# Quality Progress Report (QPR)
# For
# Kansas
## FFY 2022

### *QPR Status: Accepted as of 2023-02-23 14:27:22 GMT*

The Quality Progress Report (QPR) collects information from states and territories (hereafter referred to as lead agencies) to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services.

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

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

## QUALITY PROGRESS REPORT

The Quality Progress Report (QPR) collects information from lead agencies to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services. Lead agencies are also required to report on their Child Care and Development Fund (CCDF) quality improvement investments through the CCDF Plan, which collects information on the proposed quality activities for a three-year period; and through the ACF-696, which collects quarterly expenditure data on quality activities.

The annual data provided by the QPR will be used to describe how lead agencies are spending a significant investment per year to key stakeholders, including Congress, federal, state and territory administrators, providers, parents, and the public.

**Specifically, this report will be used to:**

- Ensure accountability and transparency for the use of CCDF quality funds, including a set-aside for quality infant and toddler care and activities funded by American Rescue Plan (ARP) Act
- Track progress toward meeting state- and territory-set indicators and benchmarks for improvement of child care quality based on goals and activities described in CCDF Plans; and
- Understand efforts in progress towards all child care settings meeting the developmental needs of children
- Inform federal technical assistance efforts and decisions regarding strategic use of quality funds.

**What Period Must Be Included:** All sections of this report cover the federal fiscal year activities (October 1, 2021 through September 30, 2022), unless otherwise stated. Data should reflect the cumulative totals for the fiscal year being reported, unless otherwise stated.

**What Data Should Lead Agencies Use:** Lead agencies may use data collected by other government and nongovernment agencies (e.g., CCR&R agencies or other TA providers) in addition to their own data as appropriate. We recognize that lead agencies may not have all of the data requested initially but expect progress towards increased data capacity. The scope of this report covers quality improvement activities funded at least in part by CCDF in support of

CCDF activities. Lead agencies must describe their progress in meeting their stated goals for improving the quality of child care as reported in their FFY 2022-2024 CCDF Plan.

## How is the QPR Organized?

The first section of the QPR gathers basic data on the population of providers in the state or territory and goals for quality improvement and glossary of relevant terms. The rest of the report is organized according to the ten authorized uses of quality funds specified in the CCDBG Act of 2014:

1) Support the training and professional development of the child care workforce
2) Improve the development or implementation of early learning and development guidelines
3) Develop, implement, or enhance a quality rating improvement system for child care providers
4) Improve the supply and quality of child care for infants and toddlers
5) Establish or expand a lead agency wide system of child care resource and referral services
6) Support compliance with lead agency requirements for licensing, inspection, monitoring, training, and health and safety
7) Evaluate the quality of child care programs in the state or territory, including how programs positively impact children
8) Support providers in the voluntary pursuit of accreditation
9) Support the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
10) Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry.

The Office of Child Care (OCC) recognizes that quality funds may have been used to address the coronavirus 2019 (COVID-19) pandemic. These activities should be reflected in the relevant sections of the QPR.

## Reporting Activities Related to ARP Act Child Care Stabilization Grants

The ARP Act included approximately $24 billion for child care stabilization grants, representing an important opportunity to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead agencies must spend stabilization funds as subgrants to

qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency. Please refer to the information memorandum ARP Act Child Care Stabilization Grants (CCDF-ACF-IM-2021-02) for further guidance on the child care stabilization grants made available through the ARP Act.

While the OCC has established a new data collection form, the ACF-901 – American Rescue Plan (ARP) Stabilization Grants Provider-Level Data, as the primary data collection mechanism for reporting related to ARP stabilization grants, Section 13 of the QPR asks about activities related to stabilization grants made possible through ARP funding. The OCC will inform lead agencies if the data reported through the ACF-901 is complete enough to warrant skipping Section 13 of the QPR. The following information is requested in Section 13:

- If the lead agency ran more than one grant program;
- How stabilization grants were used to support workforce compensation; and
- Methods to eliminate fraud, waste, and abuse when providing stabilization grants

Section 13 should be used to report on ARP Stabilization Grants ONLY. Other child care sustainability or stabilization grant programs established or ongoing using other funding mechanisms (i.e., CCDF or other supplemental funding e.g., CARES, CRRSA, ARP Supplemental Discretionary Funds) should be reported in Section 11.

### When is the QPR Due to ACF?

The QPR will be due to the Administration for Children and Families (ACF) by the designated lead agency no later than December 31, 2022.

## Glossary of Terms

The following terms are used throughout the QPR. These definitions can also be found in section 98.2 in the CCDBG Act of 2014. For any term not defined, please use the lead agency definition of terms to complete the QPR.

*Center-based child care provider* means a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless in care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "child care centers" and "center-based programs."

*Director* means a person who has primary responsibility for the daily operations and management for a child care provider, which may include a family child care provider, and which may serve children from birth to kindergarten entry and children in school-age child care.

*Family child care provider* means one or more individuals who provide child care services for fewer than 24 hours per day per child in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "family child care homes."

*In-home child care provider* means an individual who provides child care services in the child's own home.

*License-exempt* means facilities that are not required to meet the definition of a facility required to meet the CCDF section 98.2 definition of "licensing or regulatory requirements." Associated terms include "legally exempt" and "legally operating without regulation."

*Licensed* means a facility required by the state to meet the CCDF section 98.2 definition of "licensing or regulatory requirements," which explains that the facility meets "requirements necessary for a provider to legally provide child care services in a state of locality, including registration requirements established under state, local or tribal law."

*Programs* refer generically to all activities under the CCDF, including child care services and other activities pursuant to §98.50 as well as quality activities pursuant to §98.43.

*Provider* means the entity providing child care services.

*Staffed family child care network* means a group of associated family child care providers who pool funds to share some operating costs and to pay for at least one staff person who helps the providers to manage their businesses and enhance quality.

*Teacher* means a lead teacher, teacher, teacher assistant or teacher aide who is employed by a child care provider for compensation on a regular basis, or a family child care provider, and whose responsibilities and activities are to organize, guide and implement activities in a group or individual basis, or to assist a teacher or lead teacher in such activities, to further the cognitive, social, emotional, and physical development of children from birth to kindergarten entry and children in school-age child care.

## 1) Overview

*To gain an understanding of the availability of child care in the state or 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 or territory as of September 30, 2022. These counts should include all child care providers, not just those serving children receiving CCDF subsidies. Please enter N/A when necessary.

- [x] Licensed center-based programs  **1301**
    - [ ] N/A. Describe:
- [x] License exempt center-based programs
    - [x] N/A. Describe: **Legally exempt center-based care is not tracked in Kansas.**
- [x] Licensed family child care homes  **3918**
    - [ ] N/A. Describe:
- [x] License-exempt family child care homes (care in providers' home)
    - [x] 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**
    **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 as determined by adding the hours each child is cared for during the week.**
- [x] In-home (care in the child's own home)
    - [x] N/A. Describe: **In-home care is not tracked in Kansas. Child care providers in these situations are not eligible to receive 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.**
- [x] Other. Explain: **# of In-Home Relative Providers-53**

**# of Out-Of-Home Relative Providers-341**

### 1.2  Goals for Quality Improvement

Based on Question 7.1.2 from the FFY2022-2024 CCDF State and Territory Plan, please report progress on the lead agency's overarching goals for quality improvement during October 1, 2021 to September 30, 2022. 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. **The overarching goal for quality improvement is implementing a statewide Quality Rating and Improvement system (QRIS), Links to Quality (L2Q). Links to Quality strives to 1) Focus quality indicators by scaffolding towards national standards for high-quality child care, 2) Build a sustainable QRIS system, 3) Build upon the existing system of early care and education resources and supports, rather than building a new system, and 4) Incorporate program and parent feedback into the system. Due to Covid-19 and our child care providers expressing feelings of being overwhelmed, we paused full implementation of L2Q and developed a modified version for a recovery phase, Program Administration Support (PAS) using Links to Quality standards without the pressure of completing a full portfolio. PAS utilizes the quality standards of the Links to Quality Program Administration link to provide one-on-one business supports, including self-assessments, quality improvement plans, coaching and Peer Learning Community groups. Program Administration Support has allowed programs and providers the opportunity to begin work on the L2Q quality standards while we work towards full implementation in coordination with the new Workforce Registry in 2023.**

**Program Administration Support and the Peer Learning Communities have produced the following results, which are also reflected in the supporting the training and professional development of the child care workforce QPR section:**
**Number of programs working through PAS: 351**
**-Center-based: 54, Home-based: 288, School-age Programs: 5, Preschool: 4**
**-Number of children served by these programs: 1,924**
**-Number of these programs enrolled with DCF: 28**
**-Number of children receiving Child Care Assistance enrolled in these programs: 370**
**-Number of counties these programs are in: Program Administration Support: 72**
**-Total number of completed self-assessments: 409 (some completed more than one self-assessment) -Number of programs receiving technical assistance through coaching visits: 380 programs, 2,478 TA visits**
**-Number of Peer Learning Community groups operating during this time period: 7 Peer learning community groups, representing 70 counties, held meetings during this time period resulting in a total of 73 (71 virtual and 2 in person) meetings from 10/01/2021-9/30/2022.**
**-Number of monetary awards issued: 399 Program Administration Support Awards issued. (Award #1:208, Award #2: 191)**
**-Number of Quality Improvement Plans (QIP) completed for an award request: 216; 208**

submitted first award request, 191 submitted a second award request
 -Amount of total stipends issued: $214,750 (Award #1: $112,000, Award #2: $102,750)
 -Number of trainings offered: 12 Total (3 Create Inclusive Leadership Groups that Work, 9 GoNapsacc)
 -Increase in knowledge as demonstrated through the implementation of the learning into the roles and participation in their learning community meetings.

The major performance measures in the Consumer Education/Resource and Referral agreement include the following and the following results.
 -Unduplicated number of families receiving a list of licensed child care facilities for assistance in finding child care : 10,359
-Number of these families that were receiving Child Care Assistance, the Kansas CCDF subsidy program: 1,736
 -Percent of parents/families satisfied with referral services provided: 96%
 -Percent of parents/families that report the referral list they were given was accurate: 97%
 -Number of parents/families able to secure child care from the referrals provided: 834
 -Percent of parents/families able to secure child care from the referrals provided: 36%
 -Number of families who received consumer education materials: 10,359
 -Number of consumer education materials distributed: 133,229
 -Percent of providers in the state that have provider profile data in the child care search system: 100%
 -Percent of total providers that had their profile data updated in the FFY22: In our contract year, that dates July 1, 2021 through June 30, 2022 94% of providers had their profile updated. In the first quarter of the current contract year, which dates July 1,2022 through September 30, 2022, 34% of providers have updated their profiles.
 -Percent of counties in Kansas that received assistance through this agreement for their community work:  89% of counties received community engagements during the federal fiscal year 2022
 -Number of community meetings, presentations, conferences and events with community leaders, families, and providers: 90

The major performance measures in the Kansas Child Care Training Opportunities Workforce Professional Development agreement includes the following and the following results:
 -Number of in-person and virtual trainings and number of enrollments: 48 and 1405
-Percent of these trainings that were offered at a low cost to participants due to CCDF funding: 100%
 -% Increase in Kansas knowledge as demonstrated in pre and post evaluations of trainings: 18%
 -Number of CDA Training Track participants: 212

-% Of CDA Training Track participants that completed their training track: 25%
-% Of increased knowledge as the result of TA: Information not collected during this period
-Number of scholarship recipients: 253
-Number of providers earning credit toward degrees: 14
-Number of providers assisted with IPDPs: 123
-Number of providers supported on CDA training track: 212
-Number of providers completing CDA training track: 52
-Number of CDA Scholarships issued: 123 (CDA training scholarships), 23 (CDA application fee scholarships)

The major performance measures in the Kansas Child Care Training Opportunities Infant Toddler Specialist Network agreement includes the following and the following results:
-Number of written TA plans and number of completions: 160 and 62
-Number of on-site TA visits and number of virtual visits: 1067 and 101. Additional 385 visits conducted via phone or email not included in these counts

-% Of increased knowledge as the result of TA: 90%. Measured as the percentage of TA plan goals met at time of plan completion.
-Number of In-person and virtual trainings and number of enrollments: 183 and 4532. An additional 90 online trainings with 1888 enrollments. Number of trainings on incorporating appropriate health policies, procedures, and guidelines: 1 and 12 online health & safety trainings.
-% Increase in knowledge as demonstrated in pre and post evaluations of trainings: 15%. Pre and post assessments are not collected for in-person or virtual trainings.
-Number of Quality Improvement financial incentives to providers with intensive TA plan: 95
-Number of Kansas Early Learning Standards professional development events and % increase in knowledge: 9 and 27%. Increase in knowledge reflects online KELS courses only. Pre and post assessments are not collected for in-person or virtual trainings.
-Number of Kansas Early Learning Standards distributed: 546
-Number of trainings offered related to infant and toddler mental health, number of participants, and % increase in knowledge: 64, 1534, and 15%. Increase in knowledge reflects online infant and toddler mental health courses only. Pre and post assessments are not collected for in-person or virtual trainings.
-Number of new podcast episodes aired: 44

The major performance measures in the University of Kansas Center for Public Partnership and Research Kansas Enrichment Network agreement includes the following and the following results.

