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Quality Progress Report (QPR)

For

Kansas

FFY 2024

QPR Status: Accepted as of 2025-04-07 17:58:19 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, 2023, through September 30, 2024), 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.

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, 2024.

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 (FCC) networks are programs with paid staff that offer a menu of ongoing services and resources to affiliated FCC educators. Network services may include individual supports (for example, visits to child care homes, coaching, consultation, warmlines, substitute pools, shared services, licensing TA, mental health services) and group supports (for example, training workshops, facilitated peer support groups).

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.

1.1 State or Territory Child Care Provider Population

1.1.1 Total Number of Licensed Providers:

Enter the total number of licensed child care providers that operated in the state or territory as of September 30, 2024. These counts should include all licensed child care providers, not just those serving children receiving CCDF subsidies.

☒ Licensed center-based programs **1196**

☐ Unable to provide number. Indicate reason:

Additional clarification: Based on most recent submission of the FY 2024 ACF-800 data there were 741 licensed center-based programs receiving CCDF funding. Please report the number of ALL licensed center-based programs operating in the state here, regardless of receipt of CCDF funding.

☒ Licensed family child care homes **3067**

☐ Unable to provide number. Indicate reason:

Additional clarification: Based on most recent submission of the FY 2024 ACF-800 data there were 1202 licensed family child care homes receiving CCDF funding. Please report the number of ALL licensed family child care homes operating in the state here, regardless of receipt of CCDF funding.

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 stable child care workforce with the competencies and skills to support all domains of child development.*

2.1 Lead Agency Progression of Professional Development

2.1.1 Professional Development Registry:

Did the lead agency use a workforce registry or professional development registry to track progression of professional development during October 1, 2023 to September 30, 2024?

☐ Yes. If yes, describe:

☒ 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: **The Individual Professional Development Plan (IPDP) allows early childhood care and education professionals to complete a self-assessment, identify goals for professional growth, and establish an action plan to achieve those goals. The IPDP is available in an accessible PDF format on the Kansas Child Care Training Opportunities (KCCTO) website in both English and Spanish. Technical assistance and Elevate Your Career, a course offered by KCCTO through the Workforce Professional Development agreement supporting participants while completing their IPDP's in career planning and professional growth.**

In the first week in November 2024, Kansas partners and Salesforce will complete phase one of the development of Cape, Kansas' early childhood workforce registry. Phase one included the development of basic functionality to include course management and registration, creation and management of individual professional profiles (with collection of data points such as title, roles, the highest level of education, etc.), creation and management of facility and organization profiles, and creation and management of affiliation links between individual professionals and facilities or organizations. Phase two began October 28, 2024, and, among other functionality, will prioritize development of methods to collect and verify detailed information about earned degrees, credentials, and certifications, which can then be reported on by themselves or in relation to other characteristics such as affiliation with CCDF enrolled facilities.

2.1.2 Participation in Professional Development Registry:

Are any teachers/providers required to participate?

☐ Yes. If yes, describe:

☒ No. If no, describe: **There were no requirements for teachers and providers to participate in alternatives to a workforce registry.**

2.1.3 Number of Participants in Professional Development Registry:

Total number of participants in the registry as of September 30, 2024 **0**

2.1.4 Spending - Professional Development Registry:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☐ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

2.2 Workforce Development

2.2.1 Professional Development and Career Pathways Support:

How did the lead agency help teachers/providers progress in their education, professional development, and/or career pathway between October 1, 2023 and September 30, 2024 (check all that apply)? If selected, how many staff received each type of support?

☒ Scholarships (for formal education institutions) **45**

☒ Financial bonus/wage supplements tied to education levels **3**

☒ Career advisors, mentors, coaches, or consultants **2300**

☒ Reimbursement for training **1320**

☐ Loans

☒ Substitutes, leave (paid or unpaid) for professional development **20**

☒ Other. Describe: **CDA Training Scholarships 76, CDA Application Fee Scholarships 64, Director’s Credential 17, Facility Accreditation Scholarships 2, Support Service Provider Scholarships 37, ITSN Quality Improvement Plan Training Waivers 64.**

☐ N/A. Describe:

2.2.2 Spending - Professional Development and Career Pathways Support:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

2.3 Child Care Provider Qualifications

2.3.1 Number of Licensed Child Care Programs Qualifications:

Total number of staff in licensed child care programs with the following qualification levels as of September 30, 2024:

☐ Child Development Associate (CDA)

☐ Associate’s degree in an early childhood education field (e.g. psychology, human development, education)

☐ Bachelor’s degree in an early childhood education field (e.g. psychology, human development, education)

☐ State child care credential

☐ State infant/toddler credential

☒ Unable to report this data. Indicate reason: **Kansas does not currently have a registry collecting this information.**

2.3.2 Number of Licensed CCDF Child Care Programs Qualifications:

Total number of staff in licensed CCDF child care programs with the following qualification levels as of September 30, 2024:

- ☐ Child Development Associate (CDA)
- ☐ Associate's degree in an early childhood education field (e.g. psychology, human development, education)
- ☐ Bachelor's degree in an early childhood education field (e.g. psychology, human development, education)
- ☐ State child care credential
- ☐ State infant/toddler credential
- ☒ Unable to report this data. Indicate reason: **Kansas does not currently have a registry collecting this information.**

2.4 Technical Assistance for Professional Development

2.4.1 Technical Assistance Topics:

Technical assistance on the following topics is available to providers as part of the lead agency's professional development system (can be part of QRIS or other system that provides professional development to child care providers):

- ☒ Business Practices
- ☒ Mental health for children
- ☒ Emergency Preparedness Planning
- ☒ Other. Describe other technical assistance available to providers as part of the professional development system: **Technical assistance was available on all domains of the Kansas Core Competencies for Early Childhood Care and Education Professionals: Child Growth and Development; Health, Safety, and Nutrition; Learning Environments; Planning, Learning Experiences, and Curriculum; Relationships and Social-Emotional Guidance; Observation, Documentation, and Assessment; Partnerships with Families and Communities; Professionalism and Leadership; and Administration, Program Planning, and Development.**

2.4.2 Spending - Technical Assistance for Professional Development:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

- ☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☒ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

☐ No

2.5 Spending – Training and Professional Development

2.5.1 Spending – Training and Professional Development:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to support the training and professional development of the child care workforce during October 1, 2023 to September 30, 2024? **\$35297037**

☐ Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

2.6 Progress Update

2.6.1 Progress Update – Training and Professional Development:

Supporting the training and professional development of the child care workforce

Measurable indicators of progress the state/territory reported in section 6.3.2 of the FFY 2022-2024 CCDF Plan.

