

Improving the Development of Pennsylvania Infants and Toddlers

Recommendations from the
Pennsylvania Infant-Toddler Systems Committee
of the Early Learning Council
2010



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I. Introduction

Pennsylvania is a leader in implementing high quality early education initiatives. Programs such as Pennsylvania Pre-K Counts and Keystone STARS have received national attention, but a significant number of young children who could benefit from early care and education programs remain. In order to make even greater progress toward preparing all children for success in school and in life, Pennsylvania must strategically invest in its youngest citizens. Pennsylvania's children must be prepared today to be able to contribute as workers, taxpayers and parents themselves in the future.

Evidence from child development research demonstrates the strong influence of early experiences in the growth and development of young children. During the sensitive period of the early years, positive early experiences enhance healthy development, while stressful or abusive circumstances can hinder learning and health throughout life.¹ It is of great concern, then, that there is a considerable gap between the number of infants/toddlers at risk in Pennsylvania and services to address their needs. There are approximately 438,000 young children under age 3 living in Pennsylvania.² More than one-third of these infants and toddlers, over 162,000, are exposed to multiple risk factors that jeopardize their development and ability to do well in school and in life³. Among children under age three statewide, approximately 10% are served by Keystone STARS, 0.5% by Early Head Start and 7% by Early Intervention (children with developmental delays or disabilities).⁴ To ameliorate the risky circumstances of their lives and promote their development, Pennsylvania must focus attention and resources on the earliest opportunity, with babies and toddlers at developmental risk. This is the best possible investment for Pennsylvania to make.

Fast Facts

- There are 438,728 infants and toddlers in Pennsylvania.
- More than one-third of all Pennsylvania's infants and toddlers are exposed to multiple developmental risk factors.
- 37% of young children in Pennsylvania are at risk for poor educational and developmental outcomes based on low-resource households and could benefit from early learning opportunities.
- Federally-funded Early Head Start programs are available in less than half of all counties in Pennsylvania.
- 7,161 infants and toddlers are on the waiting list for the Child Care Work subsidy program;
- Only 8% of Pennsylvania's infants and toddlers currently participate in either the Nurse Family Partnership, Parent Child Home Program, or Early Intervention Program.
- Of all the state investments, most children are being reached through the Keystone STARS program, which averages service to 18% of children from birth to age five.
- Pennsylvania children served in state and federally-funded early learning programs are funded at the rate of approximately \$3,033 per child.

¹ National Scientific Council on the Developing Child (2007). *The timing and quality of early experiences combine to shape brain architecture.*

² Pennsylvania Department of Public Welfare, Office of Early Learning and Development. *Early learning in Pennsylvania: Program reach & risk assessment, October, 2009.*

³ National Center for Children in Poverty. *Pennsylvania Early Childhood Profile.* Updated March 13, 2009.

⁴ *Annual Update of Poverty Guidelines, Federal Register Vol. 74, No.14 - 1/23/2009.*

⁴ Pennsylvania Departments of Education and Public Welfare, Office of Child Development and Early Learning. Program Reach and Risk Assessment, State Fiscal Year 2008-2009, October 2009.

This paper outlines the scientific and economic basis for investing in babies and toddlers. It presents the vision of the Pennsylvania Infant-Toddler Systems Committee for a statewide initiative that will help infants and toddlers in Pennsylvania get off to a better start on life. Finally, the paper describes four recommendations to intervene earlier for infants and toddlers at developmental risk. The recommendations are to:

1. Develop a statewide infant-toddler service program to assure that the most vulnerable infants and toddlers receive quality early learning.
2. Assure early identification and referral through developmental screening.
3. Support a qualified multidisciplinary workforce of professionals with infant-toddler expertise in the service delivery system.
4. Assure the provision of behavioral health services as necessary to enhance the social and emotional health of infants, toddlers and their families.

II. Why Investing Early Matters

It is often said that “Children are our future”. The success of our children, from the first moments of life through school and beyond, determines how prosperous Pennsylvania will be years from now. Research is clear that the first three years of life are critically important for healthy brain development. It is during these early years, well before a child reaches school, that brain structures and pathways are formed. Scientists confirm that early environments and early experiences have an “exceptionally strong” influence on developing brain.⁵

Early Experiences Establish Brain Connections

The Center on the Developing Child at Harvard University outlines principles of early development that are integral to sorting out the most effective investments and programs states can put into place for young children.⁶

- ***Brains built over time, from the bottom up.***

Early experiences, coupled with biological and genetic influences, literally shape the architecture of the brain. This “wiring” of neurons and connections in the brain lays the foundation for future learning, relationships, ability to deal with life stress and even our physical health and well-being. The quality of the foundation laid in the earliest years of life “directly results in either a sturdy or a fragile foundation for all the learning, health and behavior that follows.” Development is cumulative, so that basic skills and competencies that emerge in the early years are directly linked to more advanced thinking and learning skills later on.

⁵ National Scientific Council on the Developing Child (2007). *The timing and quality of early experiences combine to shape brain architecture.*

⁶ [Center on the Developing Child](#), Harvard University. *In Brief: The Science of Early Childhood Development.* NGA Center for Best Practices, National Conference of State Legislatures, and Center on the Developing Child, Harvard University, 2008.

- ***The brain's capacity for change decreases over time.***

It is easier to build strong connections in the brain and strong foundations for development in the early years than to try to remediate lost skills or rehabilitate behavioral issues later in life. It is very difficult to make up for a lack of preparation in early childhood as an adult. The foundational skills needed to prepare children for school and life success begin in the earliest years of life – the fundamentals of language and communication; reading and math, as well as social and emotional skills such as expressing and controlling emotions, forming relationships, curiosity to learn new things, and motivation to succeed. The early years are the time when young children learn to be learners.

- ***Ongoing exposure to stress damages the developing brain architecture which can lead to life-long problems in learning, behavior and physical and mental health.***

Neuroscience confirms what many in the child welfare and juvenile justice systems know firsthand: chronic, unrelenting stress in early childhood caused by such factors as extreme poverty, repeated abuse, repeated exposure to domestic violence or substance abuse, can be toxic to the developing brain. Loving, nurturing early experiences wire the brain connections for healthy, curious, motivated children who can adapt to a variety of situations, these harmful early experiences lay a very different foundation. Children raised under such circumstances demonstrate a harder time developing healthy relationships, have difficulty concentrating in school, may be distracted by their constant vigilance to their surroundings, and often become involved in substance abuse themselves.

Recent research has confirmed a link between stress/distress during early development and health throughout life. Children who experience adverse experiences such as domestic and community violence, parental substance abuse, alcoholism and mental health problems, poverty, HIV/AIDS, and unsafe housing are at greater risk of serious adult health problems and behaviors. Individuals who had four or more adverse childhood events had 4-12 times the risk for later health problems including unintended pregnancy, tobacco use, substance abuse, heart disease, cancer, chronic lung disease, obesity and cancer.⁷

Lack of Early Learning Opportunity Creates Achievement Gap

Longitudinal studies of early childhood intervention clearly demonstrate that it is possible to positively influence the growth and development of groups of children. Disadvantaged children, who grow up in very low resource environments show a 1-2.5 year delay in development overall by the time they are 4 years old⁸. And that gap will widen further if

⁷ Anda, R., Block, R. & Felitti, V. (2003). [Adverse Childhood Experiences Study. Centers for Disease Control and Prevention.](#)

⁸ Frank Porter Graham Child Development Center, 1999. [Early learning, later success: the Abecedarian Study.](#)

families are unable to support learning at home. Early childhood interventions, when delivered with sufficient quantity (i.e., full time, full week) and high quality, prevent the predictable decline of cognitive, language and social skills in high-risk children.