-Number of After School/Out of School providers that collected 8-10 service provider clock hours through KEN: 25. Number of above offerings through virtual meetings: 25
 -Number of After School/Out of School provider site visits conducted: 100. Number of counties included in site visits: 36

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

Goal: *Ensure the lead agency'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 as appropriate.*

### 2.1 Lead Agency Progression of Professional Development

2.1.1 Did the lead agency use a workforce registry or professional development registry to track progression of professional development during October 1, 2021 to September 30, 2022?

[ ] Yes. If yes, describe:

[x] No. If no, what alternative does the lead agency use to track the progression of professional development for teachers/providers serving children who receive CCDF subsidy? Describe: **In order to improve the knowledge and skills of the child care workforce, the Kansas Department of Health and Environment (KDHE) Child Care Licensing requires 16 clock hours of annual training for licensing renewals and after their initial trainings, including the required health and safety trainings. In a 2019 notification sent to all child care providers and posted on KDHE's website, providers were informed that at least four of these 16 ongoing training hours needed to be related to the 10 health and safety topics identified in the memo. In the memo, providers are encouraged to take new health and safety training with a more in-depth look into the topic and not repeat trainings. Required training is available through various training organizations and allows for opportunities to build on previous knowledge and skills. Documentation of the ongoing training and the four hours of ongoing health and safety trainings are reviewed during Kansas Department of Health and Environment licensing surveyor monitoring visits. If missing they are reported to The Department for Children and Families (DCF) so that DCF can work with the provider to ensure these requirements are met.**

**The Department for Children and Families (DCF) supports workforce training and professional development through our agreements with Kansas Child Care Training Opportunities, Inc. (KCCTO). Through the Workforce Professional Development (WFD) agreement, Kansas Child Care Training Opportunities provides professional development to child care programs through a Canvas learning management system that interfaces with a database system to provide quantitative data for contractual**

reporting. The initially required Kansas Department of Health and Environment health and safety training is available to providers in one 18-hour, 2-week module. Department for Children and Families subsidy providers are also required to have four hours of their annual training requirement meet ongoing health and safety requirements. Kansas Child Care Training Opportunities offers 18 ongoing health and safety courses which are a more in-depth look into the topic and not repeat trainings. Certificates of completion provide verification to Kansas Department of Health and Environment child care licensing surveyors that the requirements have been met.

Kansas Child Care Training Opportunities partners with Kansas Inservice Training Services to provide services to families with infants and toddlers through our Department for Children and Families agreement for the Infant Toddler Specialist Network (ITSN). The Kansas Child Care Training Opportunities learning management system allows both the Workforce Development and Infant Toddler Specialist Network staff to offer a variety of professional development options for child care programs. Online and virtual training offerings include health and safety training and a variety of content topics including social emotional, cognitive and physical development; behavior management, challenging behaviors, and reducing expulsion and prevention. Additional topics consist of cultural and linguistic responsiveness through family engagement, aligning learning environments with the Kansas Early Learning Standards, strengthening business practices, and caring for and supporting the development of children with disabilities and developmental delays.

In addition to online and virtual training, Kansas Child Care Training Opportunities Workforce Development staff have launched additional quality building supports for child care programs to guide them in their professional advancement, including these Training and Technical Assistance instructional activities:
-Online training includes information about available technical assistance, including evidence-based information about its benefit, supports to help providers work with children and families, and all the ways to access technical assistance.  Each trainer's homepage includes contact information for each professional development specialist and how to access their appointment-scheduling calendar.  Technical assistance is also built-in to some trainings.
-Professional Development Partner program is an additional optional Technical Assistance support available to all child care professionals.  There are currently 1844 early childhood professionals who have opted into the program.  Professionals who opt-in to this program have access to support individualized to their preferences, needs and interests as well as their preference for level of support.  Examples of support include

but are not limited to the following: finding professional development opportunities, specific challenges of early childhood work, resources, toolkits, and strategies, and identifying or connecting with local, state, and national organizations such as DCF, KCCTO-KITS ITSN, or Tiny-K.

-A CDA, Child Development Associate, resource center is provided through the Kansas Child Care Training Opportunities Workforce Development agreement. The webpage provides information about the CDA program, types of credentials, and information regarding financial supports offered. This webpage has been accessed by 2515 unique individuals, with 4878 total page views.

-Kansas Child Care Training Opportunities Facebook Peer Networking Community of Practice continues as a form of optional TA available to all professionals with access to Facebook. The group is moderated by a team of PD Specialists who provide TA through the platform, such as Facebook live conversations on relevant topics, sharing resources, and engaging with the community members in each guide topic group. Guide topics will continue to be driven by the community members. There are currently 173 members in the peer group.

-Virtual Toolkits are a simple resource that professional development specialists email to child care professionals as a follow-up to other TA or through the Canvas system with participation with online training. Currently there are 90 virtual toolkits available, with 45 (WFD) and 21 (ITSN) on general education topics, 6 (WFD) and 9 (ITSN) for program directors and administrators, and 5 (WFD) for business practices, and 4 (WFD) in Spanish.

-Kids These Days is a weekly podcast that cover topics relevant to early education professionals.

The Individualized Professional Development Plans (IPDP) is a tool staff and providers can use to track their professional education and training and set goals for future professional growth. Individualized Professional Development Plans are available to providers who utilize Kansas Child Care Training Opportunities training and can be used to provide guidance on self-assessments, setting goals and tracking professional education. The Workforce Development Advisory Group is in the process of revising the IPDP to be adopted by statewide TA partners with the goal of integration into a future registry system.

Kansas Child Care Training Opportunities Workforce Development offers scholarships to child care providers. Currently, eligibility requirements include completion of an Individualized Professional Development Plan. This gives staff and providers a tool for tracking their professional education and training while setting goals for future

professional growth. Scholarships are also offered to providers for the Child Development Associate (CDA) course and assessment fees. Providers can track their progression to certification through the Child Development Associate Training Track. Providers on the training track receive technical assistance to guide them through the credentialing process.

Department for Children and Families' agreement with Kansas Child Care Training Opportunities for Infant Toddler Specialist Network also tracks professional development progression through written technical assistance plans. The Quality Improvement Plans (QIP) include descriptions of the program or provider's current and proposed status, anticipated outcomes, activities to be implemented, resources needed, persons responsible, timelines, and measurable/observable results. Progress toward outcomes is documented through goal attainment scale scores. The Infant- Toddler Specialists' role is to help the provider identify and prioritize areas for growth, and what professional development or resources are needed to achieve his or her identified goals.

2.1.2   Are any teachers/providers required to participate?

[ ] Yes. If yes, describe:
[x] No. If no, describe: **There are no requirements for teachers/providers to participate in alternatives to a workforce registry.**

2.1.3   Total number of participants in the registry as of September 30, 2022  **0**

## 2.2  Workforce Development

2.2.1   What supports did the lead agency make available to teachers/providers to help them progress in their education, professional development, and career pathway between October 1, 2021 and September 30, 2022 (check all that apply)? If available, how many people received each type of support?

[x] Scholarships (for formal education institutions)  **24**
[x] Financial bonus/wage supplements tied to education levels  **10**
[x] Career advisors, mentors, coaches, or consultants   **74**
[x] Reimbursement for training  **239**
[ ] Loans
[ ] Substitutes, leave (paid or unpaid)for professional development
[x] Other. Describe: **Child Development Associate Scholarships 146, Trainer Mini Grants 4, and TA Plan Training Waivers 59**
[ ] N/A. Describe:

2.2.2 What compensation and benefits improvements did the lead agency support for teachers/providers between October 1, 2021 and September 30, 2022 (check all that apply)? If available, how many people received each type of support?

[ ] Financial bonuses (not tied to education levels)
[ ] Salary enhancements/wage supplements
[ ] Health insurance coverage
[ ] Dental insurance coverage
[ ] Retirement benefits
[ ] Loan Forgiveness programs
[ ] Mental Health/Wellness programs
[ ] Other. Describe:
[x] N/A. Describe: **No compensations and benefits were directly provided to the teachers during this time. Any funds used to support these types of compensation and benefits were done either indirectly by funds provided to the facilities or done at times outside of this time period.**

For questions 2.3 to 2.4 please report on the number of staff by qualification level as of September 30, 2022. Count only the highest level attained by staff.

| 2.3 Licensed child care providers | Licensed child care center directors | Licensed child care center teachers | Licensed family child care providers | If N/A, explain |
|---|---|---|---|---|
| a. Total number: | | | | |
| b. How many had a Child Development Associate (CDA)? | | | | **Kansas does not have a workforce registry. This data is unavailable.** |
| c. How many had an Associate's degree in an early childhood education field (e.g., psychology, human development, education)? | | | | **Kansas does not have a workforce registry. This data is unavailable.** |

| 2.3 Licensed child care providers | Licensed child care center directors | Licensed child care center teachers | Licensed family child care providers | If N/A, explain |
|---|---|---|---|---|
| d. How many had a Bachelor's degree in an early childhood education field (e.g., psychology, human development, education)? | | | | **Kansas does not have a workforce registry. This data is unavailable.** |
| e. How many had a State child care credential? | | | | **Kansas does not have a workforce registry. This data is unavailable.** |
| f. How many had State infant and toddler credentials? | | | | **Kansas does not have a workforce registry. This data is unavailable.** |
| g. How many had an "other" degree?  Define "other" degree: | | | | **Kansas does not have a workforce registry. This data is unavailable.** |

| 2.4 Licensed CCDF providers | Licensed child care center directors who serve children who receive CCDF subsidy | Licensed child care center teachers who serve children who receive CCDF subsidy | Licensed family child care providers who serve children who receive CCDF subsidy | If N/A, explain |
|---|---|---|---|---|
| a. Total number: | | | | |

| 2.4 Licensed CCDF providers | Licensed child care center directors who serve children who receive CCDF subsidy | Licensed child care center teachers who serve children who receive CCDF subsidy | Licensed family child care providers who serve children who receive CCDF subsidy | If N/A, explain |
|---|---|---|---|---|
| b. How many had a Child Development Associate (CDA)? | | | | Kansas does not have a workforce registry. This data is unavailable. |
| c. How many had an Associate's degree in an early childhood education field (e.g., psychology, human development, education)? | | | | Kansas does not have a workforce registry. This data is unavailable. |
| d. How many had a Bachelor's degree in an early childhood education field (e.g., psychology, human development, education)? | | | | Kansas does not have a workforce registry. This data is unavailable. |
| e. How many had a State child care credential? | | | | Kansas does not have a workforce registry. This data is unavailable. |
| f. How many had State infant and toddler credentials? | | | | Kansas does not have a workforce registry. This data is unavailable. |

| 2.4 Licensed CCDF providers | Licensed child care center directors who serve children who receive CCDF subsidy | Licensed child care center teachers who serve children who receive CCDF subsidy | Licensed family child care providers who serve children who receive CCDF subsidy | If N/A, explain |
|---|---|---|---|---|
| g. How many had an "other" degree?<br><br>Define "other" degree: | | | | Kansas does not have a workforce registry. This data is unavailable. |

2.5 How many providers received the following additional forms of professional development and/or technical assistance from October 1, 2021 to September 30, 2022?

| | Total | Licensed or registered center-based programs | License-exempt center-based programs | Licensed or registered family child care homes | License-exempt family child care homes (care in providers' home) | In-home (care in the child's own home) |
|---|---|---|---|---|---|---|
| a) Business practices | 2435 | 686 | 63 | 1686 | 0 | 0 |
| b) Mental health | 2273 | 1445 | 126 | 702 | 0 | 0 |
| c) Diversity, equity, and inclusion | 766 | 395 | 164 | 207 | 0 | 0 |
| d) Emergency Preparedness Planning | 0 | 0 | 0 | 0 | 0 | 0 |

| | Total | Licensed or registered center-based programs | License-exempt center-based programs | Licensed or registered family child care homes | License-exempt family child care homes (care in providers' home) | In-home (care in the child's own home) |
|---|---|---|---|---|---|---|
| e) Other: Includes all other training: CCA: Go NAPSACC resources, Child Care Bonus, information on Learning Community meetings, Program Administration Support, Breastfeeding Designation, KDHE/Licensing, Sustainability Round, Budget Workshop, DCF Enrollment, KDHE Proposed Regulations, Link Drafts, Advocacy, ASQ Training, Training, General L2Q Info, Leadership Training, | 26507 | 14110 | 3363 | 9034 | 0 | 0 |

| | Total | Licensed or registered center-based programs | License-exempt center-based programs | Licensed or registered family child care homes | License-exempt family child care homes (care in providers' home) | In-home (care in the child's own home) |
|---|---|---|---|---|---|---|
| Child Care Recruitment, CACFP, CDA, Build Back Better Act, Continuing Education, COVID issues, KELS, KS Career Pathway-2, Family Partnerships, Learning & Development, Accreditation, Handbook Webinar, CACFP, CPR, Community Engagement, KCCTO Strengthening Business Practices Training, Child Care Bonus, Towne Hall Webinar, CCHC Start Up, Point in Time Data, Curriculum, and NAEYC. | | | | | | |

## 2.6 Spending:

2.6.1 Did the lead agency spend funds from any of the following sources to support the **training and professional development** of the child care workforce during October 1, 2021 to September 30, 2022?