Lead Agency supports workforce professional development and infant and toddler training and technical assistance through contractual agreements that require participant data and demographics, as well as pre and post evaluations of trainings. Data collected through these agreements include but is not limited to: number of enrollments in training and increase in knowledge as demonstrated in pre and post evaluations of trainings; number of written TA plans and number of completions and number of on-site TA visits. During FFY 2020, KCCTO workforce development contractor offered 1,012 online training events and 72,986 enrollments to 10,053 unique participants. Overall change in scores measured by pre-post evaluations was 18%. KCCTO's online training includes Health and Safety Modules for newly licensed

providers, teachers and staff. Enrollment in these modules in FFY 2020 was 54,990 to 4,610 unique participants. Participants in the module training received 2 virtual toolkit resources and were provided an opportunity to sign up for TA. Ongoing health and safety courses, a requirement for CCDF subsidy providers, were offered 169 times with 4,224 participants enrolling. KCCTO, Infant Toddler Services Network provided training and technical assistance to providers who serve families of infant and toddlers. During FFY 2020, ITSN moved to virtual TA due to the pandemic. The ITSN specialists offered 107 online/virtual training events to 982 participants. The overall average change in online pre-post evaluations was 15%. Prior to the pandemic, specialist offered 50 in person training events that reached 842 participants. In-person and virtual trainings assess outcomes through activities and post-training evaluations. During pre-pandemic FFY2020, ITSN specialists wrote 68 intensive TA plans and conducted 156 site visits. The KCCTO Workforce Development CDA training track supported 134 providers during FFY 2020 and assisted 206 providers in writing an Individual Professional Development Plan. 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 measures that Links to Quality will track include but are not limited to: number of program participating in L2Q, number of member programs (programs that have complete the 4 foundation links), Number of children served by L2Q program, the number of L2Q programs who are enrolled providers with DCF, and the number of children receiving CCDF funding. As Links to Quality completed the pilot and moved in to the transition phase of our process over 75% of the program who participated in the pilot signed on to continue with the program. This included to revise the indicators and process within L2Q to with the guidance of state and national best practices and the voice of Kansas provider. Providers have continued to contribute to L2Q through work groups, focus group, monthly peer group meetings and quarterly program webinars.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.3.2 of the FFY 2022-2024 CCDF Plan: **Through the Workforce Professional Development agreement, the training and professional development needs of the early care and education workforce were**

supported by Kansas Child Care Training Opportunities (KCCTO) through the following during FFY24:

- 1,225 Trainings with 21,149 completed participants
- 43 New courses developed & approved to meet state licensing requirements
- 475 Technical assistance engagements completed
- 2,676 Scholarships awarded/distributed
- Facilitation of the Workforce Development Advisory Group and related sub-workgroups
- Collaboration with local, regional, and state partners to increase access and improve systems

Out of the 79 performance measures within the Workforce Professional Development agreement, 64 were met during the SFY24 grant period.

Through the Infant Toddler Specialist Network agreement, the supply and quality of child care programs and services for infants and toddlers was improved by Kansas Child Care Training Opportunities through the following during FFY24:

- 335 Trainings with 6691 completed participants
- 33 New courses developed & approved to meet state licensing requirements
- 2810 Technical assistance engagements completed
- 274 New quality enhancement plans written, 340 total plans active during the period
- 100 Quality enhancement material awards distributed
- 7 Community conversations hosted
- 45 Individuals supported with seeking KAIMH endorsement

Collaboration with local, regional, and state partners to increase access and improve systems

Out of the 102 performance measures within the Infant Toddler Specialist Network agreement, 71 were met during SFY24 grant period.

Links to Quality: During FFY 2024, Links to Quality transitioned from focused supports on Program Administration Support (PAS) and Family Partnerships (FPS) to a statewide rollout of Links to Quality as the state QRIS system. The statewide rollout was implemented giving priority first to those already engaged in PAS, FPS, or the L2Q pilot which was completed in Spring 2020. The progress for the FFY 24 measures were:

- Programs participating: 314
- Number of member programs: 0
- Number of children served by L2Q programs: 3,725
- Number of L2Q programs who are enrolled providers with DCF: 199

-Number of L2Q children receiving CCDF funding: 511

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 Early Learning and Development Guidelines

3.1.1 Spending - Early Learning and Development Guidelines:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to improve early learning and development guidelines during October 1, 2023 to September 30, 2024?

☐ Yes, if so which funding source(s) were used?

- ☐ CCDF quality funds
- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on improving upon the development or implementation of early learning and development guidelines? \$

☐ Unable to report total amount spent. Indicate reason

Optional: Use this space to tell us any additional information about how funds were spent that is not capture in the item already reported:

☒ No

3.2 Progress Update

3.2.1 Progress Update - Early Learning and Development Guidelines:

Improving upon the development or implementation of early learning and development guidelines.

Measurable indicators of progress the state/territory reported in section 6.4.3 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

Lead Agency will continue to evaluate progress in improving the quality of child care programs and services through the use of these standards by collecting the number of enrollments and changes in pre post test scores. During FFY 2020, KCCTO enrolled 261 participants in 12 KELS trainings with an average change in scores measured by pre post-tests of 22%. DCF will continue to track and monitor the requests for the KELS distribution and TA referrals through KCCTO workforce development and infant toddler specialists. The total number of distributions of KELS materials for FFY2020 were 206 and 214 referrals to KELS online.

<http://kskits.org/virtual-kit-early-learning-standards> During FFY2020 The Family Engagement and Partnership Standards for Early Childhood, KCCTO workforce development and infant toddler specialist network enrolled a total of 175 participants with a changes in score of 13% for 120 online participants and 3% change in score for 55 participants in through the Infant Toddler Specialist Network. There were 110 distributions of the Kansas Family Engagement and Partnership Standards. Links to Quality (L2Q) did not award any of the foundation Links during the pilot, as it was a test of processes and procedures. As part of the pilot over 75% of the programs working on the Learning and Development link as part of the pilot participated in professional development around the Kansas Early Learning Standards (KELS), and received relationship based coaching on how they could be implemented in their programs.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.4.3 of the FFY 2022-2024 CCDF Plan: **Kansas Early Learning Standards (KELS) is a document that provides information and guidance to early childhood providers and teachers, including early primary grade teachers, on the developmental continuum of learning for children from birth through kindergarten. It serves as a resource that providers and teachers can use as they plan activities, choose and implement curriculum, and engage young children and their families. The standards are not to be used as an assessment tool, but as a cornerstone to support adults in making appropriate instructional decisions that will benefit young learners.**

In 2021, the Kansas Department of Education (KSDE) began leading a working group of state agency and partner organization staff to update the Kansas Early Learning Standards. Some of the state agency and partner organization staff were paid through their corresponding CCDF Quality related agreements or funds, but the work of this group is not done through an agreement that has targets attached to it. In the spring of 2024, the work was completed and the newly up-dated KELS was ready for implementation for the 2024-2025 school year. A website has been developed to house the KELS document along with training and resource

information. Printed copies of the KELS document are available upon request and have been mailed to Head Start programs. Additionally, a KELS crosswalk tool is included in the online KELS website under resources. Other resource documents that have been developed to accompany the KELS include Supporting Foundational Skills, Frequently asked Questions, and Kansas Core Competencies. The KELS team has also developed training which can be found on the KELS website at <https://kels.ksde.org/> .

Through the Workforce Professional Development and Infant Toddler Specialist Network agreements, Kansas Child Care Training Opportunities (KCCTO) offered 19 trainings on the Kansas Early Learning Standards with 287 completed participants in FFY24.

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 Quality rating and improvement system status

4.1.1 QRIS or other system of quality improvement status:

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, 2023 to September 30, 2024?

☒ The lead agency QRIS is operating state- or territory-wide.