The achievement gap begins early, in the first years of life, and without intervention, continues to get worse. Studies have found that an achievement gap already exists between lower income children and their higher socioeconomic status peers by the time children reach kindergarten. Without early intervention, this gap continues throughout school. For example, early language development is an important factor in preparing children for school yet research demonstrates that differences in vocabulary growth between children in low-income families and high-income families begin to appear as early as 18 months.⁹ By age 3, the average child in a low-income household knows fewer than half as many words as a child in a high-income household.

Simply put, the children who need early childhood interventions the most are the ones who benefit the most. High quality learning experiences benefit learning and other skills, particularly for those children who are growing up with multiple environmental, economic and social risks.

It is important to note that the parents of children enrolled in high quality early childhood intervention also benefit. Parents want their children to succeed, yet many parents are challenged to balance work and the needs of their children. Many families struggle to make ends meet, and others do not know how best to enhance their children's development. Offering resources and support to parents while providing high quality learning experiences for infants and toddlers is an effective strategy to realize two-generation benefits.

Social and Emotional Skills Support Growth and Development

In addition to creating strong foundations for learning, research is also clear that the earliest days, months and years of life lay the foundation for emotional skills that are essential to form healthy relationships, cope with stress, make good decisions, and manage behavior. Infant and early childhood mental health is synonymous with healthy social and emotional development, or developing the ability to experience, regulate, and express a range of emotions, to form close and secure relationships, and to explore the environment and learn.¹⁰

A high quality early childhood intervention focuses on the promotion of social and emotional well-being. However, some infants, toddlers and young children will experience mental health disorders or behavior problems that interfere with their ability to progress in development, experience healthy emotions, relate to others, and learn. A 2005 study found that preschool age children are expelled for behavior problems at a rate three times that of

⁹ Hart, B. & Risley, T.R. (1995). *Meaningful Differences in the Everyday Experiences of Young American Children*. Baltimore, MD: Brooks Publishing Co.

¹⁰ Gilkerson, L. & Kopel, C. [Relationship-based Systems Change: Illinois' Model for Promoting Social-Emotional Development in Part C Early Intervention](#). *Infants and Young Children*, 18(4), 349-365, October/December 2005.

expulsions in kindergarten through high school.¹¹ However, when preschool teachers had access to early childhood mental health consultants, they were half as likely to expel a child than teachers who did not have such consultation available. If we expect children to be eager, curious and motivated learners in school, and grow into adults who can successfully work, love and play, we must create positive early experiences for all infants and toddlers. And for those infants and toddlers whose day-to-day experiences are chaotic, unpredictable, and frightening, behavioral health services (early childhood mental health) must be available to help them heal and recover.

Successful Interventions Require Quality Personnel

All of the effective early childhood intervention strategies share an important feature: they all have a strong professional development component. Qualified and well-compensated staff are essential to the success of these efforts. The types of responsive interventions that promote early learning, prevent developmental decline, and nurture emotionally healthy children require knowledgeable early childhood professionals. If the intervention begins in the first three years of life, professionals staffing the program must have training on the unique needs of infants and toddlers, and in how to create partnerships with families. Families will be an integral component of any infant-toddler program, providing the supportive home learning environment as well as the nurturing and stable relationship that is essential to healthy child development.

Research is clear that children who attend high-quality early childhood education programs are more likely to be successful in school and in life. Research also verifies that qualified and well-compensated professionals are essential to ensuring high-quality early childhood education programs (Phillips 2008). However, the lack of adequately prepared professionals, especially those with special training in the unique needs of infants and toddlers, is a serious barrier to providing high-quality education for Pennsylvania's infants and toddlers.

Many studies point to the knowledge and skills of early childhood program staff as the cornerstone of high quality early childhood education programs. Specialized knowledge and professional development in how young children develop and learn is critical, as is the quality of interactions between program staff and children.¹² In addition, a recent national survey of early childhood teacher preparation programs in two- and four-year colleges and universities indicates that a majority of early childhood personnel are not adequately prepared to educate young children with disabilities.¹³

It will be critical to the success of an infant-toddler initiative in Pennsylvania to create a strong system of professional development that attends to the unique needs of infants and toddlers, and to the responsive, cross-system nature of interventions for this population.

¹¹ Gilliam, W. Prekindergarteners left behind: expulsion rates in state prekindergarten programs. *Foundation for Child Development Policy Brief Series No. 3, 2005.*

¹² LeMoine, S. (2008). Workforce designs: *A policy blueprint for state early childhood professional development systems.* Washington, DC: National Association for the Education of Young Children.

¹³ Chang, F. Early, D. & P. Winton (2005). *Early childhood teacher preparation in special education at 2- and 4-year institutions of higher education. Journal of Early Intervention 27 (2): 110–24.*

Investing in Infants and Toddlers: Seeking the Best Outcome for the Most Disadvantaged

In addition to the important developmental benefits to early interventions for infants and toddlers, recent economic studies verify the benefits of investing in early childhood development. Economists estimate a return on investment for high quality, targeted early childhood education between \$4 and \$16 for every dollar invested.^{14, 15}

The high rate of return is calculated on the basis on gains for individual children as well as benefits to society in the form of lower school drop-out, better prepared workforce, increased earnings, and reductions in crime, teen pregnancy and welfare dependency. Investments in early childhood are essential to a more productive future.

The societal cost of ignoring early childhood development is high. Ultimately, children who lack the benefit of positive early learning experiences will experience higher dropout rates, higher rates of juvenile delinquency and criminal behavior, and poorer health outcomes. Too many young children in Pennsylvania are growing up in families who are challenged by poverty, unemployment, addictions, or violence. There are not enough high quality parent support, home visiting, or early education programs available for Pennsylvania's infants and toddlers.

Research from fields as diverse as neuroscience, psychology and economics demonstrates that the first relationships and experiences in life play a critical role in a child's ability to grow up and achieved our society's expectations for educational achievement and economic productivity.¹⁶ Every infant and toddler benefits from good health, strong families and positive early learning experiences. Pennsylvania has made excellent strides in the preschool arena, and the state can now advance social, economic and education outcomes even further by focusing resources on enhancing the development of infants and toddlers at high risk. The evidence is clear: Pennsylvania can make a difference by investing in strong families, good health, and positive early learning experiences for all its infants and toddlers.

III. Pennsylvania Vision and Values for Infants and Toddlers

The Infant Toddler Systems Committee carefully considered factors that influence the successful development of young children, and how to support families in their parenting role. Each of the participants contributed a unique perspective to create a shared vision for young children and families in Pennsylvania. Together, the Committee crafted the following statement:

¹⁴ Knudsen, E., Heckman, J., Cameron, J & Shonkoff, J. (2006). Economic, neurobiological and behavioral perspectives on building America's future workforce. *Proceedings of the National Academy of Sciences USA*, 103, 10155-10162.

¹⁵ Grunewald, R. & Rolnick, A. The economic case for investing in young children. Federal Reserve Bank of Minneapolis. *The Economic Case for Investments in Young Children*

¹⁶ ZERO TO THREE Policy Center. *Making the case for a comprehensive infant and toddler policy agenda*.

“Children are our future. We share in the responsibility to guarantee for each child the opportunity to thrive in the early years of life, and for each parent the knowledge and resources to nurture their child’s development. Therefore, we intend to create a future in Pennsylvania where *every infant and toddler is supported with a comprehensive continuum of high quality, integrated educational and behavioral health services that are responsive to individual family needs.*”

This vision is supported with core values, including the ten principles articulated below. Pennsylvania’s public investment in infants and toddlers should be a systematic effort that:

1. Is of high quality.
2. Is based on standards, strong research and other evidence that informs implementation program improvement.
3. Reaches infants, toddlers and families where they live and learn (community-based as well as connected with local schools).
4. Is sufficiently funded to achieve results.
5. Targets eligible populations – infants and toddlers who are experiencing multiple risks (biological, environmental, familial).
6. Promotes relationships, health and wellness.
7. Engages and empowers families in the nurturing and development of their children.
8. Focuses on creating positive early learning experiences for infants and toddlers, provided through a specialized infant-toddler workforce in collaboration with parents.
9. Assures earlier identification of developmental risks and special needs in children.
10. Provides for a single point of entry, with seamless, coordinated services.