| Funding source | Was this funding source used? |
|---|---|
| a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year) | [x] Yes<br>Amount spent $ **1063210.09**<br>If yes, describe how funds were used: **This amount included only items identified specifically for Workforce Development.**<br>[ ] No<br>[ ] N/A<br>Describe: |

| Funding source | Was this funding source used? |
|---|---|
| b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) | [ ] Yes<br>Amount spent: $<br>If yes, describe source(s) of funding and how funds were used:<br>[ ] No<br>[x] N/A<br>Describe: **Detailed amounts spent on these activities are not available to the lead agency.**<br><br>**Kansas Children's Initiative Funds were used for Early Childhood Block Grant (ECBG) funding. ECBG funding provides support for participation of children birth-3 in classrooms or with homecare providers, support for child care for training/professional development, coaching, curriculum materials and classroom supplies. Preschool Development Grant (PDG) funds were used to develop an aligned professional development system. This comprehensive approach includes the following initiatives:**<br>**a.          Support the selection and implementation of an early childhood care and education workforce registry. The registry itself will be funded by federal relief support via CCDF but coordination and cohesion within the larger early childhood system will be the responsibility of PDG-funded staff and supports.**<br>**b.          Continued refinement, adoption, and implementation of a formal career pathway for child care professionals.**<br>**c.          Alignment of professional development opportunities mapped to both the career pathway and the core competencies.**<br><br>**Additionally, PDG funds support organizations to bring appropriate professional development opportunities to Kansas organizations and communities, including but not limited to evidence-based practices and based on the needs of children and providers.**<br>**PDG provides funding for the All in for Kansas Kids general quality subgrants, including diverse range of projects such as:** |

| Funding source | Was this funding source used? |
|---|---|
| | a. Addressing workforce recruitment and retention challenges by providing professional development opportunities and/or bonus stipends<br>b. Creating cohorts of child care providers and providing and facilitating professional development, peer mentorship, and technical assistance |
| c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |

| Funding source | Was this funding source used? |
|---|---|
| d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 | [x] Yes<br>Amount spent $ **495454.79**<br>If yes, describe how funds were used: **Workforce Development: Additional Scholarships issued, Additional CDA supports, reviewed and edited trainer competencies, developed in-person trainer system, curriculum developed, supported directors working towards national director's credential (Aim4Excellence modules), director coaching and training, business practice training, center-based program specific training, ASQ-3 and ASQ: SE-2 training and materials, developed and offered online extended courses and course bundles to meet individual professional development plans**<br><br>**ITSN: Increase in staff to develop courses and provide technical assistance around mental health and supporting children with disabilities in child care environments, partnership with KAIMH to support professionals in pursuing Mental Health Endorsement.**<br><br>**CCA-L2Q/QRIS system: 351 programs worked through the Program Administration Support. 54 of the programs are centers, 5 are school age programs, 4 are preschools, and 288 are family childcare. There were 399 Program Administration Awards issued (208 1st awards and 191 2nd awards) for a total of $214,750.00. Community Consultants completed 2,478 technical assistance visits. This information is also shared in 1.2 and 2.7 on this report**<br>[ ] No<br>[ ] N/A<br>Describe: |

| Funding source | Was this funding source used? |
|---|---|
| e. American Rescue Plan (ARP) Act, 2021 Supplemental funding | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[ ] No<br>[x] N/A<br>Describe: **Funds were utilized to fund the Child Care Health Consultant Network through an agreement with KDHE who subcontracted with Child Care Aware of KS. Funding was used to support start-up stipends and health and safety grants as providers are working to become licensed. Start-up stipends are provided after a program completes orientation to help purchase materials. Health and safety grants are available after a licensing inspection is completed to meet licensing requirement. To support the providers working through the licensing process, the individual providers have access to technical assistance as they are working through the process. Additionally, through this agreement, tiered consultation related to recruitment, start-up support for new providers, technical assistance on health and safety requirements, emergency preparedness/planning, and health equity is available in all counties throughout the state. In FFY2022, 2,023 consultations were completed. The total spent for this agreement, as well as this relevant program information, is available in section 7.5.1.e.** |
| f. ARP Act, 2021 Stabilization Grant set-aside ONLY<br><br>(As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |

**2.7** Progress Update: Using the measures identified in 6.3.2 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to supporting the training and professional development of the child care workforce. In

addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes: The Kansas CCDF lead agency uses funding in a number of different professional development systems, approaches, and services to provide needed professional development opportunities and growth to our various workforce with diverse needs. Some of the agreements that are supported with these funds and used to increase the early education workforce knowledge and skills are listed below with measures used and progress.

The Kansas Child Care Training Opportunities Workforce Professional Development (WFD) agreement has these measures of progress in the area of providing supports and services to increase quality within the child care provider workforce:
Number of in-person and virtual trainings and number of enrollments: 48 and 1405
-Number of these trainings that were offered at a low cost to participants due to CCDF funding: 100%
% Increase in Kansas knowledge as demonstrated in pre and post evaluations of trainings: 18%
Number of CDA Training Track participants: 212
% Of CDA Training Track participants that completed their training track: 25%
Number of scholarship recipients: 253
Number of providers supported on CDA training track: 212
Number of providers completing CDA training track: 52
Number of providers assisted with IPDPs: 123
The WFD data provided supports that performance measures in place within their agreement have been met or exceeded and progress goals have been accomplished.

The Kansas Child Care Training Opportunities Infant Toddler Specialist Network agreement has these measures of progress in the area of providing supports and services to increase quality within the child care provider workforce:
Number of written TA plans and number of completions: 160 and 62
Number of on-site TA visits and number of virtual visits: 1067 and 101
-Additional 385 visits conducted via phone or email not included in these counts
% Of increased knowledge as the result of TA: 90%
-Measured as the percentage of TA plan goals met at time of plan completion.
Number of In-person and virtual trainings and number of enrollments: 183 and 4532
-An additional 90 online trainings with 1888 enrollments.
-Number of trainings on incorporating appropriate health policies, procedures, and guidelines: 1 and 12 online health & safety trainings.

% Increase in knowledge as demonstrated in pre and post evaluations of trainings: 15%

-Pre and post assessments are not collected for in-person or virtual trainings.

Number of Quality Improvement financial incentives to providers with intensive TA plan: 95

Number of Kansas Early Learning Standards professional development events and % increase in knowledge: 9 and 27%

-Increase in knowledge reflects online KELS courses only. Pre and post assessments are not collected for in-person or virtual trainings.

Number of Kansas Early Learning Standards distributed: 546

Number of trainings offered related to infant and toddler mental health, number of participants, and % increase in knowledge: 64, 1534, and 15%

-Increase in knowledge reflects online infant and toddler mental health courses only. Pre and post assessments are not collected for in-person or virtual trainings.

Number of new podcast episodes aired: 44

The ITSN data provided supports that performance measure in place within their agreement have been met or exceeded and progress goals have been accomplished. There is some decrease in numeric data from last year which may indicate lower enrollment numbers and a change in the need of trainings. Trainings are offered based on workforce needs reported on annual Needs Assessment Survey. The workforce demands are identified, and a decrease in enrollments does not reflect a decrease in performance. KCCTO is meeting the current needs of the Kansas workforce.


The University of Kansas Center for Public Partnership and Research Kansas Enrichment Network agreement has these measures of progress in the area of providing supports and services to increase quality within the child care provider workforce:

Number of After School/Out of School providers that collected 8-10 service provider clock hours through KEN: 25

-Number of above offerings through virtual meetings: 25

The KEN data provided supports that performance measures in place within their agreement are being met or exceeded and progress goals have been accomplished.

Links to Quality (L2Q) includes four (4) foundation links as a basis for programs to start the journey for continuous quality improvement. Those four Links include: Program Administration, Family Partnerships, Learning and Development, and Health and Safety. To be recognized as a member of Links to Quality a child care program must complete all four (4) of the foundation Links. The L2Q related work and agreements have these measures of progress in providing supports and services to increase quality within the child care

provider workforce. However, due to Covid-19, the implementation of Links to Quality was delayed, so we currently have no providers participating in L2Q.  In lieu of a full statewide QIS implementation, we did leverage the first link, Program Administration, to develop a program, Program Administration Support, to provide one-on-one technical assistance and resources related to business practices.

Number of programs working through PAS: 351
-Center-based: 54, Home-based: 288, School-age Programs: 5, Preschool: 4
-Number of children served by these programs: 1,924
-Number of these programs enrolled with DCF: 28
-Number of children receiving Child Care Assistance enrolled in these programs: 370
-Number of counties these programs are in: Program Administration Support: 72
Total number of completed self-assessments aligned with the Program Administration Link: 409 (some completed a self-assessment more than once)
Number of programs receiving technical assistance through coaching visits: 380 programs, 2,478 TA visits
Number of monetary awards issued: 399 Program Administration Support Awards issued. (Award #1:208, Award #2: 191)
-Number of Quality Improvement Plans (QIP) completed for an award request: 216; 208 submitted first award request, 191 submitted a second award request
Amount of total stipends issued: $214,750 (Award #1: $112,000, Award #2: $102,750)
Number of trainings offered: 12 Total (3 Create Inclusive Leadership Groups that Work, 9 GoNapsacc)
Specific targets were not called out in the agreement because they were to serve all that applied for the services.  These specific services were not provided in the past, so there is no comparison data.

The Kansas Early Head Start Child Care Partnership agreements have these measures of progress in the area of providing supports and services to increase quality within the child care provider workforce:
Number of people who received the following through KEHS program
-Scholarships (for formal education institution) : 10
-Financial bonus/wage supplements tied to education levels: 10
-Career advisors/Mentors/Coaches/Consultants: 74
-Reimbursement for training: 7
The ten different Kansas Early Head Start Child Care Partnership grantees were able to provide these supports and services as needed and specific targets were not called out in their agreements.

The Kansas Department of Health and Environment for Health, Safety, and Increased Quality in Child Care
agreement has these measures of progress in the area of providing supports and services to increase quality within the child care provider workforce:
-Number of Technical Assistance provided: 11,694
-Number of Orientation trainings: 746
Specific targets were not called out in the agreement.  Through training and educational opportunities offered to child care providers during FFY2022, the numbers reflect an increase in supports and services improving the quality of the child care workforce.

## 3) Improving early learning and development guidelines

*Goal: To ensure the lead agency 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 and professional development.*

### 3.1 Were any changes or updates made to the State or Territory's early learning and development guidelines during October 1, 2021 to September 30, 2022?

[ ] Yes.  If yes, describe changes or updates:

[x] No

[ ] N/A      Describe:

### 3.2 Spending:

3.2.1  Did the lead agency spend funds from any of the following sources on the **development or implementation of early learning and development guidelines** during October 1, 2021 to September 30, 2022?

| Funding source | Was this funding source used? |
|---|---|
| a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) | [ ] Yes<br>Amount spent: $<br>If yes, describe source(s) of funding and how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |

| Funding source | Was this funding source used? |
|---|---|
| d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |
| e. American Rescue Plan (ARP) Act, 2021 Supplemental funding | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |
| f. ARP Act, 2021 Stabilization Grant set-aside ONLY<br><br>(As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |

3.3 Progress Update:  Using the measures identified in section 6.4 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to improving early learning and development guidelines. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes: During this time, the Kansas Early Learning Standards Core Team has been working on updating these standards. During this time period, the team has been working on three major projects.  These projects include:

1. Diversity Equity Inclusion- This group has been working on looking at the KELS through a lens of Diversity, Equity, and Inclusion.  They have been developing a statement that they will be sharing with relevant groups for feedback.

2. Indicators for Every Age- This group went through the current KELS Document to make sure there was an indicator for each age group for each standard.  There were several indicators for infants that were blank.  These were blank because those indicators were not

developmentally appropriate for infants.  There were also several indicators left blank for Kindergarteners that were able to be filled in with information from the K-12 standards.
3. Child Care Accessibility- This team is working on making the updated KELS accessible for not only Child Care Providers, but others that would use the document as well.  This team has also discussed how training for the updated KELS could be presented.
This group has begun work on the content areas.  In April, the group addressed the content area of Approaches to Learning.  The content area specialists were split into 2 groups, 0-3 and 3-5.  These groups discussed changes and suggestions and brought them to the next meeting with the entire group.

In September, the Content Specialists discussed Physical Health and Development.  In the future, the group will discuss all of the content areas.  The goal is to have a final updated product by spring of 2023.

Although the guidance and information contained in the Kansas Early Learning Standards is embedded in much of the quality related work and professional development courses and supports in Kansas, there are specific professional development opportunities and technical assistance opportunities available specifically on the Kansas Early Learning Standards themselves.

The Kansas Child Care Training Opportunities Workforce Professional Development (WFD) agreement has these measures of progress related to Kansas Early Learning Standards (KELS) courses and supports:
-Number of KELS specific training: 7; Number of unduplicated providers attending these trainings: 127
-% Increase in Kansas knowledge as demonstrated in pre and post evaluations of KELS trainings: 27%
-Number of Family Engagement and Partnership Standards Training (includes connection to KELS): 6
-% Increase in Kansas knowledge as demonstrated in pre and post evaluations of Family Engagement and Partnership Standards  trainings: 16%
The WFD data provided supports that performance measures in place within their agreement have been met or exceeded and progress goals have been accomplished. There is some decrease in numeric data from last year which may indicate lower enrollment numbers and a change in the need of trainings. Trainings are offered based on workforce needs reported on annual Needs Assessment Survey. The workforce demands are identified, and a decrease in enrollments does not reflect a decrease in performance. KCCTO is meeting the current needs of the Kansas workforce.