- General description of QRIS: **Links to Quality (L2Q) is the QRIS system in Kansas. The system is designed to recognize and develop quality in early childcare providers. The foundational links of L2Q are Program Administration, Family Partnerships, Learning and Development, and Health and Safety. As L2Q progresses, additional links will be created to encourage the continuous quality improvement process. Each area of recognition includes benchmarks and standards that participating providers must meet to achieve the corresponding Quality Recognition Link. These benchmarks will be documented through submitted portfolios in each area. Recently, L2Q was implemented statewide and is therefore progressing in its development. In addition, L2Q will be embedded in the new workforce registry.**
- How many tiers/levels? **1** [insert number of tiers below as required and describe each tier and check off which are high quality]
 - Tier/Level 1: **The first tier of Links to Quality consists of the foundational links. The foundational links of L2Q are Program Administration, Family Partnerships, Learning and Development, and Health and Safety. Additional tiers will be determined in the future.**
☒ High Quality
 - Tier/Level 2:
☐ High Quality
 - Tier/Level 3:
☐ High Quality
 - Tier/Level 4:
☐ High Quality

- Tier/Level 5:
 ☐ High Quality
- Tier/Level 6:
 ☐ High Quality
- Tier/Level 7:
 ☐ High Quality
- Tier/Level 8:
 ☐ High Quality
- Tier/Level 9:
 ☐ High Quality
- Tier/Level 10:
 ☐ High Quality

- Total number of licensed child care centers meeting high quality definition: **0**
- Total number of licensed family child care homes meeting high quality definition:
0
- Total number of CCDF providers meeting high quality definition: **0**
- Total number of children served by providers meeting high quality definition: **0**

☐ 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.

- General description of pilot QRIS (e.g., in a few localities, or only a few levels):
- Which localities if not state/territory-wide?
- How many tiers/levels? [insert number of tiers below as required and describe each tier and check off which are high quality]
 - Tier/Level 1:
 ☐ High Quality
 - Tier/Level 2:
 ☐ High Quality
 - Tier/Level 3:
 ☐ High Quality
 - Tier/Level 4:
 ☐ High Quality
 - Tier/Level 5:
 ☐ High Quality
 - Tier/Level 6:
 ☐ High Quality
 - Tier/Level 7:

- ☐ High Quality
 - Tier/Level 8:
 - ☐ High Quality
 - Tier/Level 9:
 - ☐ High Quality
 - Tier/Level 10:
 - ☐ High Quality
- Total number of licensed child care centers meeting high quality definition:
- Total number of licensed family child care homes meeting high quality definition:
- Total number of CCDF providers meeting high quality definition:
- Total number of children served by providers meeting high quality definition:
- ☐ The lead agency is operating another system of quality improvement.
 - General description of other system:
 - Describe assessment scores, accreditation, or other metrics associated with this system:
 - Describe how “high quality” is defined in this system?
 - Total number of licensed child care centers meeting high quality definition:
 - Total number of licensed family child care homes meeting high quality definition:
 - Total number of CCDF providers meeting high quality definition:
 - Total number of children served by providers meeting high quality definition:
- ☐ The lead agency does not have a QRIS or other system of quality improvement.
 - Do you have a definition of high quality care?
 - ☐ Yes, define:
 - Total number of licensed child care centers meeting high quality definition:
 - Total number of licensed family child care homes meeting high quality definition:
 - Total number of CCDF providers meeting high quality definition:
 - Total number of children served by providers meeting high quality definition:
 - ☐ No

4.1.2 Spending - Quality rating and improvement system status:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

4.2 Quality Rating and Improvement Systems participation

4.2.1 QRIS or other system of quality improvement participation:

What types of providers participated in the QRIS or other system of quality improvement during October 1, 2023 to September 30, 2024 (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:

4.3 Quality Rating and Improvement Systems Benefits

4.3.1 Quality Rating and Improvement Systems Benefits:

What types of financial incentives or technical assistance are available for providers related to QRIS or other system of quality improvement? Check as many as apply.

☒ One-time grants, awards or bonuses

- ☐ Licensed child care centers **59**
- ☐ Licensed family child care homes **167**

☒ On-going or periodic quality stipends

- ☐ Licensed child care centers **8**
- ☐ Licensed family child care homes **49**

☐ Higher CCDF subsidy rates (including tiered rating)

- ☐ Licensed child care centers
- ☐ Licensed family child care homes

☒ Ongoing technical assistance to facilitate participation in QRIS or improve quality of programs already participating in QRIS (or some other technical assistance tied to QRIS)

☐ Other. Describe

4.3.2 Spending - Quality Rating and Improvement Systems Benefits:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

4.4 Spending – Quality Rating and Improvement Systems

4.4.1 Spending – Quality Rating and Improvement Systems:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP

Stabilization 10% set-aside) related to QRIS or other quality rating systems during October 1, 2023 to September 30, 2024? **\$7258474**

☐ Unable to report total amount spent. Indicate reason

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

4.5 Progress Update

4.5.1 Progress Update – Quality Rating and Improvement Systems:

Developing, implementing, or enhancing a quality rating and improvement system (QRIS) or other transparent system of quality indicators.

Measurable indicators of progress the state/territory reported in section 7.3.6 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **Links to Quality (L2Q) was developed to increase quality within identified topic links or areas. These quality links have benchmarks with criteria or evidence that must be completed prior to the program receiving the quality recognition with the award of the link. These quality links Improved knowledge and skills of child program staff participating in long-term technical assistance with self-determined goals, attainment and follow-up. There are 4 foundation topic areas (Links). Program Administration focuses on implementing sound business practices for child care programs. Family Partnerships looks at engaging parents and families to encourage program participation along with expanding their knowledge and skills. Learning and Development focuses on developmentally appropriate instruction, curricula and learning environments to support all children. Lastly Health and Safety to encourage nutrition and physical activities along with increased safety practices. Each link has a self-assessment the child care program must complete along with a quality improvement plan (QIP). The QIP is created to either create or build upon existing evidence necessary for their portfolio. The measures that Links to Quality will track include but are not limited to: number of program participating in L2Q, number of member programs (programs that have complete the 4 foundation links), Number of children served by L2Q program, the number of L2Q programs who are enrolled providers with DCF, and the number of children receiving CCDF funding.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.3.6 of the FFY 2022-2024 CCDF Plan: **Performance measures and progress goals were accomplished according to the L2Q data**

provided.

-Programs participating: 314

-Number of member programs: 0

-Number of children served by L2Q programs: 3,725

-Number of L2Q programs who are enrolled providers with DCF: 199

-Number of L2Q children receiving CCDF funding: 511

5) Improving the supply and quality of child care programs and services 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 Infant/Toddler Specialists

5.1.1 Infant/Toddler Specialists:

Did providers have access to infant/toddler specialists during October 1, 2023 to September 30, 2024?

☒ Yes

- Number of specialists available to all providers **17**
- Number of specialists available to providers serving children who receive CCDF **17**
- Number of specialists available specifically trained to support family child care providers **0**
- Number of providers served **704**
- Total number of children reached **4919**

☐ No, there are no infant/toddler specialists in the state/territory.

☐ N/A. Describe:

5.1.2 Infant/Toddler Specialists Supports Provided:

If yes, what supports do the infant/toddler specialists provide?

