youth

Program Planning and Development

Professional Development and Leadership

These standards serve as the foundation for course development and TA topics for professional development in Kansas. KCCTO Workforce Development has many options for training in each of the core competency topic areas. KCCTO offers courses in both KELS and Kansas Family Engagement and Partnership Standards.

KCCTO Workforce Development provided the following training - all topics:

Number of online training events: 1012

Number of in person training events: 29 In-person/4 Virtual

Number of online enrollments: 72,986

Number of in person enrollments : 478 in-person/96 virtual

Number of unique online participants: 10,053

Number of unique in person training participants: 391 in-person/78 virtual

Overall average change in scores measured by pre-test to post-test: 18%

KCCTO workforce development KELS training included the following:

Number of KELS training events: 10 groups

Number of enrollments in KELS training: 216

Average change in scores measured by pre posttests: 22%

KCCTO Workforce Development KS Family Engagement and Partnership Standards online trainings included the following:

Number of KS Family Engagement and Partnership Standards for EC events: 6 groups

Number of enrollments in KS Family Engagement and Partnership Standards training: 120 enrollments (unduplicated)

Average change in scores measured by pre posttests: 13%

KCCTO ITSN KELS training included the following:

Number of KELS training events: 2

Number of enrollments in KELS training: 45

Average change in scores measured by pre post tests: 22%

KCCTO ITSN provided the following KS Family Engagement and Partnership Standards training events:

Number of KS Family Engagement and Partnership Standards for EC events: 5

Number of enrollments in KS Family Engagement and Partnership Standards training: 55

Average change in scores measured by pre post tests: 3%

The KCCTO/KITS website offers links to KELS, toolkits that include training modules, Kansas resources, position statements, alignments, and other support materials.

<http://kskits.org/kels-toolkit> (link to basic information) <http://kskits.org/virtual-kit-early-learning->



standards (short 2-page information sheet with outside links to information)

Total number of distributions of KELS materials includes 48 print copies and 158 flash drives.

There were 214 referrals to KELS online.

KCCTO ITSN TA specialists are knowledgeable in early childhood education and development in a variety of topics:

Behavior and Guidance

- Center-Based Care
- Curriculum
- Health and Safety
- Indoor and Outdoor Learning Environments
- Observation and Assessment
- Preschool
- Professional Development
- Relationships & Working with Families

ITSN TA specialists evaluate progress and quality improvement through their technical assistance plans.

Number of written technical assistance plans during FY2020- 68

Number of professionals who received on-site TA --124 (84 written TA plans and 40 individuals with no written plan)

Number of on-site visits for TA Plans: 305 on-site visits conducted October 2019-March 2020. All on-sight activity was suspended mid-March due to Covid19.

ITSN specialists use GAS scores to evaluate progress and quality. Number of GAS scores/ measures at 6 months that performance was maintained or improved:: 19

\*\*Global Assessment Scale (GAS): There are two purposes for the GAS: First it serves as a measurement of the TA plan's long-term outcome(s). As such, goals that are written in to the GAS should reflect outcomes or effects on the outcome(s) of the plan rather than process variables (e.g. methods or procedures). Secondly, the GAS provides a standard measurement of the impact of technical assistance and the sustainability of those changes, which can be used for reporting and/or program evaluation.

## **11) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible**

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

### **11.1 Progress Update:**

Describe the measures used and progress made during October 1 to September 30 of the last federal fiscal year. Include examples and numeric targets where possible:

The Kansas Department for Children and Families has an interagency memorandum of agreement with the Kansas Department of Education and the Kansas Department of Health and Environment to support the Kansas Coordinating Council on Early Childhood Developmental Services, also referred to as the State Interagency Coordinating Council (SICC). The SICC is established to ensure that a comprehensive service delivery system of integrated services is available in Kansas for all children with or at risk of developmental delays from birth to age five and their families. The SICC serves as a liaison with Local Interagency Coordinating Councils (LICCs) and advises and assists KDHE, the lead agency, for Part C of the federal Individuals with Disabilities Education Act (IDEA). Objectives include coordination with state agencies; collaboration with leadership of the Special Education Advisory Council (SEAC); advising and assisting the lead agencies for Part B and B 619 as related to state and federal performance measures; providing an annual report to the Governor; and submitting an Annual Performance Report (APR) to the Office of Special Education Programs of the US Department of Education. These objectives were met during this CCDF reporting period.

Lead Agency partners with Kansas Enrichment Network (KEN) to support afterschool programs that target low-income populations of students who are at-risk of dropping out of school. KEN's activities include technical assistance and training opportunities that focus on topics that are appropriate for school age children. KEN, and partnering organizations, collaborate with school age program workforce to promote safe, healthy and enriching learning opportunities to prepare students for the future. Coordinated activities and measures of impact for school age programs include 13 conferences with clock hours and 15 training

events. KEN provided 133 site visits to 21st Century Learning Community Centers and Quality Matters programs. KEN reached 55 Kansas counties and programs self-reported these activities would potentially impact 13,232 youth. Some of the training and technical assistance topics included quality guidelines, homework help, digital badging, assessment and goal setting, performance improvement plans, use of virtual platforms, creating safe spaces in homes and programs, stress management, strategies for health, activity and nutrition, Why Hope Matters and supporting LGBTQ youth and staff.