The Kansas Child Care Training Opportunities Infant Toddler Specialist Network agreement has these measures of progress related to Kansas Early Learning Standards (KELS) courses and supports:
-Number of KELS specific training: 9; Number of unduplicated providers attending these trainings: 186
-% Increase in Kansas knowledge as demonstrated in pre and post evaluations of KELS trainings: 27%; Increase in knowledge reflects online KELS courses only. Pre and post assessments are not collected for in-person or virtual trainings.
-Number of KELS materials distributed through all methods: 546
The ITSN data provided supports that performance measure in place within their agreement have been met or exceeded and progress goals have been accomplished.

While working towards statewide implementation of Links to Quality, the alignment of KELS with our Learning and Development is essential to supporting classrooms with creating inclusive, quality learning environments. Learning and Development will also lean into KELS to ensure social and emotional supports are present in classrooms.

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

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

**4.1** Indicate the status and include a description of the lead agency's quality rating and improvement system (QRIS) or other system of quality improvement during October 1, 2021 to September 30, 2022?

[ ] The lead agency QRIS is operating state- or territory-wide.
Please describe all QRIS tiers and which tiers are considered high quality care:

[x] The lead agency QRIS is operating a pilot (e.g., in a few localities, or only a few levels) but not fully operating state- or territory-wide.
Please describe all QRIS tiers and which tiers are considered high quality care: **Though our pilot ended in April 2020, our peer learning groups from the pilot continue to operate with several of the original participants from the pilot. These peer learning groups continue to grow and will serve as a starting point towards full implementation of Links to Quality statewide. Due to Covid-19 and our child care providers expressing feelings of being overwhelmed, we paused full implementation of Links to Quality and developed a modified version for a recovery phase, Program Administration Support (PAS), using Links to Quality standards without the pressure of completing a full portfolio. PAS utilizes the quality standards of the Links to Quality Program Administration link to provide one-on-one business supports, including self-assessments, quality improvement plans, coaching and Peer Learning Community groups. Program Administration Support has allowed programs and providers the opportunity to begin work on the L2Q quality standards while we work towards full implementation in coordination with the new Workforce Registry in 2023.**

[ ] The lead agency is operating another system of quality improvement.
Describe this system and your definition of high quality care, which may include assessment scores, accreditation, or other metrics:

[ ] The lead agency does not have a QRIS or other system of quality improvement.
Please include your definition of high quality care:

**4.2** What types of providers participated in the QRIS or other system of quality improvement during October 1, 2021 to September 30, 2022 (check all that apply)?

[x] Licensed child care centers
[x] Licensed family child care homes
[ ] License-exempt providers

[x] Programs serving children who receive CCDF subsidy

[ ] Early Head Start programs

[ ] Head Start programs

[x] State Prekindergarten or preschool programs

[ ] Local district-supported Prekindergarten programs

[x] Programs serving infants and toddlers

[x] Programs serving school-age children

[ ] Faith-based settings

[ ] Tribally operated programs

[ ] Other. Describe:

4.3  For each setting, indicate the number of providers eligible to participate in the QRIS or other system of quality improvement and the number of providers participating as of September 30, 2022?

| | Licensed child care centers | License-exempt child care centers | Licensed family child care homes | License-exempt family child care homes | In-home (care in the child's own home) | Programs serving children who receive CCDF subsidy | Other, Describe: School Aged and Preschool Programs combined |
|---|---|---|---|---|---|---|---|
| a. Number of providers eligible for QRIS or other system of quality improvement | 1301 | | 3918 | 341 | 53 | 2619 | 9 |
| b. Number of providers participating in QRIS or other system of quality improvement | 54 | | 288 | 0 | 0 | 28 | 9 |

| | Licensed child care centers | License-exempt child care centers | Licensed family child care homes | License-exempt family child care homes | In-home (care in the child's own home) | Programs serving children who receive CCDF subsidy | Other, Describe: School Aged and Preschool Programs combined |
|---|---|---|---|---|---|---|---|
| c.   N/A, describe | | Legally exempt center-based care is not tracked in Kansas. | | Except for relative care providers who meet the required CCDF definition, child care providers in these situations are not eligible to receive CCDF subsidy and do not participate in Kansas QRIS. | Except for relative care providers who meet the required CCDF definition, child care providers in these situations are not eligible to receive CCDF subsidy and do not participate in Kansas QRIS. | | |

**4.4** Is participation in the QRIS or other system of quality improvement mandatory for any group of providers?

[ ] Yes (check all that apply).

       [ ] Licensed child care centers

       [ ] Licensed family child care homes

       [ ] License-exempt providers

       [ ] Programs serving children who receive CCDF subsidy

       [ ] Early Head Start programs

       [ ] Head Start programs

       [ ] State Prekindergarten or preschool programs

       [ ] Local district-supported Prekindergarten programs

       [ ] Programs serving infants and toddlers

       [ ] Programs serving school-age children

       [ ] Faith-based settings

       [ ] Tribally operated programs

       [ ] Other. Describe:

[x] No.

[ ] N/A Describe

**4.5** Enter the number of programs that met the lead agency's high quality definition as of September 30, 2022:

    a) Licensed child care centers

    b) License-exempt child care centers

    c) Licensed family child care homes

    d) License-exempt family child care homes (care in providers' home)

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

    f) Programs serving children who receive CCDF subsidy

[x] N/A. Describe **Kansas has only had a pilot of the Quality Rating and Improvement System (QRIS), Links to Quality. Links to Quality is in a transition period, where providers continue to receive peer-to-peer meetings, coaching, mentoring, and technical assistance as part of their learning communities. The providers have assisted in the transition of Links to Quality with feedback received from workgroups, focus groups, and quarterly webinars. Program voices have assisted in the changes and updates to the four areas of focus. These four competency areas include program administration, family partnership, learning and development, and health and safety. No programs have completed all four foundational links, which will be considered the first tier of quality in L2Q and our high quality definition.**

**4.6** Enter the number of CCDF children in high quality care by age grouping as of September 30, 2022:

    a. Total number of CCDF children in high quality care **0**
        i. Infant **0**

                Define age range: from **0** weeks [ ] months [x] years [ ] through **11** weeks [ ] months [x] years [ ]

        ii. Toddler **0**

                Define age range: from **12** weeks [ ] months [x] years [ ] through **35** weeks [ ] months [x] years [ ]

        iii. Preschool **0**

                Define age range: from **36** weeks [ ] months [x] years [ ] through **71** weeks [ ] months [x] years [ ]

        iv. School-age **0**

                Define age range: from **72** weeks [ ] months [x] years [ ] through **18** weeks [ ] months [ ] years [x]

    b. Other. Describe

    c. N/A. Describe: **Kansas has only had a pilot of the Quality Rating and Improvement System (QRIS), Links to Quality. Links to Quality is in a transition period, where providers continue to receive peer-to-peer meetings, coaching, mentoring, and technical assistance as part of their learning communities. The providers have assisted in the transition of Links to Quality with feedback received from workgroups, focus groups, and quarterly webinars. Program voices have assisted in the changes and updates to the four areas of focus. These four competency areas include program administration, family partnership, learning and development, and health and safety. No programs have completed all four foundational links, which will be considered the first tier of quality in L2Q.**

**4.7** Did the lead agency provide one-time grants, awards or bonuses connected to (or related to) QRIS or other system of quality improvement during October 1, 2021 to September 30, 2022? If yes, how many were provided to the following types of programs during October 1, 2021 to September 30, 2022?

[x] Yes, the following programs received grants.

a. Licensed child care centers  **49**

b. License-exempt child care centers  **0**

c. Licensed family child care homes  **344**

d. License-exempt family child care homes (care in providers' home)  **0**

e. In-home (care in the child's own home)  **0**

f. Programs serving children who receive CCDF subsidy  **86**

[ ] No.

[ ] N/A. Describe:

**4.8 Did the lead agency provide on-going or periodic quality stipends (e.g. annual participation bonus, recurring bonuses for maintaining quality level) connected to (or related to) QRIS or other system of quality improvement during October 1, 2021 to September 30, 2022? If yes, how many programs received on-going or periodic quality stipends connected to (or related to) QRIS or other system of quality improvement during October 1, 2021 to September 30, 2022?**

[ ] Yes, the following programs received stipends.

a. Licensed child care centers

b. License-exempt child care centers

c. Licensed family child care homes

d. License-exempt family child care homes (care in providers' home)

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

f. Programs serving children who receive CCDF subsidy

[x] No.

[ ] N/A. Describe:

**4.9 Did the lead agency provide higher subsidy rates (included tiered rates) related to the QRIS or other quality rating system during October 1, 2021 to September 30, 2022? If so, how many programs received higher subsidy payment rates due to their QRIS rating during October 1, 2021 to September 30, 2022?**

[ ] Yes, the following programs received higher subsidy rates.

a. Licensed child care centers

b. License-exempt child care centers

c. Licensed family child care homes

d. License-exempt family child care homes (care in providers' home)

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

f. Programs serving children who receive CCDF subsidy

[x] No.

[ ] N/A. Describe:

4.10   Did the lead agency provide ongoing technical assistance related to the QRIS or other quality rating system during October 1, 2021 to September 30, 2022?  If so, how many programs received ongoing technical assistance during October 1, 2021 to September 30, 2022?

[  ] Yes, the following programs received ongoing technical assistance.
   a.   Licensed child care centers
   b.   License-exempt child care centers
   c.   Licensed family child care homes
   d.   License-exempt family child care homes (care in providers' home)
   e.   In-home (care in the child's own home)
   f.   Programs serving children who receive CCDF subsidy

[x] No.
[  ] N/A. Describe:

## 4.11   Spending:

4.11.1 Did the lead agency spend funds from any of the following sources to support <u>QRIS or other quality rating systems</u> during October 1, 2021 to September 30, 2022?

| Funding source | Was this funding source used? |
|---|---|
| a.   CCDF quality set aside (from all available appropriation years that were spent during the fiscal year) | [x] Yes<br>Amount spent $ **131837.00**<br>If yes, describe how funds were used: **Most of the L2Q activities were funded with recovery related funds during this time period.  The amount reported here is only for payroll expenses for some DCF L2Q Staff.**<br>[  ] No<br>[  ] N/A<br>Describe: |

| Funding source | Was this funding source used? |
|---|---|
| b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) | [ ] Yes<br>Amount spent: $<br>If yes, describe source(s) of funding and how funds were used:<br>[ ] No<br>[x] N/A<br>Describe: **Detailed amounts spent on these activities are not available to the lead agency.**<br><br>**Children's Initiative funds were used for Child Care Quality Initiative, a program of Child Care Aware of Kansas that provides professional development to child care professionals across the state to help increase the quality of their early learning environments. Services include professional development events, parent engagement events, peer learning collaboratives, and quality assessments. Child Care Quality Initiative seeks to make safe, affordable care more accessible for all Kansas children. As part of the broader initiative, Child Care Aware also offers a year-long intensive coaching program engaging up to 40 home-based child care providers with targeted coaching interactions.**<br><br>**Preschool Development Grant funds were used to support Links to Quality.**<br><br>**PDG funds provided continued support for two Links to Quality (L2Q) specialists to support the Kansas QRIS initiative. This effort supports child care providers by offering community consultant and peer learning communities in target regions of the state. L2Q provides technical assistance on, and recognition for, the achievement of identified quality indicators within the four-core links: Program Administration, Family Partnerships, Learning and Development and Health and Safety.** |

| Funding source | Was this funding source used? |
|---|---|
| c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |
| d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 | [x] Yes<br>Amount spent $ **513242.56**<br>If yes, describe how funds were used: **Grants were made available through the QRIS agreement with Child Care Aware of KS to support programs with efforts related to the Program Administration Link. Programs completed Quality Improvement Plans, identified goals, and were able to submit requests for items that would support them in the daily operations of their programs. The most frequently purchased items with the grants were software to track enrollment and payments, office equipment to provide working spaces for business needs, computers, laptops, iPads, printing supplied, and staffing (pay and bonuses). Programs worked with Community Consultants to implement new tools after completion of grant applications. 351 programs worked through the Program Administration Support in lieu of the QRIS being fully implemented.. 54 of the programs are centers, 5 are school age programs, 4 are preschools, and 288 are family childcare. There were 399 Program Administration Awards issued (208 1st awards and 191 2nd awards) for a total of $214,750.00. Community Consultants completed 2,478 technical assistance visits.**<br>[ ] No<br>[ ] N/A<br> Describe: |

| Funding source | Was this funding source used? |
|---|---|
| e. American Rescue Plan (ARP) Act, 2021 Supplemental funding | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |
| f. ARP Act, 2021 Stabilization Grant set-aside ONLY<br><br>(As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |

4.12    Progress Update: Using the measures identified in section 7.3.6 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to Developing, implementing, or enhancing a quality rating and improvement system (QRIS) and other transparent system of quality indicator. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. The overarching goal for quality improvement is implementing a statewide QIS system, Links to Quality (L2Q). Links to Quality strives to 1) Focus quality indicators by scaffolding towards national standards for high-quality child care, 2) Build a sustainable QIS system, 3) Build upon the existing system of early care and education resources and supports, rather than building a new system, and 4) Incorporate program and parent feedback into the system.  Due to Covid-19 and our providers feeling overwhelmed, we paused implementation and moved into a response phase using Links to Quality resources. Program Administration Support (PAS) provided one-on-one business supports and Peer Learning Communities gave providers a place to support each other through challenges they face.