☒ Relationship-caregiving practices (or quality caregiving/developmentally appropriate practices)

☒ On-site and virtual coaching

☒ Health and safety practices

☒ Individualized professional development consultation (e.g., opportunities for or awareness on career growth opportunities, degreed/credential programs)

☒ Group professional development

☒ Family engagement and partnerships

☒ Part C early intervention services

☒ Mental health of babies, toddlers, and families

☒ Mental health of providers

☒ Behavioral Health

[x] Other. Describe **Specialists worked with individuals and programs to develop a Quality Enhancement Plan which outlines goals and action steps for quality improvement. Individuals or programs participating who are contracted to accept CCDF subsidies are eligible to apply for Quality Enhancement Material Awards, which allow the provider to identify and receive materials needed to support their quality enhancement efforts.**

5.1.3 Spending – Infant/Toddler Specialists:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

[] CCDF quality funds

[] Non-CCDF funds

[] CARES funds

[] CRRSA Funds

[x] ARP Supplemental Discretionary

[] ARP Stabilization 10% set-aside

[] Unable to report. Indicate reason:

[] No

5.2 Staffed Family Child Care Networks

5.2.1 Number and Description of Staffed Family Child Care Networks:

How many staffed family child care networks operated during October 1, 2023 to September 30, 2024?

[x] Number of staffed family child care networks: **5**

- o** Describe what the network/hub provides to participating family child care providers: **A range of services are provided which vary according to the hub and the needs of its participating providers. Services may include: child care management systems, lending libraries, sub services, HR hotline, telehealth, IRA, professional development, grant writing, fingerprinting services, tax education, and marketing and website design. A variety of additional services are currently under consideration.**

[] No staffed family child care networks operate in state/territory

5.2.2 Spending - Staffed Family Child Care Networks:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

5.3 Spending - Programs and services for infants and toddlers

5.3.1 Spending - Programs and services for infants and toddlers:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside), above and beyond to the 3% infant and toddler set-aside, to improve the supply and quality of child care programs and services for infants and toddlers during October 1, 2023 to September 30, 2024? **\$5141654**

☐ Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

5.4 Progress Update

5.4.1 Progress Update - Programs and services for infants and toddlers:

Improving the supply and quality of child care programs and services for infants and toddlers.

Measurable indicators of progress the state/territory reported in section 7.4.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

Measurable indicators are established in the agreement for the Infant Toddler Specialist Network (ITSN). Number of enrollments and pre- post-knowledge assessments are used for

online infant and toddler trainings. ITSN evaluates progress and quality improvement through their technical assistance plans. Tracking requirements include, but are not limited to, number of written and completed technical assistance plans, and number of providers who received on-site technical assistance. ITSN specialists also use GAS scores to evaluate progress and quality. **Goal Assessment Scale (GAS):** There are two purposes for the GAS: First it serves as a measurement of the TA plan's long-term outcome(s). As such, goals that are written into the GAS should reflect outcomes or effects on the outcome(s) of the plan rather than process variables (e.g. methods or procedures). Secondly, the GAS provides a standard measurement of the impact of technical assistance and the sustainability of those changes, which can be used for reporting and/or program evaluation. There were 19 GAS scores/ measures at 6 months for performance that was maintained or improved. During FY 2020, there were 305 on-site TA visits to 124 individuals (84 had written TA plans and 40 individuals with no written plan.) There were 35 established providers who completed TA plans. All on-site activity was suspended in March due to COVID 19. ITSN also provides TA for new providers. Services include new provider packets. Intensive TA with support is offered to newly licensed programs. Providers participating in intensive on-site TA can receive Quality Improvement Plan incentives. Data collected includes the number of initial contacts, number of new providers with written TA plans, and TA plan completions. During FY 2020 there were 648 who received welcome information, 22 written TA plans, 11 completed TA plans, 13 course reimbursements and 8 incentives totaling \$4,564.99. ITSN staff provided 50 in person training events that had 1,406 enrollments to 842 participants during FY2020. Online training included 107 training events, enrollment of 2,772 to 982 participants. Online training average change in scores measured by pre-post assessments was 15%.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.4.2 of the FFY 2022-2024 CCDF Plan: **Through the Infant Toddler Specialist Network agreement, the supply and quality of child care programs and services for infants and toddlers was improved by Kansas Child Care Training Opportunities through the following during FFY24:**

- 335 Trainings with 6691 completed participants
 - 33 New courses developed & approved to meet state licensing requirements
 - 2810 Technical assistance engagements completed
 - 274 New quality enhancement plans written; 340 total plans active during the period
 - 100 Quality enhancement material awards distributed
 - 7 Community conversations hosted
 - 45 Individuals supported with seeking KAIMH endorsement
- Collaboration with local, regional, and state partners to increase access and improve systems

Out of the 102 performance measures within the Infant Toddler Specialist Network agreement, 71 were met during SFY24 grant period.

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 Spending – Child Care Resource and Referral Services

6.1.1 Spending – Child Care Resource and Referral Services:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to establish, expand, modify, or maintain a statewide CCR&R during October 1, 2023 to September 30, 2024?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to establish, expand, modify, or maintain a statewide CCR&R during October 1, 2023 to September 30, 2024? **\$18995893**

☐ Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent

☐ No

6.2 Progress Update

6.2.1 Progress Update – Child Care Resource and Referral Services:

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

Measurable indicators of progress the state/territory reported in section 7.5.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. The consumer education resource and referral contract includes written statements outlining good/services to be produced by the project and identifies intended recipients of the goods/services. Performance standards and data tracking includes, but is not limited to, number of families requesting child care referrals and types of child care requested, number of subsidy families requesting referral services, number of consumer education materials distributed to families and providers, number and type of child care community support activities, and provider vacancy updates.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.5.2 of the FFY 2022-2024 CCDF Plan: Through the Child Care Resource and Referral (CCR&R) agreement, during FFY24, Child Care Aware of Kansas (CCAKS) provided referral services to 8,505 families, of which 1,095 reported they were receiving DCF Child Care Assistance. The families served received 87,486 consumer education materials, out of the total of 99,230 distributed. Families searching by provider type indicated 40% of searches were for child care centers, 35% for family child care homes, 10% for preschools, 9% for Head Start programs, and 6% for school age programs. Families reported a 98% rate of satisfaction with the referral services provided, with 99% reported accuracy, and a total of 995 families who secured child care from the referrals provided.

During the CCR&R agreement's term, SFY24, 63% of early childhood care and education (ECCE) professionals had their profiles updated, including eight Spanish-speaking providers. Through the CCR&R agreement, 79% of Kansas counties received community engagements, and CCAKS provided 233 community meetings, presentations, conferences, and events with community leaders, families, and ECCE providers. A total of 31 community-led coalitions across 26 counties received Initial Child Care Coalition Building Funds. Additionally, 60 community-led coalitions in 53 counties were granted Implementing Child Care Capacity Building Funds. The overall expenditure for the community grants projects amounts to \$2,671,407.83. Data reported represents the actual totals.

Out of the 19 performance measures within the CCR&R agreement, 14 were met during SFY24.