IV. Recommendations: A Statewide Initiative for Infants and Toddlers

The group evaluated the many possible starting points to enhance the development of Pennsylvania’s infants and toddlers, and support families in their parenting role. These recommendations were selected as the “best bets” to improve opportunities for infants, toddlers and their families. Based on the best available research, and evidence from neuroscience and economics, the best initial investment is in the most vulnerable infants and toddlers. Since there are less than one-fifth of Pennsylvania’s infants and toddlers currently participating in quality early education programs, and because the Office of Child Development and Early Learning is committed to those children at risk of school failure, the first priority is to expand early learning opportunities for infants and toddlers at highest risk.

The four key elements are outlined below.

1. *Develop a statewide infant-toddler service program to assure that the most vulnerable infants and toddlers receive quality early learning.*

Current Status:

Pennsylvania does not currently have a statewide infant-toddler early learning service program beyond what is provided through STARS that can provide a complement to

PA Pre-K Counts for at-risk preschoolers or through the federally funded Early Head Start initiative.

Next Steps:

Using the design elements in Appendix A, identify the resources for an infant-toddler program that would be targeted to vulnerable, at-risk infants and toddlers in the Commonwealth to produce the quality services and outcomes needed for young children.

2. Assure Early Identification and Referral Through Developmental Screening

Current Status:

- A. The following programs have agreed to use the Ages and Stages developmental screener as a primary screening tool: Keystone STARS; Nurse Family Partnership; and Parent Child Home Program.
- B. Infant/Toddler Early Intervention uses the Ages and Stages Questionnaire (ASQ) for screening and tracking “at risk” children who are not eligible for EI services to assure that they are given further evaluation if the screening indicates a need.
- C. The child welfare system has adopted Ages and Stages.
- D. The Medical Assistance program has implemented incentive payments for completion of a developmental screener that can include Ages and Stages.
- E. The following programs purchase the Ages and Stages screener and provide ongoing professional development on it: Keystone STARS, Nurse Family Partnership and the Parent Child Home Program.

Next Steps:

- A. Deepen the use of Ages and Stages within the medical/pediatric community by ongoing professional development on the tool, creation of an easy to use electronic data base for Ages and Stages linked to the other parts of the early learning system, and evaluation of the impact of the specialized incentive payment for developmental screener in young children accessing Medicaid.
- B. Develop a linked data base for Ages and Stages to create connections across the programmatic uses and to allow for ongoing benefit.

3. Support a qualified multidisciplinary workforce of professionals with infant-toddler expertise in the service delivery system.

Current Status:

- A. Early Intervention for infants and toddlers requires its Early Intervention/Special Instructors to have a bachelor’s degree in early intervention, early childhood special education, early childhood education, child development, special education or family studies, and one year experience working directly with young children with disabilities and their families. Additionally, these instructors can enter a voluntary credentialing program offered through the Office of Child Development and Early Learning (OCDEL) to receive the Early Intervention Language Special Instructor credential. Specialized therapists such as Occupational Therapists, Speech

Therapists, Physical Therapists must have the certificate/licensed required for the specialized therapist. All staff participating in Infant/Toddler Early Intervention must have additional pre-service professional development that includes working with families using family centered approaches as well as training on the interrelated social, emotional, health, developmental and education needs of children. There is a yearly professional development requirement of 24 hours per year for all professionals participating in Infant/Toddler Early Intervention.

- B. Keystone STARS uses the career lattice to assure a progression of those with early childhood credentials, and likewise, has a rigorous system for their ongoing professional development.
- C. Nurse Family Partnership (NFP) uses licensed registered nurses to conduct home visits and interventions. NFP nurses must complete annual nursing certification requirements.
- D. Parent Child Home Program (PCHP) coordinators are required to have a minimum of a bachelor's degree in early childhood or a related field.
- E. In both NFP and PCHP, ongoing professional development is required through the PQAS system.

Next Steps:

- A. Develop and implement a strategy for more rigorous focus on the pre-service and ongoing continuing education requirements through linkages with PQAS system and with potential development of Core Series requirements.
- B. Determine whether it is essential to create new infant-toddler focus in the current professional development approach (both credit and non-credit) within Keys to Quality.
- C. Adopt, promote and implement a set of early childhood mental health competencies for all professionals and across all levels of service provision for families with children from conception through age five, including the participation of universities in creating specialty programs at the graduate level.
- D. Work with higher education institutions to develop the consistent inclusion of social and emotional curriculum in early childhood education programs.

4. Assure the provision of behavioral health services as necessary to enhance the social and emotional health of infants, toddlers and their families.

Current Status:

- A. Clarification has been provided about the responsibilities of the Mental Health systems vs. the Early Intervention system for infants and toddlers with behavioral health needs.
- B. Early childhood education programs participating in Keystone STARS have access to the Early Childhood Mental Health Consultation project and through this may secure referrals to mental health services for children with behavioral needs. Not all requests can be fulfilled, however, due to limited funding for the consultative services.

Next Steps:

- A. Expand and deepen the Early Childhood Mental Health Consultation project to all of the OCDEL programs.
- B. Improve the knowledge, skill and understanding of the behavioral health community so that children in need of behavioral health services have consistent access to relevant clinical supports.
- C. Determine a viable approach to use Medicaid resources to help finance behavioral health services for infants and toddlers.
- D. Strengthen Early Childhood Mental Health (ECMH) content in pre-service, in-service, and ongoing professional development through such mechanisms as working with colleges and universities to infuse ECMH content, referencing ECMH competencies in career lattices for the early childhood and related child-serving fields, etc.

V. Realizing the Vision

Pennsylvania can make the Infant-Toddler Initiative a lasting improvement. The initiative, once implemented, will be well-embedded within Pennsylvania’s system of early childhood development and learning. The elements required for sustainability include:

- Leadership
- Policies and practices
- Investments
- Accountability – gather meaningful process and outcome data at regular intervals through mapping, family and provider feedback, seeking perspectives from business leaders and philanthropists.

All infants and toddlers benefit from good health, strong families and positive early learning experiences. Pennsylvania cares about its youngest citizens, and making wise investments for the future. Pennsylvania can continue to be a leader in laying the groundwork for healthy development and success in life. In order to promote the future success of all Pennsylvania children, there must be investments made where they can yield the highest return: in high quality early learning experiences for infants, toddlers and their families.