Program Administration Support and the Peer Learning Communities have produced the following results, which are also reflected in the supporting the training and professional development of the child care workforce QPR section:
Number of programs working through PAS: 351

-Center-based: 54, Home-based: 288, School-age Programs: 5, Preschool: 4

-Number of children served by these programs: 1,924

-Number of these programs enrolled with DCF: 28

-Number of children receiving Child Care Assistance enrolled in these programs: 370

-Number of counties these programs are in: Program Administration Support: 72

Total number of completed self-assessments: 409 (some completed more than one self-assessment) Number of programs receiving technical assistance through coaching visits: 380 programs, 2,478 TA visits

Number of Peer Learning Community groups operating during this time period: 7 Peer learning community groups, representing 70 counties, held meetings during this time period resulting in a total of 73 (71 virtual and 2 in person) meetings from 10/01/2021-9/30/2022.

Number of monetary awards issued: 399 Program Administration Support Awards issued. (Award #1:208, Award #2: 191)

-Number of Quality Improvement Plans (QIP) completed for an award request: 216; 208 submitted first award request, 191 submitted a second award request

Amount of total stipends issued: $214,750 (Award #1: $112,000, Award #2: $102,750)

Number of trainings offered: 12 Total (3 Create Inclusive Leadership Groups that Work, 9 GoNapsacc)

Increase in knowledge as demonstrated through the implementation of the learning into the roles and participation in their learning community meetings.

## 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 or territory-funded infant toddler specialists available to providers during October 1, 2021 to September 30, 2022.**

[x] Yes, specialists are available.
   a. Number of specialists available to all providers  **10**
   b. Number of specialists available to providers serving children who receive CCDF **10**
   c. Number of specialists available specifically trained to support family child care providers  **0**
   d. Number of providers served  **253**
   e. Total number of children reached  **6370**

[ ] No, there are no funded specialists.

[x] N/A. Describe: **The total number of children reached may include some duplication due to providers working in the same program or classroom.**

**5.2 Please provide the total number of programs receiving state or territory-funded on-site coaching in infant and toddler practice and the percentage of these programs that served CCDF children.**

|  | Licensed child care centers | License-exempt child care centers | Licensed family child care homes | License-exempt family child care homes | In-home (care in the child's own home) providers |
|---|---|---|---|---|---|
| a. Number of programs receiving on-site coaching | 81 | 0 | 73 | 0 | 0 |
| b. Percent of total programs receiving on-site coaching that served children who receive CCDF | 90% | 0% | 55% | 0% | 0% |

| | Licensed child care centers | License-exempt child care centers | Licensed family child care homes | License-exempt family child care homes | In-home (care in the child's own home) providers |
|---|---|---|---|---|---|
| c.    N/A, describe | | | | | |

### 5.3  How did the lead agency promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers during October 1, 2021 to September 30, 2022?

[  ] Infant/toddler health consultants available. Describe:
[  ] Infant/toddler mental health consultants available. Describe:
[x] Coordination with early intervention specialists providing services under Part C of the Individuals with Disabilities Education Act. Describe: **The lead agency has promoted coordination between the Infant Toddler & Specialist Network agreement and Part C of the Individuals with Disabilities Education Act to work towards supporting children with disabilities in child care environments. ITSN implemented targeted professional development to expand the ability of teachers, early intervention practitioners and early childhood providers, and to promote an increase in developmentally appropriate services to infants and toddlers. Specialists on the Infant-Toddler Specialist Network provide information about early intervention services to providers with developmental concerns about children in their care. In addition, specialists participate in Local Interagency Coordinating Council in their service areas. Coordination around training on topics of child development and screening has taken place in local communities and presentations are planned for the statewide Kansas Division for Early Childhood Conference to bring child care and early intervention together. The targeted professional development includes Teaming & Collaboration, Recommended Practices, Diversity, Equity, and Inclusion, Dispositions/Strengths, Expulsion/Exclusion, Supporting Diverse Families, Universal Design for Learning, Roles and Responsibilities, and Coaching in Child Care. ITSN developed the targeted training at the individual and group level, as well as peer-to-peer learning communities, (Communities of Practice). ITSN staff have coordinated with the Kansas Inservice Training System (KITS) to conduct community conversations with early intervention and childcare providers. Each conversation was held independently with the goal of bringing both early intervention and child care providers together. Similar conversations are planned for Part B and child care administrators. The purpose of the conversation sessions is to better understand the successes and challenges of providing special education in child care environments and how to support the teaming and collaboration between child care providers, Part C, and Part B. ITSN staff provide TA and supports to both prepare child care providers to**

work with children with disabilities and support those providers who are currently caring for children with disabilities through development of individualized technical assistance plans, live/web-based consultations, online meetings, workshops, book studies, and webinars.

[x] Other. Describe: **Kansas Child Care Health Consultants track consultation at the program level and by CCHC competency. They don't provide specific consultation about Infant/toddler services and don't track the number of infants/toddlers in programs that received CCHC consultation. Same for infant/toddler mental health.**

[ ] N/A. Describe:

## 5.5 Provide the number of staffed family child care networks supported by CCDF funds through direct agreement with a centralized hub or community-based agency during October 1, 2021 to September 30, 2022.

[ ] Number of staffed family child care networks:
- o Describe what the hub provides to participating family child care providers:

[x] No staffed family child care networks supported by CCDF funds.

[ ] N/A. Describe:

## 5.6 Spending

5.6.1 Did the lead agency spend funds from any of the following sources, in addition to the 3% infant and toddler set-aside, to <u>improve the supply and quality of child care programs and services for infants and toddlers</u> during October 1, 2021 to September 30, 2022?

| Funding source | Was this funding source used? |
|---|---|
| a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year) | [x] Yes<br>Amount spent $ **3835684.03**<br>If yes, describe how funds were used: **This amount included only grants identified specifically for Kansas Early Head Start Child Care Partnership and the reporting system DAISEY that were not included in the 3% infant and toddler set-aside amount.**<br>[ ] No<br>[ ] N/A<br>Describe: |

| Funding source | Was this funding source used? |
|---|---|
| b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) | [ ] Yes<br>Amount spent: $<br>If yes, describe source(s) of funding and how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| e. American Rescue Plan (ARP) Act, 2021 Supplemental funding | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| f. ARP Act, 2021 Stabilization Grant set-aside ONLY<br><br>(As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |

**5.7 Progress Update: Using the measures identified in section 7.4.2 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to**

improving the supply and quality of child care programs for infants and toddlers. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. The major performance measures in the Kansas Child Care Training Opportunities Infant Toddler Specialist Network agreement, which are also included in the overview section and supporting the training and professional development of the child care workforce section of the QPR, includes the following and the following results
Number of written TA plans and number of completions: 160 total and 62 completed
Number of on-site TA visits and number of virtual visits: 1067 on-site and 101 virtual
-Additional 385 visits conducted via phone or email not included in these counts
% Of increased knowledge as the result of TA: 90%
-Measured as the percentage of TA plan goals met at time of plan completion.
Number of In-person and virtual trainings and number of enrollments: 183 and 4532
-An additional 90 online trainings with 1888 enrollments.
-Number of trainings on incorporating appropriate health policies, procedures, and guidelines: -1 and 12 online health & safety trainings.
% Increase in knowledge as demonstrated in pre and post evaluations of trainings: 15%
-Pre and post assessments are not collected for in-person or virtual trainings.
Number of Quality Improvement financial incentives to providers with intensive TA plan: 95
Number of Kansas Early Learning Standards professional development events and % increase in knowledge: 9 and 27%
-Increase in knowledge reflects online KELS courses only. Pre and post assessments are not collected for in-person or virtual trainings.
Number of Kansas Early Learning Standards distributed: 546
Number of trainings offered related to infant and toddler mental health, number of participants, and % increase in knowledge: 64, 1534, and 15%
-Increase in knowledge reflects online infant and toddler mental health courses only. Pre and post assessments are not collected for in-person or virtual trainings.
Number of new podcast episodes aired: 44

The ITSN data provided supports that performance measure in place within their agreement have been met or exceeded and progress goals have been accomplished. There is some decrease in numeric data from last year which may indicate lower enrollment numbers and a change in the need of trainings. Trainings are offered based on workforce needs reported on annual Needs Assessment Survey. The workforce demands are identified, and a decrease in enrollments does not reflect a decrease in performance. KCCTO is meeting the current needs of the Kansas workforce.

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

*Goal: Lead agency 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 lead agency.*

6.1 Describe how CCDF quality funds were used to establish, expand, modify, or maintain a statewide system of child care resource and referral services during October 1, 2021 to September 30, 2022. 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. Child Care Resource and Referral's provide a wide variety of consumer education materials to child care providers. Through their 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 Child Care Resource and Referral 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 where 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 Spending

6.2.1 Did the lead agency spend funds from any of the following sources to **establish, expand, modify, or maintain a statewide CCR&R** during October 1, 2021 to September 30, 2022?

| Funding source | Was this funding source used? |
|---|---|
| a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year) | **[x]** Yes<br>Amount spent $ **1164355.01**<br>If yes, describe how funds were used: **This amount included only items identified specifically for the Resource and Referral Consumer Education work**<br>[ ] No<br>[ ] N/A<br>Describe: |
| b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) | [ ] Yes<br>Amount spent: $<br>If yes, describe source(s) of funding and how funds were used:<br>**[x]** No<br>[ ] N/A<br>Describe: |
| c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>**[x]** No<br>[ ] N/A<br>Describe: |
| d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>**[x]** No<br>[ ] N/A<br>Describe: |
| e. American Rescue Plan (ARP) Act, 2021 Supplemental funding | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>**[x]** No<br>[ ] N/A<br>Describe: |

| Funding source | Was this funding source used? |
|---|---|
| f. ARP Act, 2021 Stabilization Grant set-aside ONLY<br><br>(As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |

6.3 Progress Update: Using the measures identified in section 7.5.2 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to establishing, expanding, modifying, or maintaining a statewide system of child care resource and referral services. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. The major performance measures in the Consumer Education/Resource and Referral agreement includes the following and the following results.

Number of families receiving list of licensed child care facilities for assistance in finding child care unduplicated: 10,359

-Number of these families that were receiving Child Care Assistance, Kansas CCDF subsidy program: 1,736

-Number of these families that are applying for Child Care Assistance, Kansas CCDF subsidy program: 2,693

Percent of parents/families satisfied with referral services provided: 96%

Percent of parents/families report the referral list they were given was accurate: 97%

Number of parents/families able to secure child care from the referrals provided: 834

Percent of parents/families able to secure child care from the referrals provided: 36%

Number of families who received consumer education materials: 10,359

Number of consumer education materials distributed: 133,229

Percent of providers in the state that have provider profile data in the child care search system: 100%

-Percent of total providers that had their profile data updated in the FFY22

-In the contract year, that dates July 1, 2021 through June 30, 2022, 94% of providers had their profile updated.

-In the first quarter of the contract year, which dates July 1, 2022 through September 30,

2022, 34% of providers have updated their profiles.

Percent of counties in Kansas that received assistance through this agreement with their community work:

-89% of counties received community engagements during the federal fiscal year 2022.

Number of community meetings, presentations, conferences and events with community leaders, families, and providers: 90

The ITSN data provided supports that performance measure in place within their agreement have been met or exceeded and progress goals have been accomplished. There is some decrease in numeric data from last year which may indicate lower enrollment numbers and a change in the need of trainings. Trainings are offered based on workforce needs reported on annual Needs Assessment Survey. The workforce demands are identified, and a decrease in enrollments does not reflect a decrease in performance. KCCTO is meeting the current needs of the Kansas workforce.