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 Complaints about providers

7.1.1 Number of Complaints about providers:

How many complaints were received regarding providers during October 1, 2023 to September 30, 2024? **851**

7.1.2 Spending - Complaints about providers:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity (including maintaining a hotline)?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

7.2 Licensing Staff

7.2.1 Number of Licensing Staff:

How many licensing staff positions were there in the state or territory during October 1, 2023 to September 30, 2024? Number of staff **58**

7.2.2 Spending – Licensing Staff:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☐ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set aside
- ☐ Unable to report. Indicate reason:

☐ No

7.3 Health and Safety Standards Coaching and Technical Assistance

7.3.1 Coaching or technical assistance on health and safety standards as a result of inspection:

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, 2023 to September 30, 2024? **This number is not tracked**

7.3.2 Spending - Coaching or technical assistance on health and safety standards as a result of inspection:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

- ☐ CCDF quality funds
- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☒ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

☐ No

7.4 Spending - Compliance with health, safety, and licensing standards

7.4.1 Spending - Compliance with health, safety, and licensing standards:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on facilitating compliance with lead agency requirements for inspections, monitoring, health and safety standards and training, and lead agency licensing standards during October 1, 2023 to September 30, 2024? **\$7587960**

[] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **Funds were used to cover licensing fees and background check fees.**

7.5 Progress Update

7.5.1 Progress Update - Compliance with health, safety, and licensing standards:

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

Measurable indicators of progress the state/territory reported in section 7.6.3 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

The KDHE Child Care Licensing Program, CCL, establishes and enforces regulatory safeguards to approximately 4,761 licensed child care facilities, reducing the risk of predictable harm to 137,811 children receiving out-of-home care in the Federal Year 2020. Licensed child care facilities include child care centers, preschools, day care homes, group day care homes, school age programs, drop-in programs for school age children and youth, and child care resource and referral agencies. Core functions fulfill mandatory requirements pursuant to the Child Care Act (K.S.A. 65-501 et.seq.) and the KDHE-DCF MOA. CCL work supports the CCDF state plan through regulatory oversight and monitoring of health and safety standards. Inspection and licensing activities include but are not limited to: Establishing and enforcing requirements for the operation of child care facilities, increasing the state-wide availability of regulated facilities that meet or exceed standards, reducing predictable health and safety risks to children in child care, providing consumer protection for children and families and conducting timely and accurate inspections. All licensing applications are processed by CCL. Inspection activity is carried out by local county health departments and city department surveyors through Aid to Local contracts and by KDHE staff located in district offices across the state. The issuance of licenses and enforcement activities are carried out at the state level. KDHE submits quarterly program

reports of CCDF activities to the lead agency. Program reports include the following: Number of licensed child care providers by categories: center-based, licensed child care providers and licensed group child care. Percentage of programs receiving monitoring visits and the frequency of these visits by provider category. Number of programs with licenses suspended or revoked due to licensing violations by provider category. Number of reported serious injuries at child care facilities by provider category. Number of reported fatalities at child care facilities by provider category. Number of complaints received, number and type of enforcement actions by provider category. KDHE participates in state and local workgroups to promote professional development and quality activities in Kansas. KDHE provides copies of materials developed and/or distributed to promote professional development and encourage participation in the DCF Subsidy Program. Copies of agendas for District Meetings for child care surveyors. Number of surveyor visits to licensed facilities, number of new providers receiving licenses. For Federal fiscal year ending September 30, 2020, administrative staff in Topeka issued, 609 initial licenses, 299 were licensed child care homes, 223 were group child care homes, 7 preschool licenses, 44 child care centers, 2 Head Start programs, 31 school-age programs and 3 drop-in programs. KDHE conducted approximately 3,169 initial, annual and compliance inspections; Investigated 694 complaint inspections; 243 had substantiated findings due to regulatory noncompliance in a licensed facility; 368 had unsubstantiated findings due to regulatory noncompliance in a licensed facility; 83 were for illegal care; Investigated and provided technical assistance in approximately 170 incidents of communicable diseases in child care settings involving about 180 children and 201 adults and provided orientation training (classroom setting or individual) to 1,040 potential providers (day care home, group day care home and center-based)

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.6.3 of the FFY 2022-2024 CCDF Plan: For federal fiscal year ending September 30, 2024, administrative staff in Topeka with the Kansas Department of Health and Environment (KDHE) issued 569 initial licenses, 170 were licensed child care homes, 188 were group child care homes, 6 preschool licenses, 78 child care centers, 2 Head Start programs, 24 school-age programs and 4 drop-in programs. KDHE conducted approximately 4,404 initial, annual and compliance inspections; Investigated 674 complaint inspections; 317 substantiated and substantiated plus) had substantiated findings due to regulatory noncompliance in a licensed facility; 243 had unsubstantiated findings due to regulatory noncompliance in a licensed facility; 58 were for illegal care; 20 licensed homes had licenses suspended or revoked due to licensing violations; 1 licensed child care center had licenses suspended or revoked due to licensing violations; 0 licensed preschools had licenses suspended or revoked due to licensing violations; 0 licensed Head Start programs had licenses suspended or revoked due to licensing violations; 0 licensed school-age had licenses suspended or revoked due to licensing violations; 0 licensed drop-in programs had licenses suspended or

revoked due to licensing violations; Investigated and provided technical assistance in approximately 32 incidents of communicable diseases (COVID-19 included) in child care settings involving about 180 children and 83 adults and provided orientation training (classroom setting or individual) to 579 potential providers (day care home, group day care home and center based). 99% of programs received monitoring visits and these visits occurred 1.04 times per year for licensed child care homes, 1.04 times per year for group child care homes, 1.25 times per year for preschool licenses, 1.29 times per year child care centers, 1.14 times per year Head Start programs, 1.06 times per year school-age programs and 1.06 times per year drop-in programs. Provided orientation training (classroom setting or individual) to 579 potential providers. During the reporting period, local surveyors completed 289 training courses totaling 919 hours of professional development.

8) Evaluating and assessing the quality of child care programs and services, 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 Evaluation and assessment of center-based programs

8.1.1 Evaluation and assessment of center-based programs:

What measure(s) or tool(s) were used to evaluate and assess the quality of and effective practice in center-based programs during October 1, 2023 to September 30, 2024?

☒ QRIS

☒ CLASS

☒ ERS

☒ FCCERS

☒ ITERS

☐ State evaluation tool. Describe

☐ Core Knowledge and Competency Framework

☒ Other. Describe **Kansas Child Care Training Opportunities staff also used formal observations to support quality improvement efforts and support programs in utilizing ASQ Screening Tools and reflecting on results to look for areas of program improvement.**

☐ Do not evaluate and assess quality and effective practice

8.1.2 Spending - Evaluation and assessment of center-based programs:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

8.2 Evaluation and assessment of family child care programs

8.2.1 Evaluation and assessment of family child care programs:

What measure(s) or tool(s) were used to evaluate and assess the quality of and effective practice in family child care programs during October 1, 2023 to September 30, 2024?