Appendix A Infant Toddler Initiative

KEYSTONE BABIES Improving the Development of Pennsylvania's Infants and Toddlers

Guidance – FY 2010-2011 Pilot

2.8.10

I. Purpose of Keystone Babies

II. Overview of Keystone Babies

- A. Evidence Base
- B. Quality Standards
- C. Need for Services
- D. Expected Outcomes

III. Approach

- A. Targeted Communities
- B. Who Can Provide Keystone Babies Services and Who May Apply?
- C. Eligible Children
- D. Charge to Families
- E. Grant Awards

IV. Application Process, Deadlines and Assistance

- A. Overview
- B. Program Application Deadlines
- C. Bidders Conference and Conference Calls
- D. Individual Assistance and General Information
- E. How to Apply for Keystone Babies

V. Coordination and Collaboration During Program Implementation

- A. Local Early Childhood Leadership
- B. Early Intervention Program (Part C, Children with Developmental Delays or Disabilities)
- C. Relationship with Child Care Works Subsidy
- D. Maximizing Existing Resources

VI. Program Requirements

- A. Establishing Reciprocal Relationships with Parents/Guardians
- B. Continuous Quality Improvement Plans

- C. Length of Day and Program Year
- D. Enrollment and Attendance
- E. Curriculum and the Learning Environment
- F. Developmental Screening and Assessing Developmental Progress
- G. Assessing Learning Environments
- H. Group Size, Infant/Toddler-Teacher Ratios and Continuity of Care
- I. Staffing Qualifications: Teachers and Teacher Aides
- J. Food and Nutrition
- K. Health and Safety
- L. Comprehensive Emergency Response Plan
- M. Early Childhood Mental Health Supports
- N. Transition Planning
- O. Reflective Supervision
- P. Professional Development

VI. Contracts, Reporting , Monitoring and Meetings

- A. Contracts
- B. Reporting
- C. Monitoring
- D. Meetings

VII. Program Budget

- A. Budget Detail and Justification
- B. Salaries
- C. Program Design and Management
- D. Categories of Spending
- E. Cost Allocation
- F. Expenditures
- G. Monthly Payments
- H. Final Payment
- I. Segregation of Funding
- J. Budget Template

I. Purpose of Keystone Babies

Keystone Babies is a voluntary, center-based program offered to Pennsylvania infants and toddlers and their families. Keystone Babies uses evidence-based approaches to fill gaps in early childhood services, to extend high quality learning opportunities to Pennsylvania's infants and toddlers, to promote all areas of child development (language, thinking, physical health, and social-emotional development), and offer supportive resources to their families. Keystone Babies programs will engage parents and other family members in the early learning experience, develop relationships with each enrolled family, and support the relationship between each child and his family. Together, these elements combine to create positive outcomes for every enrolled infant, toddler and family.

Creating high quality early learning opportunities is one of the best public investments that can be made on the basis of economic, social and educational gains. Economists now consider early childhood development programs to be the investment that will result in the necessary cognitive and non-cognitive skills necessary for a qualified and available workforce.

The Office of Child Development and Early Learning (OCDEL) is committed to improving access to positive early learning experiences for infants and toddlers in Pennsylvania, and to strengthen families as they nurture their infants and toddlers. While several efforts, including Early Head Start, the Nurse Family Partnership home visiting program, and Parent Child Home Program, are currently underway, enrollment in these programs is limited. Keystone Babies will expand access by funding additional program slots for infants and toddlers, and by engaging their families and providing them with supportive resources. Keystone Babies intends to even the playing field and support development for infants and toddlers growing up in low resource and high risk environments and bolster the confidence and competence of their parents.

The initial Keystone Babies funding will focus on infants and toddlers enrolled in the Child Care Works program who are at highest developmental risk, i.e., who are experiencing factors which may disrupt their early and later development and health in child care STAR 3 and STAR 4 facilities . Keystone Babies includes quality and family support components that are expected to contribute to its success. The quality standards for the program will ensure a high return on investment in giving children a strong foundation for future learning and success, while the nurturing relationships which are built between families and program staff support the essential role of the parents and creates a partnership to promote child development and strengthen the family. A good quality of life, high quality jobs and a strong economy in Pennsylvania requires that every Pennsylvanian be provided with opportunities. Early education through Keystone Babies can open the doors of opportunity for each child and strengthen the role of parents in the early education process.

II. Overview

Through Keystone Babies, infants and toddlers in targeted Pennsylvania communities will receive high quality center-based early childhood experiences that will positively impact

early childhood outcomes. Two components guide the quality of the program. First, it is informed by the best available research on early development, and second, it is organized around the Pennsylvania Infant-Toddler Learning Standards. Translating what is known from research into what is done to create effective early learning environments will combine to provide a successful approach for enhancing the development of high-risk infants, toddlers and their families.

A. Evidence Base

The Keystone Babies approach integrates what is known from research on child development into high-quality day-to-day practices with infants, toddlers and their families. The approach draws on research in early brain development, child development, and effective intervention strategies. The fundamental concept for the approach is drawn from a synthesis of early development, *From Neurons to Neighborhoods*¹⁷, which in 2000, concluded that *early childhood development unfolds in the context of relationships* that an infant or toddler has with the significant adults in his or her life. By helping to build the developing brain architecture, these relationships lay the foundation for later learning, communication, and behavior. Through early relationships, babies and toddlers develop a sense of trust in others, confidence in their own abilities, curiosity to explore and learn, and the beginnings of a sense of identity. Relationships may also help parents and other adults to recognize developmental delays or disabilities in the children they care for. Therefore, the Keystone Babies will focus on creating and maintaining positive, nurturing relationships between the infants and toddlers served in the pilot and the adults who care for them.

Research also demonstrates that *quality matters*. High quality infant-toddler programs are based on standards which promote health and safety, which support developmentally appropriate practice and relationships, and which encourage family and community partnerships. Supporting the role of parents, and helping them increase their own confidence as parents and teachers creates continuity between what happens at home and in the program services, and allows program staff to become aware of issues that may be affecting the child's development (e.g., maternal depression, unemployment, community or domestic violence).

Infant-toddler teachers, along with the family, create individualized goal plans that meet each child's individual needs. Developing and maintaining a close relationship with each child and family enables the program to respond in a respectful and professional way to characteristics, culture and experiences of each child and family. Some infants and toddlers will have special developmental needs and be eligible for an "Individualized Family Service Plan" and services through the Pennsylvania Early Intervention Program. And for all enrolled children, attending to elements of the program that enhance social and emotional development are just as important as those that enhance linguistic and cognitive competence. Finally, high quality programs attend to the preparation, support and professional development of the staff who work directly with enrolled infants and toddlers and their families, as well as those who supervise and direct the programs. Keystone Babies

¹⁷ National Research Council and Institute of Medicine (2000). *From neurons to neighborhoods: the science of early childhood development*. Washington, DC: National Academy Press

is linked to the state professional development system so that all staff will be highly trained and skilled in the unique capacities and needs of infants, toddlers and their families.

B. Quality Standards

The Keystone Babies program design uses the Pennsylvania Infant-Toddler Learning Standards¹⁸ as the framework for center-based curricula that facilitate age, culturally and linguistically appropriate activities for learning and development that are embedded in relationships and utilize routines and every-day experiences as the foundation. Highly-trained infant-toddler professionals will design and implement individualized learning experiences to support growth in the domains of physical, social, emotional and intellectual development. The Pennsylvania Keystone STARS standards that provide child care programs with a tiered approach to quality program implementation also assure high quality operational and programmatic delivery of services.

Through relationships with adults and peers, enrolled infants and toddlers will begin to discover who they are and learn to understand others. The responsive care giving approach will also help children understand their influence on the world around them while approaching learning with curiosity and confidence. Research shows that early language, numeracy and literacy experiences are a cornerstone of future academic success; the Keystone Babies curriculum will be rich in supporting children's emerging language and literacy development and include exposure to reading and books and oral language that will build vocabulary. Through rich, developmentally appropriate programming, the children enrolled in Keystone Babies will lay the foundation for future success in preschool, elementary settings and beyond.

C. Need for Services

All infants and toddlers can benefit from high-quality early learning opportunities. However, the science of early childhood development clearly indicates that the highest risk young children and families gain the most from early interventions. Pennsylvania is fortunate to have some evidence-based infant-toddler programs already operating in the state. However, the reach of these programs is quite limited in comparison to the high-risk population that could benefit from them. Without additional early education and parent education opportunities, the academic achievement gap between children growing up in risky environments (families at or below the federal poverty level, parents struggling with depression, substance abuse or community violence, etc.) and their healthier, more affluent peers will continue to grow.