## 7) Facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards

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

**7.1 Has the lead agency aligned CCDF health and safety standards with the following?**

    a.   Licensing standards

         **[x]** Yes.

         **[ ]** No. If not, describe why:

    b.   Caring for Our Children Basics

         **[x]** Yes.

         **[ ]** No. If not, describe why:

    c.   Head Start

         **[x]** Yes.

         **[ ]** No. If not, describe why:

    d.   State pre-k

         **[ ]** Yes.

         **[x]** No.  If not, describe why: **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. 65-50.**

**7.2 Complaints regarding child care providers received during October 1, 2021 to September 30, 2022**

    7.2.1  How many complaints were received regarding providers during October 1, 2021 to September 30, 2022?

        a.   Licensed providers  **756**

        b.   License-exempt providers  **0**

    7.2.2  What was the average length of time between receiving the complaint and taking steps to respond to a complaint during October 1, 2021 to September 30, 2022? **Up to five days**

    7.2.3  How many complaints received an on-site follow-up inspection during October 1, 2021 to September 30, 2022?  **734**

7.2.4 How many of the complaints resulted in one or more *substantiated* violations in the program or provider site identified during October 1, 2021 to September 30, 2022? **265**

7.2.5 How many child care providers had CCDF funding revoked as a result of an inspection during October 1, 2021 to September 30, 2022? **5**

7.2.6 How many child care providers closed as a result of an inspection during October 1, 2021 to September 30, 2022? **7**

7.2.7 Please provide any additional information regarding health and safety complaints and inspections in the state or territory during October 1, 2021 to September 30, 2022:
**Out of the total 857 complaints received for licensed facilities, one has not yet determined substantiated or unsubstantiated at the time of the report. A total of 265 were substantiated for violations of child care laws or regulations based on observations during an on-site visit and reports from providers and/or collateral contacts. During the reporting period, 5 facilities were closed by emergency order of suspension (prior to a hearing) and 18 facilities were closed due to revocation of the license resulting from substantiated complaints or other significant noncompliance. Guidance for licensing surveyors requires that complaint investigations be started within 5 days. Pre-work started within this timeframe includes reviewing the facility history, identifying regulations that align/pertain to the allegations from the complainant, preparing initial questions, and identifying potential collateral contacts (staff, parents, other witnesses). Responding to the complaint within five days does not always include the surveyor being on site at the facility within that timeframe. The actual on-site visits dates are captured on the Notice of Survey Findings (NOSF). Serious complaints that come in are initiated immediately (same day or next working day) and may involve the Department for Children and Families and Law Enforcement if allegations pertain to abuse, neglect, and/or criminal activity.**

**Kansas Department of Health and Environment Child Care Licensing does not track or investigate complaints for unlicensed providers.**

**7.3** How many child care programs received coaching or technical assistance to improve their understanding and adherence to CCDF health and safety standards (as a result of an inspection or violation) during October 1, 2021 to September 30, 2022?

a. Licensed center-based programs  **27**
b. License-exempt center-based programs  **0**
c. Licensed family child care homes  **25**
d. License-exempt family child care homes (care in providers' home)  **0**

e. In-home (care in the child's own home)  **0**

f. **[x]** N/A          Describe: **Program type was not collected for 9 additional providers who received technical assistance around health and safety.**

**The provided numbers are a total of all technical assistance around health and safety. Seven of these visits were specifically identified as being a result of an inspection or violation ⬜ all seven were in licensed center-based programs.**

**Licensing inspections continued throughout the pandemic. During high times of transmission at the state and community level, on-site inspections were prioritized with initial licensing visits and complaints highest priority. The surveys that are conducted by licensing staff include technical assistance and consultation related to health and safety/regulations. The numbers above reflect actual consultations documented on the survey notice. Consultations and technical assistance is delivered to providers by licensing surveying staff at the time of the visit.**

## 7.5 Spending:

7.5.1 Did the lead agency spend funds from any of the following sources on facilitating compliance with lead agency requirements for inspections, monitoring, health and safety standards and training, and lead agency licensing standards during October 1, 2021 to September 30, 2022?

| Funding source | Was this funding source used? |
|---|---|
| a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year) | **[x]** Yes<br>Amount spent $ **3903043.48**<br>If yes, describe how funds were used: **This amount included only funds identified that were specifically transferred to Kansas Department of Health and Environment for child care licensing.**<br>[ ] No<br>[ ] N/A<br>Describe: |

| Funding source | Was this funding source used? |
| --- | --- |
| b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) | [ ] Yes<br>Amount spent: $<br>If yes, describe source(s) of funding and how funds were used:<br>[ ] No<br>[x] N/A<br>Describe: **Detailed amounts spent on these activities are not available to the lead agency.**<br><br>**Preschool Development Grant funds also support the Child Care Systems Improvement Team (CCSIT), which advises the Department of Health and Environment (KDHE) on improvements needed to the child care licensing system and the standards of care to meet the early care and education needs of Kansas children and families.** |
| c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |

| Funding source | Was this funding source used? |
|---|---|
| e. American Rescue Plan (ARP) Act, 2021 Supplemental funding | [x] Yes<br>Amount spent $ **7709383.00**<br>If yes, describe how funds were used: **Funds were utilized to fund the Child Care Health Consultant Network through an agreement with KDHE who subcontracted with Child Care Aware of KS. Funding was used to support start-up stipends and health and safety grants as providers are working to become licensed. Start-up stipends are provided after a program completes orientation to help purchase materials. Health and safety grants are available after a licensing inspection is completed to meet licensing requirement. To support the providers working through the licensing process, the individual providers have access to technical assistance as they are working through the process. Additionally, through this agreement, tiered consultation related to recruitment, start-up support for new providers, technical assistance on health and safety requirements, emergency preparedness/planning, and health equity is available in all counties throughout the state. In FFY2022, 2,023 consultations were completed.**<br>[ ] No<br>[ ] N/A<br> Describe: |
| f. ARP Act, 2021 Stabilization Grant set-aside ONLY<br><br>(As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.) | [x]Yes<br>Amount spent $ **641453.05**<br>If yes, describe how funds were used: **Funds were utilized to waive the costs of background checks, licensing fees, renewal fees, late fees, and costs related to operating systems that administer these systems. In FFY2022 this program waived the costs of 7,805 background checks and licensing fees, 616 initial licensing applications, 3,392 renewal application fees and $3,843 in late fees. Additionally, the program paid for the cost of hosting fees as well as maintenance and support of the systems.**<br>[ ] No<br>[ ] N/A<br> Describe: |

**7.6** Progress Update: Using the measures identified in section 7.6.3 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. For Federal fiscal year ending September 30, 2022, administrative staff in Topeka with Kansas Department of Health and Environment (KDHE) issued 534 initial licenses, 235 were licensed child care homes, 214 were group child care homes, 4 preschool licenses, 45 child care centers, 1 Head Start programs, 21 school-age programs and 13 drop-in programs. KDHE conducted approximately 5254, initial, annual and compliance inspections; Investigated 769 complaint inspections; 265 had substantiated findings due to regulatory noncompliance in a licensed facility; 278 had unsubstantiated findings due to regulatory noncompliance in a licensed facility; 103 were for illegal care; Investigated and provided technical assistance in approximately 2158 incidents of communicable diseases in child care settings involving about 4202 children and 1926 adults and provided orientation training (classroom setting or individual) to 508 potential providers (day care home, group day care home and center based). Provided 508 orientation trainings (classroom setting or individual) to 734 potential providers. During the reporting period, local surveyors completed 104 training courses totaling 664 hours of professional development.

The Lead Agency measures progress by comparing the data from the previous year to the current year. The data shows an overall increase in total child care providers and children being served during FFY2022. By reviewing the quarterly licensing reports submitted by KDHE, DCF can monitor licensing compliances, enforcement actions, inspections, training requirements, complaints, and serious injuries. Health and Safety requirements are monitored by licensing surveyors and by DCF Provider Enrollment staff through the licensing system of record, CLARIS.

# 8) Evaluating and assessing the quality of child care programs in the state or territory, including evaluating how programs positively impact children

*Goal: Lead agency investment in effective quality improvement strategies using reliable data from evaluation and assessment*

**8.1** What measure(s) or tool(s) and studies did the lead agency use to evaluate and assess the quality of programs and effective practice in center-based programs during October 1, 2021 to September 30, 2022?

[x] To measure program quality, describe: **Kansas Early Head Start-Child Care Partnerships: The programs utilize the Thelma Harms Environmental tool to assess their partners and their own classrooms. Based upon this tool, 89% of the Child Care Center Partners and the Grantee Child Care Centers had a score of five or higher on the Thelma Harms Rating Scale for FFY2022.**

[x] To measure effective practice, describe: **Kansas Department of Health and Environment, the Child Care licensing agency, has the obligation to provide deliverables to DCF as agreed upon through our interagency agreement. These deliverables show the measured progress in improving the quality of child care programs and services. (KDHE) issued 85 initial licenses to Child Care Center partners (included in the numbers are preschool licenses, child care centers, licensed Head Start programs, school-age programs and drop-in programs). KDHE conducted approximately 949 initial, annual and compliance inspections in Child Care Centers; Investigated 343 complaint inspections in Child Care Centers; 146 had substantiated findings due to regulatory noncompliance in Child Care Centers; 143 had unsubstantiated findings due to regulatory noncompliance in Child Care Centers. During the reporting period, local surveyors completed 181 training courses totaling 618 hours of professional development to Child Care Centers.**

[x] To measure age appropriate child development, describe: **Kansas Early Head Start-Child Care Partnerships grantees use the following to measure age-appropriate child development in their center based child care partners and their own classrooms:**
**Ages and Stages Questionnaire - ASQ 3**
**Ages and Stages Questionnaire - Social Emotional - ASQ-SE 2**


[x] Other, describe: **The tools and measures used in Kansas Child Care Training Opportunities Infant-Toddler Specialist Network for training and technical assistance include but are not limited to : Goal Attainment Scale (GAS), Infant/Toddler Environment Rating Scale (ITERS), Early Childhood Environment Rating Scale (ECERS) , Classroom Assessment Scoring System (CLASS), Program Administration Scale (PAS), Ages & Stages Questionnaires, Third Edition (ASQ-3) , and Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2).**

**The Goal Attainment Scale (GAS) is used to assess each goal at the completion of a written technical assistance plan, at 6 months post-completion, and at 12 months post-completion. There are two purposes for the Goal Attainment Scale: First it serves as a measurement of the technical assistance plan's long-term outcome(s). As such, goals that are written into the Goal Attainment Scale reflect outcomes or effects on the outcome(s) of the plan rather variables (e.g. methods or procedures). Secondly, the Goal Attainment Scale 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.

[ ] N/A. Describe:

**8.2** **What measure(s) or tool(s) and studies did the lead agency use to evaluate and assess the quality of programs and effective practice in family child care programs during October 1, 2021 to September 30, 2022?**

[x] To measure program quality, describe: **Kansas Early Head Start-Child Care Partnerships: The programs utilizes the Thelma Harms Environmental tool to assess their partners and their own classrooms. Based upon this tool, 89% of the Family Child Care Partners and the Grantee Child Care Centers had a score of five or higher on the Thelma Harms Rating Scale for FFY2022.**

[x] To measure effective practice, describe: **Kansas Department of Health and Environment, the Child Care licensing agency, has the obligation to provide deliverables to DCF as agreed upon through our interagency agreement. These deliverables show the measured progress in improving the quality of child care programs and services (KDHE) issued 234 initial licenses to licensed child care homes and 214 to group child care homes (Family Child Care Partners). KDHE conducted approximately 2,689 initial, annual and compliance inspections in licensed child care homes and group child care homes; Investigated 253 complaint inspections in licensed child care homes and group child care homes; 28 had substantiated findings due to regulatory noncompliance in licensed child care homes and group child care homes; 91 had unsubstantiated findings due to regulatory noncompliance in licensed child care homes and group child care homes. During the reporting period, local surveyors completed 181 training courses totaling 618 hours of professional development to licensed child care homes and group child care homes.**

[x] To measure age appropriate child development, describe: **Kansas Early Head Start-Child Care Partnerships grantees use the following to measure age appropriate child development in their family child care partners:**
**Ages and Stages Questionnaire - ASQ 3**
**Ages and Stages Questionnaire - Social Emotional - ASQ-SE 2**

[x] Other, describe: **The tools and measures used in Kansas Child Care Training Opportunities Infant-Toddler Specialist Network for training and technical assistance include but are not limited to : Goal Attainment Scale (GAS), Infant/Toddler Environment Rating Scale (ITERS), Early Childhood Environment Rating Scale (ECERS) , Classroom Assessment Scoring System (CLASS), Program Administration Scale (PAS), Ages & Stages Questionnaires, Third Edition (ASQ-3) , and Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2).**

The Goal Attainment Scale (GAS) is used to assess each goal at the completion of a written technical assistance plan, at 6 months post-completion, and at 12 months post-completion. There are two purposes for the Goal Attainment Scale: First it serves as a measurement of the technical assistance plan's long-term outcome(s). As such, goals that are written into the Goal Attainment Scale reflect outcomes or effects on the outcome(s) of the plan rather variables (e.g. methods or procedures). Secondly, the Goal Attainment Scale 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.

[ ] N/A. Describe:

## 8.3  Spending:

8.3.1  Did the lead agency spend funds from any of the following sources on **evaluating and assessing the quality of child care programs, practice, or child development** during October 1, 2021 to September 30, 2022?

| Funding source | Was this funding source used? |
|---|---|
| a.  CCDF quality set aside (from all available appropriation years that were spent during the fiscal year) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[ ] No<br>[x] N/A<br>Describe: **All related activity amounts are reported in other sections of this QPR report.** |
| b.  Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) | [ ] Yes<br>Amount spent: $<br>If yes, describe source(s) of funding and how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| c.  Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |

| Funding source | Was this funding source used? |
|---|---|
| d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |
| e. American Rescue Plan (ARP) Act, 2021 Supplemental funding | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |
| f. ARP Act, 2021 Stabilization Grant set-aside ONLY<br><br>(As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |

8.4 Progress Update: Using the measures identified in section 7.7.2 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to evaluating and assessing the quality of child care programs in the state or territory, including evaluating how programs positively impact children. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. Kansas Early Head Start-Child Care Partnerships : The Kansas Early Head Start- Child Care Partnerships 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. Comprehensive services are offered to families through the Kansas Early Head Start (KEHS) Child Care partnership with plans to continue to target services in areas with significant concentrations of poverty, unemployment and high out of home placements (foster care). The Kansas Early Head Start-Child Care Partnerships program utilizes the Thelma Harms Environmental tool to assess partners. Based upon this tool, 90% of the Child Care Center Partners had a score of five or higher on the Thelma Harms Rating Scale for FFY2022. 89% of the Grantee Child Care Centers had a score of five or higher on the Thelma Harms Rating Scale for FFY2022. 94% of the Family Child Care Partners had a score of five or higher on the Thelma Harms Rating Scale for FFY2022. Kansas Early Head Start- Child Care Partnerships grantees had 34 child care partnerships.