☒ QRIS

☒ CLASS

☒ ERS

☒ FCCERS

☒ ITERS

☐ State evaluation tool. Describe

☐ Core Knowledge and Competency Framework

☒ Other. Describe **Kansas Child Care Training Opportunities staff also used formal observations to support quality improvement efforts and support programs in utilizing ASQ Screening Tools and reflecting on results to look for areas of program improvement. Home Visiting Rating Scales Adapted and Extended (HOVRS-A+)_was also used as part of Kansas Early Head Start-Child Care Partnership agreement.**

☐ Do not evaluate and assess quality and effective practice

8.2.2 Spending - Evaluation and assessment of family child care programs:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

8.3 Spending - Evaluation and assessment of child care programs

8.3.1 Spending - Evaluation and assessment of child care programs:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on evaluating and assessing the quality of child care programs, practice, or child development during October 1, 2023 to September 30, 2024?
\$17702341

[] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **Funding that supports evaluation and assessment efforts was also reported in other areas in this report.**

8.4 Progress Update

8.4.1 Progress Update - Evaluation and assessment of child care programs:

Evaluating and assessing the quality of child care programs and services, including evaluating how programs positively impact children.

Measurable indicators of progress the state/territory reported in section 7.7.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

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. Deliverables include: -Systematic record of documented and substantiated facility complaints -Notification of KDHE enforcement actions -Quarterly financial and program reports -Annual program report -Distribution of professional development materials aimed at child care providers, regulators, parents and other early care and education stakeholders -A copy of scheduled regional meetings with facility contractors -Timely written notice to DCF of licensing regulation policy changes -KDHE website link with DCF KDHE, the Child Care licensing agency, also submits required reports in accordance with the scope of work. All reports include information regarding outcome measures, and DCF compares the outcome measures with the annual target goals/objectives identified to ensure compliance. KDHE submits quarterly program reports of CCDF activities. Program reports include the following: Number of licensed child care providers by categories: center-based, licensed child care providers and licensed group child care Percentage of programs receiving monitoring visits and the frequency of these visits by provider category. Number of programs with licenses suspended or revoked due to

licensing violations by provider category Number of reported serious injuries at child care facilities by provider category Number of reported fatalities at child care facilities by provider category Number of complaints received, number and type of enforcement actions by provider category Participation in state and local workgroups to promote professional development and quality activities in Kansas Copies of materials developed and/or distributed to promote professional development or encourage participation in the DCF Subsidy Program Training schedule for possible DCF field staff participation Copies of agendas for District Meeting for child care surveyors Number of surveyor visits to licensed facilities Number of new providers receiving licenses. CCDF Performance Measures for Resource and Referral Services, Workforce Development, Infant Toddler Services. The Kansas Early Head Start Child Care Partnership Program and the Kansas Enrichment Network include: Percent of parents reporting satisfaction with consumer education materials received for child care referral services. Each family receives the opportunity to complete a survey to evaluate referral services. CCR&R staff send the survey electronically and make follow-up calls. The survey asks the families if they found child care through the referral list.

Number of families who completed the survey 1,758

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

Number of families who answered the question 351

Number of DCF families who found child care from referral list 175.

State FY2019-14% and State FY2020-2% increase of child care providers accessing professional development. Kansas Enrichment Network narratives and number of participants measure the impact work through coordination and development of out-of-school programs that provide opportunities to low income and at-risk student populations. Coordinated activities and measures of impact for school age programs include 13 conferences with clock hours and 15 training events. KEN provided 133 site visits to 21st Century Learning Community Centers and Quality Matters programs. KEN reached 55 Kansas counties and programs self-reported these activities would potentially impact 13,232 youth. Some of the training and technical assistance topics included quality guidelines, homework help, digital badging, assessment and goal setting, performance improvement plans, use of virtual platforms, creating safe spaces in homes and programs, stress management, strategies for health, activity and nutrition, Why Hope Matters and supporting LGBTQ youth and staff. Percent of KEHS child care partnerships that provide

quality early learning environments based on a recorded score of 5 or higher on the Thelma Harms Rating Scale. 2019-89%.

During this recovery phase of Links to Quality (L2Q) plans to measure the number of programs receiving technical assistance, coaching and or consultation. The number of business trainings completed by programs receiving this focused technical assistance. Finally, the number of Early Childhood Educators actively participating in our peer learning communities. As L2Q moved from the pilot to the transition phase, over 75% of the programs who participated in the pilot choose to continue. They shared the immense benefits they felt they received as part of the technical assistance along with peer support.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.7.2 of the FFY 2022-2024 CCDF Plan: Indicators of progress for Kansas Department of Health and Environment, the Child Care licensing agency, were listed earlier in this report under a different section. Progress through the work of the workforce development agreement, the resource and referral agreement and the infant/toddler specialist network agreement are also listed earlier in this report. The lead agency no longer has an agreement with Kansas Enrichment Network.

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 Environmental Rating Scales tools to assess partners. Based upon this tool, 82% of the Child Care Center Partners had a score of five or higher on the Thelma Harms Rating Scale, better known as Environment Rating Scales, for SFY24. 86% of the Grantee Child Care Centers had a score of five or higher on

the Thelma Harms Rating Scale for SFY24. 79% of the Family Child Care Partners had a score of five or higher on the Thelma Harms Rating Scale for SFY24. This is an average of around 84% of the total environments assessed that scored five or higher on the corresponding Thelma Harms Scale, which is an indicator of quality environments. Kansas Early Head Start- Child Care Partnerships grantees had 24 child care partnerships.

During FFY24, DAISEY, the database used to track data relating to the Kansas Early Head Start-Child Care Partnership grant, has delivered communication with Kansas Early Head Start-Child Care Partnership users regarding functionality and support of the lead agency requirements, provided access to all DAISEY manuals, ensured accuracy of data entered into the system and maintained existing Kansas Early Head Start-Child Care Partnership data entry forms. The Kansas Early Head Start-Child Care Partnership data provided supports that performance measures in place within DAISEY's agreement have been met.

During FFY 24, L2Q continued to focus on supporting programs with a variety of methods. The PAS program continued to support providers and the quality improvement of their business practices. L2Q also offered a new temporary program to support programs in their family partnerships and relationships. Shortly after the completion of these two initiatives, L2Q began its statewide launch of the Kansas QRIS system. The outcome of L2Q's measures were:

Number of times programs received technical assistance, coaching, and/or consultations (number of programs may be duplicated) : 2,092

Number of times programs received business practices related TA: 1,553

Number of early educators participating in peer learning communities: 393

For Links to Quality, the data provided supports that performance measures within the agreement have been met and progress goals accomplished.

9) Supporting child care 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 Accreditation Support

9.1.1 Accreditation Support:

How many providers did the lead agency support in their pursuit of accreditation (e.g., financial incentives, technical assistance with the accreditation process, coaching/mentoring by accredited programs) during October 1, 2023 to September 30, 2024?

☒ Yes, providers were supported in their pursuit of accreditation

- a. Licensed center-based programs **0**
- b. License-exempt center-based programs **0**
- c. Licensed family child care homes **26**
- d. License-exempt family child care homes (care in providers' home) **0**
- e. Programs serving children who receive CCDF subsidy **16**

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

☐ N/A. Describe:

9.1.2 Spending – Accreditation Support:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☒ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on accreditation during October 1, 2023 to September 30, 2024? **\$6263163**

☐ Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent. The amount is included in other spending sections on the QPR. The duplicated amount includes funding used for the Kansas Child Care Training Opportunities Workforce Professional Development agreement. The financial aspect of this work is not tracked separately and there isn't a separate agreement to do this work.

☐ No

9.2 Progress Update

9.2.1 Progress Update – Accreditation Support:

Supporting providers in the voluntary pursuit of accreditation.