Gaps in early learning opportunities exist for preschool-age children in Pennsylvania, but gaps in early learning are even more severe for infants and toddlers and their families. The 2008-2009 Office of Child Development and Early Learning Program Reach and Risk

¹⁸ Pennsylvania Department of Education and Department of Public Welfare, Office of Child Development and Early Learning (2009). Pennsylvania learning standards for early childhood, infants and toddlers. Available at <http://www.pakeys.org/uploadedContent/Docs/PD/Infant-Toddler%202009.pdf>

Report¹⁹ indicates that in 2007 there were 438,728 infants and toddlers (birth through age two) living in Pennsylvania. There are children at developmental risk throughout Pennsylvania, in rural, urban and metropolitan areas. More than one-third of all young children in Pennsylvania live in families at or below 200% of poverty, or \$44,100 gross annual income for a family of four.²⁰

Based on poverty status as a marker for risk, a total of 37% of all children in Pennsylvania (age birth to five) live in low income households and are at risk for poor educational and developmental outcomes. Pennsylvania currently serves:

- 4,179 pregnant women, infants and toddlers in Nurse Family Partnership home visiting programs (1% of all infants/toddlers)
- 860 infants and toddlers in the Parent Child Home Program (0.2% of all infants/toddlers)
- 31,899 infants and toddlers with developmental delays or disabilities in Early Intervention programs (7.3% of all infants/toddlers).

The total percentage of infants and toddlers served by these three programs is just 8%, compared to the 37% of young children in Pennsylvania who are at developmental risk and could benefit from early learning opportunities. The news is no better in child care and Early Head Start. In these programs, Pennsylvania currently serves:

- 31,656 infants and toddlers in the Child Care Work subsidy program (7.2%) with an additional 400 infants/toddlers on the waiting list;
- 42,927 infants and toddlers in the Keystone STARS child care quality initiative (10.2% of all infants/toddlers); and
- 2,398 pregnant women, infants and toddlers in the federally-funded Early Head Start Program, in only 30 out of 67 Pennsylvania counties

D. Expected Outcomes

1. Families will have access to high quality center-based early learning experiences for their infants and toddlers through approximately 200 new program slots in up to 25 high risk communities in Pennsylvania.
2. Enrolled infants and toddlers will experience positive developmental progression across language and thinking skills, physical health and social emotional development through relationship-based learning experiences.
3. A cadre of qualified, effective infant-toddler teachers with deep infant-toddler expertise and experience will be recruited, prepared and supported for the Keystone Babies program.

¹⁹ Pennsylvania Department of Public Welfare, Office of Early Learning and Development. Early learning in Pennsylvania: Program reach & risk assessment, October, 2009. From http://www.pakeys.org/pages/get.aspx?page=EarlyLearning_Reach

²⁰ Annual Update of Poverty Guidelines, Federal Register Vol. 74, No.14 - 1/23/2009. From http://www.rush.edu/Rush_Document/Federal%20Register%202009%20Poverty%20Guidelines.pdf

4. The statewide network of resources and supports will be enhanced by improving cross-systems professional development for staff in Keystone Babies programs and other birth-3 programs in Pennsylvania.
5. Programs will have access to program, population, and other data that will assist them in improving their practice, supports and outcomes for vulnerable infants, toddlers and their families.
6. Local early childhood systems will coordinate efforts and collaborate to successfully link infant-toddler learning opportunities to preschool and K-12 learning, e.g., alignment of curriculum, staff development opportunities, parent engagement strategies, etc.

III. Approach

A. Targeted Communities

The Keystone Babies program is a targeted funding opportunity. Rather than focusing on children with specific risk factors, the pilot will use poverty as a proxy for risk, and prioritize geographic areas of high poverty for the initial pilot. Socioeconomic status is well-documented as a critical influence on early development. Poverty, and associated problems such as the quality of the home environment, parental psychological distress, substance abuse, and less parental support for early learning, put infants and toddlers at higher risk for poor developmental outcomes.

OCDEL has identified the following cities and counties* as the targeted service area:

Cities	Counties
Allentown	Armstrong
Bethlehem	Blair
Chester	Bradford
Erie	Cambria
Lebanon	Clarion
McKeesport	Clearfield
Norristown	Clinton
Philadelphia	Crawford
Pittsburgh	Fayette
Reading	Greene
Scranton	Lawrence
York	Lycoming
	Mercer
	Mifflin
	Venango

** In these counties and cities, OCDEL will be reviewing the zip codes of Center-based location to prioritize service delivery to the highest poverty areas.*

B. Who Can Provide PA Infant Toddler Services and Who May Apply?

Keystone Babies will best serve the needs of children and families by making high quality programs available to families served in Child Care Works (CCW). In addition, Keystone Babies makes such programs available in already established settings in recognition of the existence of early childhood expertise in the local community.

Only child care centers that operate STAR 3 or STAR 4 programs and serve infants and toddlers receiving subsidized funding through CCW, may apply for funding to provide Keystone Babies services. Children enrolled in Keystone Babies can be included in FTE Child Care Count for Keystone STARS.

C. Eligible Children

Keystone Babies is a program designed to enroll a classroom of low-income CCW funded infants and toddlers prior to their 3rd birthday whose parents are working and need full time child care defined by the CCW program as 5 or more hours of care per day, 5 days per week. [Additional information about CCW is available online.](#) To be eligible for CCW the family's annual income must be 200% or less of the Federal Poverty Income Guidelines (FPIG) at entry. The family may remain in the program until annual income exceeds 235% of the FPIG. [The 2009 FPIG is available online.](#)

Children under the age of 2 years should be prioritized to be initially enrolled in the program so that there is a full year of programmatic benefit available to the child. Of the group of eligible children, programs must become familiar with the Early Intervention Services program (for infants and toddlers with disabilities and developmental delays). Keystone Babies providers are expected to demonstrate strong efforts to fill at least 10% of their funded slots with children eligible for Infant Toddler Early Intervention Services. When children reach their 36th month of age, they will be transitioned out of Keystone Babies classrooms into other classrooms or programs.

All children enrolled in Keystone Babies must participate in CCW and meet the income eligibility guidelines. In addition, programs should prioritize their services to CCW eligible children with multiple risk factors including children in Early Intervention, those who are English language learners, children of teen parents, and those whose families are moving toward economic self-sufficiency through job training or employment. The Keystone Babies Application will require applicants to describe how they will enroll income-eligible children within their identified priority areas.

D. Charge to Families

Families that enroll their children in a Keystone Babies program must continue to pay the CCW co-payment. In no case may the provider charge the family additional fees or waive the co-payment for Keystone Babies participating families.

E. Grant Awards

Applications are being accepted for the Keystone Babies program as defined in this guidance. Final awards are contingent on Federal approval of Pennsylvania's State Plan Amendment. The program is funded by the American Recovery and Reinvestment Act effective through September 30, 2011. If additional Child Care and Development Block Grant funding becomes available, the Keystone Babies Program may continue at the Department's discretion.

Keystone Babies center-based programs are full day, full year programs. Full-day programs must provide a minimum of 8 hours per day for at least 250 days per year of instructional activities or services. Child Care Services must cover at least a 10 hour day to allow for flexibility in addressing parent work schedules. Applicants must apply in units of full classrooms of 8 children. The classroom will be designated the Keystone Babies classroom. Programs may receive up to, but no more than, the designated amounts per classroom noted in the chart below. Grant amounts are based upon the projected amount to operate a high quality program and comply with the requirements of the Keystone Babies. This grant award is in addition to the CCW subsidized payment, collection of the family co-payment and tiered reimbursement received by the program. The parent may pay only the CCW established co-payment if the child is enrolled in the Keystone Babies classroom. The Keystone STAR providers may also apply for Merit and Education and Retention Awards as applicable.