11.1.1 Did the State/Territory set up a grant program designed to sustain the child care supply or provide sustainability funding to child care providers due to Coronavirus Disease 2019 (COVID-19) pandemic?

Yes.

If yes, describe it :

DCF contracted with Child Care Aware of Kansas to provide one-time bonuses for child care providers of healthcare workers and emergency responders totaling \$1,280,500. The purpose of this grant was to provide additional protective measures put in place to ensure the child care provider could meet the demand of a healthy and safe environment for all children. Examples of protective measures could include higher costs for additional staffing, the cost of operating for additional hours and personal protective equipment.

Revenue replacement funds provided financial assistance to child care providers and relatives providers who had identifiable lost revenue in subsidy payments due to the COVID-19 pandemic. Payments reoccurred over a time period of four months. A portion of the funds received were to be used to pay the salaries and wages of staff employed to maintain a healthy and safe environment for children. Revenue replacement grants award amount was \$1,779,800.

and check which types of providers were eligible and number served:

Licensed center-based programs

#

Legally exempt center-based programs

#

Licensed family child care

#

Legally exempt family child care (care in providers' home)

#

In-home (care in the child's own home)

#

Other

(explain)

Number Served for each eligible program type

Health Care/Emergency Worker Support

Child Care Centers 252

Family/Group Child Care Homes 1,100

Revenue Replacement

Child Care Centers 147

Family/Group Child Care Homes 317

Head Start 3

Relative Care Providers 32

School Age Programs 98

No

N/A

Describe:

11.1.2 Did the State/Territory provide cleaning supplies and/or personal protective equipment (PPE) to child care providers either through funding or directly in-kind due to Coronavirus Disease 2019 (COVID-19) pandemic?

Yes.

If yes, describe â€¦ :

Lead Agency provided child care programs with sustainability and supply grants which could be used for cleaning supplies and PPE.

and check which types of providers were eligible:

- Licensed center-based programs
  - Legally exempt center-based programs
  - Licensed family child care
  - Legally exempt family child care (care in providers' home)
  - In-home (care in the child's own home)
  - Other
- (explain)

No

N/A

Describe:

## 11.2 Spending:

11.2.1 Did the State or Territory spend CCDF quality set aside funds on other activities to improve the quality of child care services during October 1 to September 30 of the last federal fiscal year? This includes CCDF funds from all available appropriation years that were spent during the fiscal year. If so, what estimated percentage of the CCDF quality dollars was spent on these standards?

Yes.

If yes, %: 2.38

No

N/A

Describe:

11.2.2 Did the State or Territory use other non-CCDF funds development (for example, TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) to improve the quality of child care services during October 1 to September 30 of the last federal fiscal year? If yes, describe the source of the funding and the total amount.

Yes.

If yes, describe:

Unknown, this data is unavailable.

No

N/A

Describe:

11.2.3 Did the State/Territory use at least some of the increased CCDF funds from the Consolidated Appropriations Act, 2018 on other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible?

Yes.

If yes, describe:

No

N/A

Describe:

11.2.4 Did the State/Territory spend at least some of the CCDF funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 on other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible?

Yes.

If yes, describe:

No

N/A

Describe:

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

a) Describe the annual review and assessment of serious injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible.

All injury reports submitted by a licensed program received as a result of a complaint are reviewed by the Child Care Licensing Regional Administrator who is the custodian of the record. A review may result in an investigation or enforcement action if deemed appropriate. Data is reviewed annually and may result in additional training made available by the local licensing surveyor. Data is also used when considering amendments to regulations that impact the health and safety of children in care, however there are no regulations currently being amended.

KDHE Child Care Regulations require that a licensed facility report any death of a child to the Kansas Department of Health and Environment within 24 hours. A compliant investigation is initiated as appropriate.

All deaths that occur in a licensed facility are reported to the Kansas Death Review board upon request. Data is tracked regarding the cause, including space the death occurred (outside, crib, etc.), certification information such as CPR/First Aid, noncompliance cited, and enforcement initiated if applicable.

KDHE also tracks deaths that occur in an illegal care facility.

b) Describe any changes to State regulations, enforcement mechanisms, or other States policies addressing health and safety based on the annual review and assessment.

1. The KDHE enforcement fine matrix was amended to ensure that a fine could be assessed for noncompliance that is considered significant and adverse. All monies received as a result of an enforcement are deposited in the State General Fund, not the program's budget.

2. A violation report was updated to include documentation regarding the four-hour health and safety topic inclusion in the total annual professional development/in-service requirement.

3. A violation report is used for surveyor quarterly training and county specific location information is used by licensing surveyors to determine additional trainings made available in their area.

4. K.A.R. 28-4-133 was drafted and is specific to License and Group Day Care Homes, Child Care Centers and Preschools. This regulation requires that any critical incident that occurs in the facility be reported to the department.