Measurable indicators of progress the state/territory reported in section 7.8.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

N/A

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.8.2 of the FFY 2022-2024 CCDF Plan: During FFY24, Kansas Child Care Training Opportunities (KCCTO), as subcontracted by Child Care Aware of Kansas as part of the Child Care Quality Initiatives Systems contract, offered support to 26 family child care homes in their pursuit of NAFCC accreditation. Participants have utilized other CCDF funded supports through the Child Care Workforce Development agreement offered by KCCTO such as CDA training track, scholarships, and general technical assistance, to support their accreditation efforts. Additionally, the project hired staff to develop a system an accreditation support for center-based programs seeking NECPA accreditation, with plans to implement the project in FFY25. The state had no separate agreements aimed only to support providers in the voluntary pursuit of accreditation and this work is not tracked separately from those agreements.

10) Supporting providers in 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 High-Quality Program Standards

10.1.1 High-Quality Program Standards:

How did the state or territory help providers develop or adopt high quality program standards during October 1, 2023 to September 30, 2024?

☒ QRIS, check which indicators the lead agency has established:

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

☒ Early Learning Guidelines

☒ State Framework. Describe **Through the Workforce Professional Development and Infant Toddler Specialist Network agreements, Kansas Child Care Training Opportunities offered training on the Kansas Early Learning Standards to increase awareness of these standards and how they can be utilized to support quality programming.**

☒ Core Knowledge and Competencies

☒ Other. Describe **Through the Workforce Professional Development agreement, Kansas Child Care Training Opportunities offered training on the Family Engagement and Partnership Standards.**

☐ N/A – did not help provider develop or adopt high quality program standards

10.1.2 Spending - High-Quality Program Standards:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to support providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development during October 1, 2023 to September 30, 2024? **\$14937077**

☐ Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **Funding used for high-quality program standards were also reported as part of the overall work in other sections on this report and are not separated.**

☐ No

10.2 Progress Update

10.2.1 Progress Update - High-Quality Program Standards:

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

Measurable indicators of progress the state/territory reported in section 7.9.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **Lead Agency will continue to evaluate progress in improving the quality of child care programs and services through the use of these standards by collecting the number of enrollments and changes in pre post test scores. During FFY 2020, KCCTO enrolled 261 participants in 12 KELS**

trainings with an average change in scores measured by pre-tests and post-tests of 22%. DCF will continue to track and monitor the requests for the KELS distribution and TA referrals through KCCTO workforce development and infant toddler specialists. The total number of distributions of KELS materials for FFY2020 were 206 and 214 referrals to KELS online. <http://kskits.org/virtual-kit-early-learning-standards> During FFY2020 The Family Engagement and Partnership Standards for Early Childhood, KCCTO workforce development and infant toddler specialist network enrolled a total of 175 participants with a changes in score of 13% for 120 online participants and 3% change in score for 55 participants in through the Infant Toddler Specialist Network. There were 110 distributions of the Kansas Family Engagement and Partnership Standards. KEN will continue to report their impact on professional development activities and impact on school age youth through output data and narrative summaries. During FY2020, KEN coordinated 13 conferences with clock hours and 15 training events. They provided 133 site visits and reached 55 Kansas counties. Programs self-reported that the activities coordinated through KEN reached 13,232 youth.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.9.2 of the FFY 2022-2024 CCDF Plan: **Through the Workforce Professional Development and Infant Toddler Specialist Network agreements, Kansas Child Care Training Opportunities (KCCTO) offered 19 trainings on the Kansas Early Learning Standards (KELS) with 287 completed participants in FFY24.**

KCCTO offered 6 trainings on the Family Engagement and Partnership Standards with 115 completed participants in FFY24.

All KCCTO courses are aligned with Kansas Core Competencies for Early Childhood Care and Education Professionals.

The lead agency no longer has an agreement with Kansas Enrichment Network (KEN) and so there are no progress indicators to report related to their ongoing work.

11) Other activities to improve the quality of child care services

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 Sustainability funding to child care providers

11.1.1 Sustainability funding to child care providers:

Did the state or territory continue to provide stabilization grants to child care providers using funds other than the American Rescue Plan (ARP) Act Stabilization funds during October 1, 2023 to September 30, 2024?

☐ Yes. If yes, describe and check which types of providers were eligible and number served.

☐ Licensed center-based programs

☐ License-exempt center-based programs

☐ Licensed family child care homes

☐ 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:

11.1.2 Spending – Sustainability funding to child care providers:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☐ Yes, if so which funding source(s) were used?

☐ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☒ No

11.2 Data Systems Investment

11.2.1 Data Systems Investment:

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, 2023 to September 30, 2024?

[x] Yes. Describe: In the first week in November 2024, Kansas partners and Salesforce will complete phase one of the development of CAPE, Kansas' early childhood workforce registry. Phase one included the development of basic functionality to include course management and registration, creation and management of individual professional profiles (with collection of data points such as title, roles, highest level of education, etc.), creation and management of facility and organization profiles, and creation and management of affiliation links between individual professionals and facilities or organizations. Phase two began October 28, 2024, and, among other functionality, will prioritize development of methods to collect and verify detailed information about earned degrees, credentials, and certifications, which can then be reported on by themselves or in relation to other characteristics such as affiliation with CCDF enrolled facilities.

Kansas Child Care Training Opportunities was contracted to support the build, implementation, and maintenance of CAPE, Kansas' Early Childhood Workforce Registry, which is an ongoing process that will support equitable access to professional development and other supports for the early childhood care and education workforce. Additionally, staff on the Workforce Professional Development project and the Infant Toddler Specialist Network contributed time and effort as subject-matter experts during Phase 1 of the registry build.

The child care licensing program entered into an agreement with a vendor to integrate a new licensing system. Work with the vendor began in January 2024. The implementation of the new system is set to be live in October 2025.

Links to Quality (L2Q), the statewide QRIS, also began developing its portfolio system. There has been a lot of work and progress in establishing and implementing the new L2Q data system. Meetings with partners, developers and other stakeholders have been crucial in moving this work forward. The new data system will be instrumental in facilitating the submission of evidence for the participating providers' quality indicators. Links to Quality

will be offered more broadly and available to those that may not have had access to other support previously. This will offer an equitable approach to accessing L2Q statewide.

☐ No

11.2.2 Spending - Data Systems Investment:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

11.3 Supply and Demand Analysis

11.3.1 Supply and Demand Analysis:

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, 2023 to September 30, 2024?

☒ Yes. Describe findings: **For the first time in over 5 years, the number of child care programs in Kansas has increased to 4144 programs in 2023 from 4064 in 2022. this includes licensed family and group homes, child care centers, preschools, and Head Start programs. The number of children served has only increased by less than 1%. The percent of children who may need care that are enrolled in a program and the percent that supply meets demand in frontier, rural, and densely settled rural counties are higher than in urban and semi-urban counties in Kansas. In frontier, rural and densely settled rural counties, 42% of the children potentially needing care are enrolled. In frontier, rural and densely settled rural counties, 49% of the desired capacity for child care providers could meet the potential demand. In urban and semi-urban counties, only 34% of the children potentially needing care are enrolled. In urban and semi-urban counties, 47% of the desired capacity for child**

care providers could meet potential demand. Rural care was a previous area of focus, but it appears some gains are being made in that area. Rural areas are lacking in programs for children with disabilities. There continue to be a small number of programs that offer care during non-traditional hours. Across Kansas, 56 out of 105 counties fall below 50% of the Extent Desired Capacity Meets Potential Demand for children under six (Desired Capacity divided by the Number of Children Potentially Needing Care that are under six). Across Kansas, 39 out of 105 counties had fewer than 10 Family and Group Day Care Homes and 85 out of 105 counties had less than 5 centers.