Funding requests must be justified in the new grant application and will not be awarded unless fully justified. Applicants may apply for additional classroom enhancement funding for equipment and supplies up to \$12,000. If applicants need to add a classroom or do minor renovations, they should contact Tracey Campanini to discuss. The figures in Chart 2 represent the maximum Keystone Babies operation grant awards for each eligible county. The grant awards represent the amount of additional funds needed to maintain a classroom at an estimated total budget of \$120,000 factoring in the MCCA rates for each county and the tiered reimbursement rate. Counties and cities eligible to apply were selected based on availability of STAR 3 or 4 providers, high poverty and low reach informed by the 2008-2009 Pennsylvania Reach and Risk Study. The chart below lists counties and cities that are eligible to apply. If a city is listed under the county, only the city is eligible to apply.

**Keystone Babies Annual Additional Maximum Classroom
Funding by County**

**If a City is listed under the County only
providers located in the
City are eligible to apply*

	Classroom Annual Add On
Allegheny <i>Pittsburgh and McKeesport</i>	\$40,981
Armstrong	\$61,019
Berks <i>Reading</i>	\$49,574
Blair	\$62,989
Bradford	\$62,989
Cambria	\$62,989
Clarion	\$52,090

Clearfield	\$59,153
Clinton	\$66,217
Crawford	\$52,509
Delaware <i>Chester</i>	\$35,573
Erie <i>Erie</i>	\$48,317
Fayette	\$57,916
Greene	\$38,340
Lackawanna <i>Scranton</i>	\$45,990
Lawrence	\$48,044
Lebanon <i>Lebanon</i>	\$54,605
Lehigh <i>Allentown</i>	\$50,413
Lycoming	\$59,216
Mercer	\$41,861
Mifflin	\$57,413
Montgomery <i>Norristown</i>	\$25,261
Northampton <i>Bethlehem</i>	\$48,317
Philadelphia <i>Philadelphia</i>	\$29,453
Venango	\$47,059
York <i>York</i>	\$54,416

IV. Application Process, Deadlines and Assistance

A. Overview

Entities interested in applying for a new Keystone Babies Grant are requested to submit an Application and Budget, using the forms available on the [PA Key website](#). Download, complete, and submit these forms to RA-ocdearlylearning@state.pa.us, by March 5, 2010.

All eligible providers from the targeted areas are invited to participate in Keystone Babies by applying for a competitive grant award. OCDEL will provide assistance to applicants through:

1. Bidder's Conference
2. Conference Calls
3. Individual Assistance

More detail on the Bidder's Conference, conference calls and individual assistance is provided in Sections B and C. below. However, if you plan to attend the Bidders Conference (Section C below) or wish to participate in a conference call, you must make a reservation. You must register for this event no less than two (2) business days in advance of the conference or call date.

B. Program Application Deadlines:

February 8, 2010 Applications will be available for New Grants on the [PA Key website](#).

Bidder's conference:

Friday February 19, 2010 10 am to noon at the Harrisburg PaTTAN

Conference Calls:

Friday February 19, 2010 1:30-3 pm

Tuesday February 23, 2010 2:00-3:30 pm

Wednesday February 24, 2010 9:00-10:30 am

Important Dates:

March 5, 2010 Deadline for the Keystone Babies Application, received by 4:00 PM.

March 19, 2010 Projected Announcement of Approved New Grants

April 3, 2010 Planning for implementation of Awards with Grantees

May 3, 2010 Services for children begin

C. Bidders Conferences and Conference Calls

Staff from OCDEL will hold a bidders conference in the Harrisburg and conference calls as noted in Section B. These sessions will provide an opportunity for OCDEL to provide guidance and offer technical assistance to potential applicants on the application process and program requirements. Attendees should review and have available a copy of this Guidance at the Bidders' Conference and as a reference for the conference calls. The Guidance is available in the Announcement section of the [PA Key website](#).

To RSVP and register for the bidders meeting or conference calls, please fill out the registration form and fax it to Amber Repman, at 717-213-0584 or email the form to ambrep@berksiu.org by the required date. Amber will confirm registration and provide call in numbers as applicable.

D. Individual Assistance and General Information

Individuals who require assistance from OCDEL in completing the application can email RA-ocdearlylearning@state.pa.us or contact:

- Tracey Campanini (717) 213-2066; tracam@berksiu.org
- Sue Mitchell (717) 787-7489; susmitchel@state.pa.us

E. How to Apply for Keystone Babies

The following section provides specific information on terms and references used in the Keystone Babies application which can be accessed at the [PA Key website](#). These terms and references are defined below to assist applicants in correctly filling out their application.

1. Legal Name and Address

This is the name and address that an agency uses on its federal W-9 form. It is used when registering for the agency's Federal ID #. This can be verified by going to the [Pennsylvania Department of State website](#). Applicants for Keystone Babies should consult with the person who handles tax, legal or accounting matters for the agency to determine the legal name, address and federal ID number. The correct legal name and address must be provided where requested in order to process an application. Failure to do so will result in significant delays in providing funding.

2. Vendor Number

The Central Vendor Management Unit is a storage database (CVMU). The Comptroller uses this account to store direct depository information. All agencies applying for Keystone Babies must be pre-registered. A vendor number and account can be set up by registering on the [Commonwealth of Pennsylvania Vendor Registration website](#) and selecting the **Non-Procurement Registration Form**. If you have any questions about Vendor Numbers, please contact Nicole Deichert at ndeichert@state.pa.us or 717-265-8908 for assistance.

3. Tax ID number or Federal ID

This is the number that an agency uses on its federal W-9 form. Applicants for Keystone Babies funds should consult with the person who handles tax, legal or accounting matters for the agency to determine the federal ID number when you check on your legal name and address. Use this number where requested in the application. The correct number must be provided where requested in order to process an application. Failure to do so will result in significant delays in funding approved applicants for 2009-2010. This number is often referred to as the FEIN # by OCDEL staff.

V. Coordination and Collaboration During Program Implementation

A. Local Early Childhood Leadership

Programs selected to participate in Keystone Babies are required to contact the local Community Engagement Group²¹ or the lead collaborative early childhood education effort in the community and discuss community needs and intent to apply. The purpose of building a relationship with other local early education efforts is to connect and coordinate with family support and child development efforts in the community, and to begin to build public and professional awareness about the benefits of positive early learning experiences for infants, toddlers and families. Early childhood leaders should take advantage of opportunities such as public library family time, local professional training events, school open house, chamber of commerce events, etc., to raise awareness about the unique needs of babies and toddlers. Connecting with other organizations will help create ambassadors for early development and champions for babies and families among professionals and agencies as well as among the general public, business and philanthropic communities.

B. Early Intervention Program (Part C, Children with Developmental Delays or Disabilities)

Providers of Keystone Babies programs are required to coordinate with the Infant and Toddlers and Preschool Early Intervention (EI) programs. The purpose of this requirement is to ensure early identification of children needing services ('Child Find' role) and to collaborate with delivery of identified supportive services. It is a Keystone Babies requirement that programs establish a working relationship with the EI program and collaborate with the array of services a particular child may be receiving. Services for children who are receiving EI should be coordinated with the Keystone Babies program to assure that they do not miss significant portions of the day. Managing these types of scheduling challenges requires cooperation and good working relationships across programs that serve children.

It is expected that Keystone Babies classrooms demonstrate strong efforts to work with local Early Intervention providers to enroll CCW eligible children who also participate in EI for at least 10 percent of their Keystone Babies children. The practice of enrolling children with developmental delays in a typical or natural environment is often referred to as inclusion. In order for a Keystone Babies classroom to be inclusive, enrollment should be a mix of

²¹ A list of Community Engagement Coordinators can be found at http://www.pakeys.org/pages/Community_Groups.aspx

typically developing children and children who are diagnosed with developmental delays or disabilities and have an Individualized Family Service Plan (IFSP). Initial enrollment in a Keystone Babies classroom should not include more than 25 percent of children who are already diagnosed and have an IFSP.