Kansas Department of Health and Environment, the Child Care licensing agency, measures are included in section 7 of this QPR.

During FFY2022, KEN coordinated 2 statewide conferences reaching all 105 Kansas counties, and 327 staff through professional development and training events. Conference breakout offerings were connected to: "Managing Stress on the Brain", "Staff Burnout", "Quality Programming", "Social-Emotional Learning", "Developmental Relationships", "STEM", "STEAM", "LGBTQI+", and "Mental Health/Suicidology" They provided 100 site visits and reached 36 Kansas counties. Programs self-reported that the activities coordinated through KEN reached 40,164 youth.

Due to Covid-19 and our child care providers expressing feelings of being overwhelmed, we paused full implementation of L2Q and developed a modified version as a recovery phase, Program Administration Support (PAS) using Links to Quality standards without the pressure of completing a full portfolio. PAS utilizes the quality standards of the Links to Quality Program Administration link to provide one-on-one business supports, including self-assessments, quality improvement plans, coaching and Peer Learning Community groups. Program Administration Support has allowed programs and providers the opportunity to begin work on the L2Q quality standards while we work towards full implementation in coordination with the new Workforce Registry in 2023.

Program Administration Support and the Peer Learning Communities have produced the following results, which are also reflected in the developing, implementing, or enhancing a quality rating and improvement system (QRIS) and other transparent system of quality

indicator QPR section:

Number of programs working through PAS: 351

-Center-based: 54, Home-based: 288, School-age Programs: 5, Preschool: 4

-Number of children served by these programs: 1,924

-Number of these programs enrolled with DCF: 28

-Number of children receiving Child Care Assistance enrolled in these programs: 370

-Number of counties these programs are in: Program Administration Support: 72

-Total number of completed self-assessments: 409 (some completed more than one self-assessment) -Number of programs receiving technical assistance through coaching visits: 380 programs, 2,478 TA visits

-Number of Peer Learning Community groups operating during this time period: 7 Peer learning community groups, representing 70 counties, held meetings during this time period resulting in a total of 73 (71 virtual and 2 in person) meetings from 10/01/2021-9/30/2022.

-Number of monetary awards issued: 399 Program Administration Support Awards issued. (Award #1:208, Award #2: 191)

-Number of Quality Improvement Plans (QIP) completed for an award request: 216; 208 submitted first award request, 191 submitted a second award request

-Number of total stipends issued: $214,750 (Award #1: $112,000, Award #2: $102,750)

-Number of trainings offered: 12 Total (3 Create Inclusive Leadership Groups that Work, 9 GoNapsacc)

-Increase in knowledge as demonstrated through the implementation of the learning into the roles and participation in their learning community meetings.

## 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 lead agency support in their pursuit of accreditation during October 1, 2021 to September 30, 2022?**

[ ] Yes, providers were supported in their pursuit of accreditation

       a.  Licensed center-based programs

       b.  License-exempt center-based programs

       c.  Licensed family child care homes

       d.  License-exempt family child care homes (care in providers' home)

       e.  Programs serving children who receive CCDF subsidy

[ ] No lead agency support given to providers in their pursuit of accreditation.

[x] N/A. Describe: **As of 7/1/22, the new Workforce Development grant provides funding for scholarships to pursue initial accreditation. The total funding for that was budgeted to support 5 facilities in the pursuit of NAFCC accreditation, and 10 facilities in the pursuit of NAEYC accreditation. The Workforce Development grantee had not yet awarded any of those accreditation funds (in the form of scholarships) to facilities during this time period, and they were not previously funded under the Workforce Development grant to provide this support to facilities.**

**9.2  Spending**

9.2.1  Did the lead agency spend funds from any of the following sources on **accreditation** during October 1, 2021 to September 30, 2022?

| Funding source | Was this funding source used? |
|---|---|
| a.  CCDF quality set aside (from all available appropriation years that were spent during the fiscal year) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>**[x]** No<br>[ ] N/A<br>Describe: |

| Funding source | Was this funding source used? |
|---|---|
| b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) | [ ] Yes<br>Amount spent: $<br>If yes, describe source(s) of funding and how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| e. American Rescue Plan (ARP) Act, 2021 Supplemental funding | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| f. ARP Act, 2021 Stabilization Grant set-aside ONLY<br><br>(As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |

9.3 Progress Update: Using the measures identified in section 7.8.2 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to supporting providers in the voluntary pursuit of accreditation. In addition, describe

outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. As of 7/1/22, the new Workforce Development grant provides funding for scholarships to pursue initial accreditation. The total funding for that was budgeted to support 5 facilities in the pursuit of NAFCC accreditation, and 10 facilities in the pursuit of NAEYC accreditation. We have not yet awarded any of those accreditation funds (in the form of scholarships) to facilities during this time, and we were not previously funded under the Workforce Development grant to provide this support to facilities.

## 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: Does the lead agency have quality improvement standards that include indicators covering the following areas beyond what is required for licensing?

[x] Yes, check which indicators the lead agency has established:

[x] Health, nutrition, and safety of child care settings

[x] Physical activity and physical development in child care settings

[ ] Mental health of children

[ ] Mental health for staff/employees

[x] Learning environment and curriculum

[ ] Ratios and group size

[ ] Staff/provider qualifications and professional development

[x] Teacher/provider-child relationships

[x] Teacher/provider instructional practices

[x] Family partnerships and family strengthening

[x] Other. Describe: **All Kansas Department of Health and Environment child care licensing approved 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**
**Development Learning Environment Curriculum Observation**
**Assessment**
**Families and Communities**
**Health and Safety**
**Interactions with Children**
**Youth Program Planning Development Professional Development and Leadership**

These standards serve as the foundation for course development and technical assistance topics for professional development in Kansas. Kansas Child Care Training Opportunities Workforce Development and Infant Toddler Specialist Network have many options for training in each of the core competency topic areas. Kansas Child Care Training Opportunities offers courses in both Kansas Early Learning Standards and Kansas Family Engagement and Partnership Standards.

Links to Quality's Health and Safety Link includes quality standards for health nutrition, and safety of child care settings and physical activity and physical development in child care settings. The Learning and Development Link includes quality standards for learning environment, teacher/provider-child relationships, and teacher/provider instructional practices. The Family Partnership Link includes quality standards for family partnership and family strengthening. Finally, the Program Administration Link includes quality standards for business related practices.

[ ] No

## 10.2   Spending

10.2.1 Did the lead agency spend funds from any of the following sources 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, 2021 to September 30, 2022?

| Funding source | Was this funding source used? |
|---|---|
| a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[ ] No<br>[x] N/A<br>Describe: **All related activity amounts are reported in other sections on this report.** |
| b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) | [ ] Yes<br>Amount spent: $<br>If yes, describe source(s) of funding and how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |

| Funding source | Was this funding source used? |
|---|---|
| d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[ ] No<br>[x] N/A<br> Describe: **Details reported in other sections of this report.** |
| e. American Rescue Plan (ARP) Act, 2021 Supplemental funding | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |
| f. ARP Act, 2021 Stabilization Grant set-aside ONLY<br><br>(As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |

10.3   Progress Update: Using the measures identified in section 7.9.2 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. During FFY 2022, KCCTO enrolled 306 participants in 16 KELS trainings with an average change in scores measured by pre-tests and post-tests of 27% measured by pre-tests and post-tests in online offerings. The total number of distributions of KELS materials through KCCTO workforce development and infant toddler specialists for FFY2022 were 546. During FFY2022, the Family Engagement and Partnership Standards for Early Childhood, KCCTO workforce development and infant toddler specialist network enrolled a total of 134 participants in 6 trainings with a change in score of 10.5% for online participants. KCCTO WFD and ITSN progress goals and outcomes have been met or exceeded.

During FFY2022, KEN coordinated 2 statewide conferences reaching all 105 Kansas counties, and 327 staff through professional development and training events. Conference breakout offerings were connected to: "Managing Stress on the Brain", "Staff Burnout", "Quality Programming", "Social-Emotional Learning", "Developmental Relationships", "STEM", "STEAM", "LGBTQI+", and "Mental Health/Suicidology" They provided 100 site visits and reached 36 Kansas counties. Programs self-reported that the activities coordinated through KEN reached 40,164 youth.  KEN progress goals and outcomes have been met or exceeded.

## 11) Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry

*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** Did the state or territory set up a grant program (NOT including American Rescue Plan Act stabilization grants) designed to sustain the child care supply or provide sustainability funding to child care providers due to the COVID-19 pandemic during October 1, 2021 to September 30, 2022?

[x] Yes. If yes, describe **Department for Children and Families partnered with Child Care Aware of Kansas for the administration of CRRSA Sustainability Funds. These grants supported the realized negative impact on the structural layers of operating a child care business due to the COVID-19 pandemic. As required by the CRRSA Act, child care providers receiving these grants were required to use a portion of the funds to continue to pay the salaries/wages of staff employed through the licensed child care facility. Family child care providers salaries were determined based on pre-COVID-19 earnings. In addition to funding payroll expenses for staff, providers could use the funds to cover costs of operations and potential revenue losses. These funds could be used for any normal operational expenses or additional expenses they had due to meeting the CDC guidance to mitigate the spread of COVID and other activities necessary to maintain or resume the operation of programs, including for fixed costs and increased operation expenses. Other allowable expenses based upon these structural layers would include items on an operating budget such as: enrollment, food, cleaning and sanitation supplies, personal protective equipment, labor, benefits, rent/mortgage, maintenance, equipment, utilities, licensing fees, mileage, advertising, office supplies, professional development, phone/internet, classroom supplies, liability/accident insurance, and software.**

**Through an interagency agreement with Kansas Department of Health and Environment, Department for Children and Families provided supports and funding to child care programs through the Child Care Health Consultant Network (CCHC). Start-up stipends and health and safety grants were administered through Child Care Aware of Kansas to support quality child care services and promote healthy development in children. The expansion of the CCHC network is funded through ARPA Discretionary Funds.**

**Licensed providers may have received funding for each of these grant opportunities. Eligibility was determined through an application process through the Child Care Aware of Kansas Work**

Life System (WLS).

CRRSA funds were used to enhance supports to enable communities to plan for and address child care needs through the contract with Child Care Aware of Kansas Resource and Referral for FY23, beginning July 1, 2022.

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

                        **[x]** Licensed center-based programs **2**
                        **[ ]** License-exempt center-based programs
                        **[x]** Licensed family child care homes  **44**
                        **[ ]** License-exempt family child care homes (care in providers' home)
                        **[ ]** In-home (care in the child's own home)
                        **[ ]** Other (explain)

    **[ ]** No.
    **[ ]** N/A.   Describe:

**11.2**    Did the lead agency provide supports and resources in response to any of the following emergent health and safety needs of children and/or providers either through funding or directly in-kind during October 1, 2021 to September 30, 2022 (check all that apply)?

   **[x]** COVID-19 vaccinations. Describe: **5-part webinar series for providers (1 part offered in Spanish) covering topics such as disease prevention, daily health screenings, exclusion policies, cleaning, sanitizing & disinfecting, PPE, vaccinations, modifying daily schedules, myths & facts, how to find local testing sites, etc.**

Nurse consultant presented a webinar titled ▯Navigating Vaccine Hesitancy with Families▯ at The United Methodist Health Fund Ministry on 4/26/2022.

One-on-one consultations as needed with providers

Blogs for Child Care Providers
-8/1/2022 - Vaccinations in Early Care & Education - Child Care Aware
-7/18/2022 - Child Care and Vaccinations - Child Care Aware

   **[x]** COVID-19 testing. Describe: **See above for information discussed during the 5-part webinar series**

In October 2021, we distributed information about free COVID testing with child care programs, a partnership between KDHE and Battelle.

[x] Access to infant formula. Describe: **5/23/2022 - the CCAKS provider email offered the** nurse consultants as an avenue to help providers navigating the formula shortage and also included a link to related resource With the baby formula shortage, what should I do if I can't find any? - HealthyChildren.org

[x] Cleaning supplies and/or personal protective equipment (PPE). Describe: **This information was discussed during the 5-part webinar and during nurse consultations. This is also an ongoing effort.**

[x] Post-disaster recovery efforts. Describe: **Provided support after Wichita tornados at the end of April 2022:**
**-Shortly thereafter the emergency preparedness consultant reached out to the local providers to do a welfare check.**
**-A couple months later, the emergency preparedness consultant contacted local provides to provide an opportunity for consultation around emergency preparedness topics. Resources were shared amongst CCHC team around how to navigate in the immediate days after the disaster.**

[x] Other. Describe: **COVID mitigation strategies were discussed during a NETS meeting in August 2022**

[ ] N/A. Describe:

**11.3    Did the state/territory invest in data systems to support equitable access to child care (e.g., modernizing and maintaining systems; technology upgrades and data governance improvements to provide more transparent and updated information to parents; a workforce registry; updated QRIS systems; CCR&R updates; monitoring systems) from October 1, 2021 to September 30, 2022?**

[ ] Yes. Describe:

[x] No

**11.4    Did the state/territory conduct an analysis of supply and demand or other needs assessment to identify areas of focus to build supply or target funding from October 1, 2021 to September 30, 2022?**

[x] Yes. Describe findings: **The 2021 Supply Demand Report Know Better Do Better focused on all child care in Kansas. It was found that in there were no openings for infants and toddlers reported for children under three in 21 counties, there were more than 40 children under three competing for one spot in 6 counties, there were 31-40 children competing for one spot in nine counties, there were 21-30 children competing for one spot in 11 counties, there were 11-20 children competing for one spot in 28 counties, and there were up to ten children competing**

for one spot in 30 counties.  It was found that there was a 2.45% decline in child care programs from 2020 to 2021. The decline in Family Child Care Homes continues with the loss of 115 programs while minimal gains were reported in Child Care Centers and Group Child Care Homes.