☐ No

11.3.2 Spending - Supply and Demand Analysis:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

11.4 Supply and Demand Initiatives

11.4.1 Supply and Demand Initiatives:

Did the state/territory implement 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, 2023 to September 30, 2024? Check all that apply.

☒ Child care deserts

☒ Infants/toddlers

☒ Children with disabilities

- ☒ English language learners
- ☒ Children who need child care during non-traditional hours
- ☒ Other. Describe: **Children in foster care.**

11.4.2 Spending - Supply and Demand Initiatives:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

- ☒ Yes, if so which funding source(s) were used?

- ☒ CCDF quality funds
- ☐ Non-CCDF funds
- ☐ CARES funds
- ☐ CRRSA Funds
- ☒ ARP Supplemental Discretionary
- ☐ ARP Stabilization 10% set-aside
- ☐ Unable to report. Indicate reason:

- ☐ No

11.5 Provider Compensation and Benefits

11.5.1 Spending - Provider Compensation and Benefits:

What compensation and benefits improvements did teachers/providers receive between October 1, 2023 and September 30, 2024 (check all that apply)? If indicated, how many providers received each type of support?

- ☒ Financial bonuses (not tied to education levels) **1222**
- ☐ Salary enhancements/wage supplements
- ☐ Health insurance coverage
- ☐ Dental insurance coverage
- ☐ Retirement benefits
- ☐ Loan Forgiveness programs
- ☐ Mental Health/Wellness programs
- ☐ Start up funds
- ☐ Other. Describe:
- ☐ N/A. Describe:

11.5.2 Spending - Provider Compensation and Benefits:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

☒ Yes, if so which funding source(s) were used?

☐ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☒ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

11.6 Spending – Other Activities to Improve the Quality of Child Care Services

11.6.1 Spending – Other Activities to Improve the Quality of Child Care Services:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on other activities to improve the quality of child care services during October 1, 2023 to September 30, 2024? **\$8917398**

☐ Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **Funds were used to conduct the Market Rate Survey and Narrow Cost Analysis, to help fund the Kansas Coordinating Council on Early Childhood Developmental Services, also referred to as the State Interagency Coordinating Council (SICC). Funds supported continued work on the Childcare Assistance Family Needs survey. Funds also supported the CCDF Consumer Education website and marketing efforts.**

11.7 Progress Update

11.7.1 Progress Update – Other Activities to Improve the Quality of Child Care Services:

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.

Measurable indicators of progress the state/territory reported in section 7.10.1 of the 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

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

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.10.2 of the 2022-2024 CCDF Plan: **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 State Interagency Coordinating Council met their objectives by 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.**

Quality funds were utilized during FFY 2024 to further awareness of child care needs and the child care workforce in Kansas. DCF, along with Mammoth Created, continued a child care marketing campaign focused on general awareness, child care subsidy, provider recruitment, DCF provider enrollment, and the new CCDF consumer education website. For FFY 2024, the marketing campaign generated 144,207,372 impressions and 1,195,407 clicks overall. The DCF provider enrollment email campaign resulted in 4,844 views and 404 clicks out of 7,639 emails sent. The hope is that additional awareness and recruitment from the campaigns will result in greater child well-being in Kansas. In addition to marketing efforts, further funds were utilized to host and maintain the CCDF consumer education website. The website averages 1,200 visitors daily with an average engagement time of 17 seconds.

DCF manages the ECE Resources Kansas website, provided through CCA for Social Good, that includes a wealth and variety of early education resources to benefit providers throughout Kansas. These resources contribute to provider preparedness, child safety, and child well-being. Furthermore, Links to Quality has a QRIS toolbox available within the resource website to help facilitate movement through the quality indicators. There were 481 members of ECE Resources Kansas as of September 30, 2024.

12) Annual Report

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 Annual Report and Changes

12.1.1 Annual Report:

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. **The Kansas Department of Health and Environment (KDHE) Child Care Licensing Program and the lead agency have representation on the Kansas Child Death Review Board. The Kansas State Child Death Review Board is a multidisciplinary, multi-agency Board that examines the circumstances surrounding the deaths of all Kansas children (birth through 17 years of age) and children who are not residents, but who die in the state. This board describes trends or patterns of child deaths and makes recommendations and develops prevention strategies through annual reports. This report includes deaths in non-relative child care homes and centers, including licensed and unlicensed settings. KDHE works directly with the Kansas Attorney General's office to help prevent future deaths of children. In the 2024 report, the time period between 2018-2022 was analyzed for trends. In 2018-2022, there were 14 deaths in child care settings, including unlicensed settings. 9 of those occurred in unlicensed settings and 5 occurred in licensed settings. 12 were infants under one. 11 occurred when the infant or child was sleeping. Eight of the 11 sleep-related deaths occurred in an unlicensed child care location. One death occurred in a licensed child care setting that was in violation of license requirements and had one or more unsafe sleep factors present. Two deaths occurred in licensed child care locations, one with unsafe sleep factors present. Three deaths were not sleep-related. Two of the three deaths were due to natural causes. The last was due to unintentional asphyxia. KDHE also quarterly reviews violations of all survey types which may have contributed to a serious injury and/or death to determine if next steps are needed to reduce recorded instances of a serious injury and/or death. Within KDHE, the child care licensing program utilizes the Office of Vital Statistics (OVS) death certificates to capture cause of death information which is then analyzed for themes and**

trends. Using this information, the agency can ensure that proper training and education is occurring for child care providers across Kansas for important topics like Safe Sleep and CPR.

12.1.2 Annual Report Changes:

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. **The recommendations from the Kansas Child Death Review Board annual report included making families more aware of seeking licensed child care, to review compliance history and for providers to follow safe sleep practices. The lead agency has used recovery funds to complete a media campaign to make families more aware of resources available to select child care and connect them with the consumer education website, where they can connect to check providers for compliance history. In the recent year, a comprehensive review of all health and safety regulations for home, center and preschool programs occurred. The result of this review of violations related to safe sleep violations, including an infant death, were evaluated ensuring safe sleep rules aligned with national best practices and an updated new regulation requiring all facilities to put in writing the facilities safe sleep policy. Kansas Department of Health and Environment ensures that proper training and education is occurring for child care providers for topics like Safe Sleep and CPR. Child Care Licensing also recently completed a review of program regulations, many of which involved updates needed to address health and safety. Changes were made to come into compliance with the following areas: Statewide Disaster plans, Consumer Education, 12-month eligibility, Immunization Grace Periods, Prevention and Response to Emergencies for Food and Allergic Reactions, Shaken Baby Syndrome, Emergency Preparedness, Pediatric First Aid, Pre-service Orientation, and Ongoing Training for Providers. The updates to these regulations were made active for providers on August 2, 2024.**