Additional children may be identified, throughout the year, as needing early intervention services and ultimately an IFSP, bringing the percentage of children in the classroom having identified developmental delays or disabilities higher than 25%. This increase in percentage after the start of the program year is allowed.

C. Relationship with CCW Subsidy

All children in the Keystone Babies classroom must be enrolled in the CCW subsidized child care program. Applicants that operate a minimum of 10 hours per day may submit Keystone Babies applications for center-based programming. Operating time is designed to best support those eligible children from families that are working or in job training and need full day full year services.

It is expected that program's will use local Child Care Information Services (CCIS) waiting lists as a source of referrals for the program as well as other community resources well connected with eligible at risk families.

D. Maximizing Existing Resources

Keystone Babies resources will supplement Keystone STARS 3 and 4 child care centers' funding from CCW, the parent fee and Keystone STARS. Together, the combined funds will offer high quality programming that will assure qualified teachers who receive ongoing training in infant-toddler care, classroom nurturing and instructional practices that utilize Pennsylvania's learning standards and environments that are furnished with high quality and age-appropriate equipment and materials.

Keystone Babies program's purpose is to extend high quality learning opportunities to CCW eligible infants and toddlers and their families. The Keystone Babies program will not displace existing high quality center-based programs that are in place and serving children. To accomplish this, applicants will need to use outreach and recruitment strategies that are coordinated with those of other early childhood programs in the local community. It is expected that Keystone Babies providers will coordinate and collaborate with existing local programs providing services to infants and toddlers and their families, including Early Head Start, Nurse Family Partnership, and the Family Child Home Program.

VI. Program Requirements

A. Establishing Reciprocal Relationships with Parents/Guardians

Families are the major influence on a young child's learning and development. Parents know the child better than anyone else, and the relationships a child has in his family will form the

basis for all other relationships. Families' language, culture, and beliefs must be respected to assure a mutually supportive relationship established between parents and program staff.

Keystone Babies programs are expected to create a welcoming environment for families. They must work to engage parents and other family members in the early learning experience, develop a relationship with the family, and support the relationship between infants, toddlers and families as the primary relationship in a child's life. Staff members are expected to work with parents in planning for their child's learning experience, provide them with opportunities to expand their knowledge and understanding of child development, and observation of their child's growth and development. Staff is expected to work together with parents to create ways to extend learning and development between home and program environments and to share information about child progress and areas of concern. A minimum of four parent-teacher meetings must be held annually. These can take place in the home or at school and should reflect a wide range of topics including children's growth and developmental progress and a review of the child's individual goals and learning plans, family interests and needed supports, health and nutrition and parent engagement opportunities. Whenever possible, a minimum of two meetings should occur within the home.

Keystone Babies programs should become familiar with and refer families to local community services such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), library story hours and other infant-toddler specific programs. Internet resources can also provide both parents and programs with additional information about parenting and child development. The [Zero to Three website](#), for example, offers both parent and teacher resources along with the Center for Social and Emotional Foundations of Early Learning that published "Tips for Parents" and Parent Training Modules. These resources are available for download at the [Center on the Social and Emotional Foundations for Early Learning website](#).

Parents should be offered an opportunity to assist staff in overall program planning. This can include program decision-making, providing feedback on new policies or procedures, classroom volunteerism, parent meetings and events, developing a conflict resolution process as well as ways to exchange daily information.

B. Continuous Quality Improvement Plans (CQI Plan)

All Keystone STAR 3 and 4 programs are required to complete a Continuous Quality Improvement plan. These plans must include specific elements related to their implementation of infant/toddler services.

Each Keystone Babies provider will have an Early Childhood Specialist assigned to their program who will, as needed, support the development and review the CQI plan for applicability to infant toddler services. These plans must be completed, updated annually, and include documentation of progress in meeting the specified goals. Failure to complement and implement a CQI plan could impact the continued annual funding for Keystone Babies.

C. Length of Day and Program Year

Keystone Babies center-based programs are full day, full year programs. Full-day programs must provide a minimum of 8 hours per day for at least 250 days per year of instructional activities or services. Child Care Services must cover at least a 10 hour day to allow for flexibility in addressing parent work schedules. Grant amounts are based upon the projected amount to operate a high quality program and comply with the requirements of the Keystone Babies.

D. Reporting

Enrollment

Full enrollment in Keystone Babies must be maintained at all times. OCDEL infant-toddler specialists are available to offer guidance for programs to develop pro-active strategies to maintain full enrollment. Providers will be considered fully-enrolled as long as all empty slots are filled with 10 days of the vacancy.

DPW will pay a provider for a vacant slot as the provider and CCIS agency work in collaboration to enroll a new subsidy eligible and age appropriate child. However, after the 10th consecutive day that the slot is vacant, the provider will need an approved enrollment plan in order to receive additional payments for the vacant slot. Tiered Reimbursement will not be paid for vacant slots. When a vacancy occurs, the program must immediately contact CCIS and request assistance to fill the contracted slot. If the slot remains vacant more than 5 days, the program's infant-toddler specialist must be notified.

It is critical to work with CCI agencies to establish a waiting list with children "on deck" so vacant slots are filled immediately. Programs should report vacancies only if they are unable to enroll another child within the 10 day timeframe.

Applicants hoping to be funded for Keystone Babies should begin enrollment planning as soon as the application is approved. Grantees should consider the following:

1. How the provider will make the availability of the program known?
2. How families will get information about it?
3. Who are community leaders that can assist in disseminating the information?
4. In the area you wish to serve, what is the size of the "waiting list" for infants and toddlers for CCW? How could you work with the CCIS to recruit children?
5. What community partners already serve the population targeted for this program and how can they be encouraged to refer parents to this program?
6. What publicity will be effective and how and when will it be accomplished?
7. How will media be used?
8. How should the business community be involved in recruiting activities?
9. How will you reach non-English speaking families and/or families returning to work or job training?

Plans for reaching and maintaining full-enrollment will need to be developed and implemented ahead of time in order for successful applicants to be prepared to deliver a high quality program beginning May 3, 2010.

Attendance

Keystone Babies classrooms must maintain an average of 85 percent daily attendance at a minimum. While young children typically experience many days of illness that keep them at home, the average monthly attendance should still be maintained at 85 percent. It is important that programs develop and communicate attendance policies that include information about illness, vacation and varying work schedules and identify what is considered an excused and unexcused absence. Program attendance policies must also include a procedure for rapid follow-up with families to understand why children are missing program days and include suggestions of ways to assure good attendance. Program staff should contact families whose children miss more than 2 days to understand the reason and offer support as appropriate.

Attendance is reported in the PELICAN system. Programs will report the total number of days/month that children attend class.

More information regarding PELICAN is found in section VII. Contracts, Reporting, Monitoring and Meetings.

E. Curriculum and the Learning Environment

Learning Environment

For infants and toddlers, establishing a learning environment means teachers observing children during their play, routines, and interactions, paying attention to the groupings, continuity of care, and relationships that create quality experiences for each and every enrolled child²². Safe and well-maintained equipment that encourages children's movement, exploration and actively engages young children in play experiences is critical for their learning. Infant-toddler environments should include quiet and active spaces and equipment or areas that support the adult-child relationship. Soft spaces for climbing, toys that can be mouthed and manipulated are essential. Procedures for keeping them clean are also important. Consideration must be given to the characteristics of infants and toddlers as well as adaption's made for individual learning styles.