[ ] No

11.5    Did the state/territory fund initiatives designed to address supply and demand issues related to child care deserts and/or vulnerable populations (such as infants and toddlers, children with disabilities, English language learners, and children who need child care during non-traditional hours) during October 1, 2021 to September 30, 2022? Check all that apply.

[x] Child care deserts
[x] Infants/toddlers
[x] Children with disabilities
[x] English language learners
[x] Children who need child care during non-traditional hours
[x] Other. Describe: **Additional funds were used in order to increase the ability of providers to provide quality care for vulnerable children who may have experienced trauma or be experiencing social emotional delays through  increase supports for Early Childhood Mental Health Consultation. When providers struggle with these social emotional needs of children, they are more likely to leave the field.**

11.6    Did the state/territory integrate Diversity, Equity, and Inclusion (DEI) practices into quality initiatives during October 1, 2021 to September 30, 2022? Check all that apply.

[x] Reviewing policies/program design using DEI assessment tools
[x] Development of DEI assessment tools
[x] Incorporate into QRIS
[x] Incorporate into PD Framework
[x] Strategic planning
[x] Supply building efforts
[x] Strengthened outreach/communication to better understand diverse community needs and assets
[x] Other. Describe: **The Workforce Development Advisory Group created a subcommittee to look into the needs for the child care workforce in terms of Diversity, Equity, and Inclusion. Additional training and supports were identified and implemented.**

**11.7** How many providers received the following from October 1, 2021 to September 30, 2022?

| | Total | Licensed or registered center-based programs | License-exempt center-based programs | Licensed or registered family child care | License-exempt family child care (care in providers' home) | In-home (care in the child's own home) |
|---|---|---|---|---|---|---|
| a) Increased rates | 912 | 346 | 0 | 424 | 142 | 0 |
| b) Increased wages | 8913 | 8029 | 371 | 455 | 0 | 0 |
| c) Benefits: health insurance | 0 | 0 | 0 | 0 | 0 | 0 |
| d) Mental health supports | 0 | 0 | 0 | 0 | 0 | 0 |
| e) Start-up funds | 312 | 40 | 0 | 272 | 0 | 0 |

| f) Other: Health and Safety: Grant funds were made available to child care facilities that demonstrate a need after the evaluation of their facility by Child Care Health Consultants to be in compliance with health and safety requirements. | 46 | 2 | 0 | 44 | 0 | 0 |
|---|---|---|---|---|---|---|

11.7a Describe:

11.7b Describe:

11.7c Describe:

11.7d Describe:

11.7e Describe:

## 11.8   Spending:

11.8.1 Did the lead agency spend funds from any of the following sources on **other activities to improve the quality of child care services** during October 1, 2021 to September 30, 2022?

| Funding source | Was this funding source used? |
|---|---|
| a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year) | [x] Yes<br>Amount spent $ **126364.05**<br>If yes, describe how funds were used: **This amount included other items that were included as quality funds that were not reported anywhere else for activities related to Kansas Enrichment Network, State Interagency Coordinating Council, and technical assistance provided for the sustainability grants.**<br>[ ] No<br>[ ] N/A<br>Describe: |
| b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.) | [ ] Yes<br>Amount spent: $<br>If yes, describe source(s) of funding and how funds were used:<br>[ ] No<br>[x] N/A<br>Describe: **Detailed amounts spent on these activities are not available to the lead agency.**<br><br>**Children's Initiative Funds were used for Start Young to assist child care providers in increasing the number of children served in Wyandotte County by offering material and furnishings grants for new classrooms. Child care subsidy advocates assist families in completing the state child care subsidy application and applying for supplemental tuition assistance scholarships through Start Young. The program also brings quality systems support to providers through multiple quality initiatives in classrooms and educational incentives for child care providers.**<br><br>**Preschool Development Grant funds were used for All in For Kansas Kids Quality Subgrants. These are multi-year grants to improve access, availability, and quality in target categories: Child Care Access for Target Populations, Rural Child Care, and Improve Quality. Child Care Access for Target Populations - Subgrantees in this category are implementing projects that test localized solutions to increase access and availability of high-quality child care for children ages birth through age five** |

| Funding source | Was this funding source used? |
|---|---|
| | in key target populations. Target populations are defined for this subgrant as infants and toddlers, children living in households with low-income, children in families with migrant workers, children with special health care needs, children experiencing homelessness, and children at risk or involved with foster care. Rural Child Care - Subgrantees in this category are implementing projects that test localized solutions to break down barriers currently preventing rural child care providers serving children ages birth through age five from starting and succeeding, as well as those barriers currently preventing individuals in rural areas from entering and remaining in the early childhood care and education workforce. Improve Quality - Subgrantees in this category are implementing projects that test localized solutions to increase high-quality child care and education for Kansas children and families. |
| c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br>Describe: |
| d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021 | [x] Yes<br>Amount spent $ 3157352.63<br>If yes, describe how funds were used: Mammoth Creative Co.: DCF has partnered with Mammoth Creative Co. to implement statewide outreach campaigns for general awareness of child care related issues, recruitment, and retention, sharing of programs funded by pandemic relief. Mammoth has developed web content, commercials, social media content and a website to support the awareness of the efforts.<br><br>Boston Consulting Group: The State of Kansas Office of Recovery hired Boston Consulting Group (BCG) to support development and implementation of pandemic |

| Funding source | Was this funding source used? |
|---|---|
| | funded initiatives. Specific goals of the work completed by BCG included: identifying opportunities to support DCF strategically and operationally in the management of pandemic relief funds, maximize potential impact of all relief funding, maintain strong interagency and Recovery Office coordination, ensure strong stewardship of funds and accessing impact, and engaging diverse shareholder effectively. The consulting team provided child care relief funds strategy, project management and implementation support, and shareholder engagement.<br><br>KU-CPPR: DCF hired University of Kansas Center for Public Partnerships provide strategic foresight, project management, and evaluation planning supports that provide relief to providers and families in the short term and contribute to long-term early childhood care and education system where all children can thrive. Objectives included landscape assessment of work completed by previous contractor (Boston Consulting Group), support coherence with early childhood system, support development and recommendations for future planning, support management and coordination of funds, develop workplans, milestones, and performance benchmarks, and support strategic communications. Additionally, the team was hired to complete a comprehensive plan that indicates necessary data points for ongoing evaluation or programs developed by relief funding.<br><br>[ ] No<br>[ ] N/A<br>Describe: |
| e. American Rescue Plan (ARP) Act, 2021 Supplemental funding | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[ ] No<br>[x] N/A<br>Describe: **The workforce appreciation bonus program began accepting applications in July 2022.The application was open to various license types on a rolling basis. At the end of the federal fiscal year, applications were not yet widely available to family** |

| Funding source | Was this funding source used? |
|---|---|
| | child care programs. Dollars allocated for this program were not liquidated during this fiscal year. |
| f. ARP Act, 2021 Stabilization Grant set-aside ONLY<br><br>(As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.) | [ ] Yes<br>Amount spent $<br>If yes, describe how funds were used:<br>[x] No<br>[ ] N/A<br> Describe: |

**11.9** **Progress Update:** Using the measures identified in section 7.10.1 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. **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 QPR period and the SICC post their activities, meeting minutes, and reports on this website: kansasicc.org.

12) Lead agencies must submit an annual report, as required at 45 CFR § 98.53(f) (4), describing any changes to lead agency regulations, enforcement mechanisms, or other lead agency 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.

12.1    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 or received as a result of a complaint are reviewed by the assigned Child Care Licensing Regional Administrator who is the custodian of the facility 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 under review as a result of serious injury data.

Kansas Department of Health and Environment Child Care Regulations require that a licensed facility report any death of a child to the Kansas Department of Health and Environment (KDHE) within 24 hours. A complaint investigation is initiated. Death investigations include special data that is collected and tracked regarding the case, including circumstances of the death, space the death occurred (outside, crib, etc.), certification status of the provider such as CPR/First Aid, noncompliance cited, and enforcement initiated, if applicable. The licensing program requests death certificates from the Office of Vital Statistics for all deaths in order to capture the final cause of death in the record. All deaths that occur in a licensed facility are reported to the State Child Death Review Board upon request (identifying data is not reported, only aggregate by year). Kansas Department of Health and Environment also tracks deaths that occur in unlicensed/illegal care facilities.

12.2    Describe any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on the annual review and assessment. There are no regulations currently under review or recommended policy changes as a result of the Kansas Department of Health and Environment's ongoing program review of health and safety initiatives.

### 13) American Rescue Plan (ARP) Act Child Care Stabilization Grants

*Goal: To ensure the lead agency implements an equitable stabilization grant program. The American Rescue Plan (ARP) Act included approximately $24 billion for child care stabilization grants, representing an important opportunity to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead agencies must spend most stabilization funds as subgrants to qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency. Section 13 should be used to report on ARP Stabilization Grants ONLY.*

**13.1    Did you run more than one grant program? If so, list the number of separate grant programs and describe their uses.**

[x] Yes. Describe: **Round 2 of sustainability grants were funded through the American Rescue Plan Stabilization Fund. The purpose of these grant awards was to help offset the realized negative impact on the structural layers of operating a child care business due to the COVID-19 pandemic. Child care providers receiving the funds were required to utilize a portion of the funds to continue to pay the salaries/wages of staff employed through the licensed child care facility. This agreement provided one lump-sum payment to providers in November 2021.**

**Round 3 of sustainability grants were also funded through the American Rescue Plan Stabilization Fund. The purpose of these grant awards was to help offset the realized negative impact on the structural layers of operating a child care business due to the COVID-19 pandemic. Child care providers receiving the funds were required to utilize a portion of the funds to continue to pay the salaries/wages of staff employed through the licensed child care facility. This grant opportunity provided 6 monthly payments within this reporting period (April 2022-September 2022). Applications for this opportunity were available on a rolling basis beginning March 1st, 2022.**

[ ] No

**13.2    Which of the following methods were used to support workforce compensation (e.g., bonuses, stipends, increased base wages, or employee benefits) with stabilization grants? (check all that apply)**

[ ] Targeted grants to support workforce compensation (no other allowable uses)

[ ] Providing bonus funds to providers that increased child care staff compensation through stabilization grants

[ ] Requiring a specific percentage or amount of stabilization grant funding go toward child care staff compensation increases. Percent or amount for staff compensation:

[x] Other (Describe): **Kansas required that a portion of funds received would be utilized to continue to pay the salaries/wages of staff employed through licensed programs, however, the state did not require a specific amount or percentage be utilized for this purpose.**

13.3    Describe the methods used to eliminate fraud, waste, and abuse when providing stabilization grants (e.g., validated identity through the lead agency licensing system or conducted identity verification through a data match with state tax records):

Child Care Aware of Kansas Fraud Prevention and Security Management

Child Care Aware of Kansas implements various internal controls to prevent fraud within the organization.
The following controls are in place to reduce the risks of fraudulent activity.

All Child Care Aware of Kansas computers require login and password information that is unique to each individual employee. The computers require passwords to be changed every three months. Additionally, an antivirus solution, Sophos Intercept X, is installed on every computer. This software runs malware scans daily and sends notifications of potential threats to our IT firm, Web Creations and Consulting, LLC (WCCIT).

All employees have a separate Microsoft 365 account that requires two-step verification to access. Staff are prohibited from accessing this account on personal devices. This prevents staff from accessing work emails and files on their cell phones and personal computers.

Child Care Aware of Kansas Wi-Fi access is password protected. Public Wi-Fi is segregated from private Wi-Fi and there are no network ports accessible outside of the building. The building is door-access-controlled.

All staff are required to take Cybersecurity training annually.

Only authorized users have access to Child Care Aware of Kansas's financial and payroll systems. All authorized users have a unique login and password for each system.

WorkLife Systems (WLS), the statewide database for childcare provider information, is accessible only to certain individuals. The database implements various internal control

procedures.

-Child Care Aware of Kansas staff request access using a request form that outlines what they need access to in the database. This determines their level of access. Only pre-approved staff have administrative access to WLS. A two-step authentication process is required to access the employee's account.

-WLS child care provider profiles are only created by a Child Care Aware of Kansas staff.

-Child care providers without a profile will not have access to the WLS database.

-Child care provider profiles are created to align with information in CLARIS including license name, address, phone number, and email address.

-Child care providers must also complete a two-step authentication process to access their child care provider profile.