The Infant-Toddler Environment Rating Scale (ITERS) offers excellent guidance on classroom design. Keystone Babies classrooms will be included in the ERS requirements of the Keystone STARS center. OCDEL provides funding sufficient to the selected agencies to purchase materials and supplies for a classroom of children. Items purchased must be non-toxic and age appropriate to the children in the classroom.

Curriculum

Infant-toddler curricula focus on the relationship that exists between teacher and child. Teachers must give special attention to young children's signals that demonstrate their

²² Lally, R. The science and psychology of infant-toddler care. *Zero to Three Journal*, November 2009, 47-53.

interests, needs and developmental milestones. The attachment children develop with a teacher provides the security and comfort to explore and investigate and learn with confidence.

Opportunities to support children’s growth and development also extends beyond the times when children interact with materials and toys and includes the routine times such as during diapering or feeding. Applicants must use a curriculum framework that is appropriate for the age of children they are serving in their program. All curricula must be aligned with the PA Learning Standards for Infants and Toddlers. A copy of the standards can be downloaded from the [PA Key website](#). Using the Standards as a base, the curriculum should implement a relationship-based approach that addresses the domains of cognitive, social emotional, language and motor skills. All Keystone Babies programs are required to support children and families by establishing procedures that develop and enhance trusting relationships inclusive of children’s cultural and linguistic background.

Infant-toddler curriculum must be research-based and utilize sound child development principles. Classroom planning based on the curricula should include goals and objectives for children; experiences for children to achieve those goals; supports to children from parents and staff; variety of developmentally appropriate materials and resources to facilitate achievement of the goals; and an ongoing observation, review and updates of the goals.

In addition to the curriculum, the activities selected for children should be inclusive of children with disabilities and their Early Intervention Individualized Family Service Plan (IFSP).

Items purchased must be non-toxic and age appropriate to the children in the classroom. Sufficient numbers of similar toys that are safe and age appropriate must be available. Sleeping and feeding equipment must meet safety standards.

F. Developmental Screening and Assessing Developmental Progress

Developmental Screening

Developmental Screening tools provide information to programs and families about children’s growth and development and identify areas that may be at risk. Keystone Babies programs will utilize the Ages and Stages Questionnaire (ASQ) for screening. This is consistent with other infant-toddler programs’ screening requirements in Pennsylvania. ASQ is quick, easy to score and is ideal for use with parents as a primary reporter. Each infant and toddler must be screened using the ASQ within 45 days of enrollment. Results must be shared with the child’s parents/guardians and should be used to determine the need for referral to Early Intervention. Professional development on administering the tool will be provided and the manual that is included in the ASQ kit is valuable in supporting practitioners’ use. To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background and include parents in the process.

Ongoing Child Assessment

Child assessment is used to guide instructional practice, to identify staff professional development and technical assistance needs, and to support children’s progress monitoring. Ongoing assessment, at least three times each year, is required to provide feedback to teachers

and parents so they can adjust their practices and activities to meet children’s needs and fill developmental gaps. Parents should be included as part of the ongoing assessment team. Reporting this progress through a formal method of child outcomes reporting must be conducted in accordance with the assessment protocol.

OCDEL requires programs receiving Keystone Babies funding to use the Ounce Scale checklist and guidelines for, child assessments and enter outcome data into the Early Learning Network at least three times per year. Keystone Babies selected providers may elect to use additional types of assessments and assessment resources at their discretion.

Parents are key partners in the process of ongoing assessment. Programs must discuss the process with parents and include their observations in the ongoing data collection. Programs must share formal assessment results with parents during at least three of the four annual parent conferences.

G. Assessing Learning Environments

Center-based classrooms must be Keystone STAR 3 or 4 and facilities must meet the Pennsylvania certification requirements at all times. The physical space’s light, ventilation, heat and other arrangements must be consistent with the health, safety and developmental needs of the children utilizing the space. All spaces must ensure the safety of the children and afford children with disabilities access to use the space. Infants and toddlers must be separated from areas in use by preschool and school-age children.

Toys and materials must be made of non-toxic materials and along with the room be sanitized regularly. Center-based programs will be required to develop policies and procedures to address toileting and diapering in accordance with best practice and sound hygiene practices. Programs choosing to use potty chairs for toddlers will need access to a separate utility sink for sanitization.

OCDEL evaluates the quality of early childhood environments using environment rating scales. A system of evaluating center-based infant toddler rooms will be developed and disseminated to successful selected providers. It is expected that infant toddler rooms will be evaluated using the Infant Toddler Environment Rating Scale, Revised (ITERS-R)²³. In the implementation year, selected agencies will be required to attend Environment Rating System training. Center-based classrooms will be evaluated immediately. Keystone Babies classrooms will complete all subscales of the environment rating. It is expected that Keystone Babies rooms achieve an overall score of 5.25. Classrooms with scores below the target on the ITERS will be required develop an improvement plan which will become part of the CQI plan.

H. Group Size, Infant/Toddler-Teacher Ratios and Continuity of Care

Center-based groups have a ratio of 8 children to 2 staff, regardless of the age of children grouped together. Mixed aged groupings, also known as family groups, for infants and

²³ Harms, T., Cryer, D. & Clifford, R (2006). *Infant toddler environmental rating scale revised edition*
<http://www.fpg.unc.edu/~ECERS>

toddlers provide opportunities for children to learn from each other and for siblings to be placed in the same classroom if desired. An example of this practice would be a class of three infants, three 18-24 month olds, and two 24-36 month olds. This approach enables younger children to learn from older ones and older children to nurture younger ones. The ratio of 8:2 remains the same for infant groups through the time a child turns 3 years of age.

Continuity of care means that the infants and toddlers have a chance to get to know and develop close relationships with a very small number of adults. Teachers must be given a primary care assignment for a group of children. The staffing assignment should apply to the same group from birth through age 3 or as long as they are involved with Keystone Babies.

Providing children with consistent teachers is crucial for maintaining relationships with young children. When staffing a Keystone Babies center-based classroom, selected providers should assign a consistent core group of adults to each center-based group. In the Keystone Babies center-based program there are 2 primary staff positions, Lead Teacher and Teacher. In order to allow coverage during breaks, additional program staff can be used. There should be a limited number of consistent staff over an extended period of time, in order to ensure secure relationships develop between the teachers and children and their families. Additionally programs may utilize additional staff to support families' needs, developing community resources and outreach.

Over the course of the program year, the Lead Teacher or Teacher may occasionally be out of the classroom completing home visits, conferences, and professional development or for illness. On these occasions a qualified substitute must support the class to remain in ratio. Except in rare instances, at least one of the primary care staff should be in the classroom working with the substitute to assure continuity of care and these planned out-of-classroom events should be held to a minimum.

Two staff must be available and accessible whenever children are present.

I. Staffing Qualifications: Teachers and Teacher Aides

Keystone Babies classrooms will be staffed by two adults, a lead teacher and a Teacher. The qualifications for staff are as follows:

1. Lead Teacher incoming qualifications:
 - Bachelor's degree in early childhood education, child development, human development or family studies; or
 - A degree in a related field as defined in Early Childhood Career Lattice level VI with a minimum of 30 credits in early care and education coursework; some of the coursework specific to infant-toddler development preferred.
2. Teacher qualifications:
 - A minimum of an Infant/Toddler Child Development Associate (CDA) or a CDA and two years of experience working with infants and toddlers.
 - An Associate's degree in early childhood education, child development, human development or family studies; or
 - An Associate's degree in a related field and 6 ECE Credits or,

- An Associate's degree in a related field and 2 years of experience working with infants and toddlers
3. Aide- CDA preferred but level II on the career lattice required.

Keystone Babies grants provide sufficient funding to pay professional compensation levels that meets the required staffing qualifications. OCDEL has developed the following minimum benchmarks for Keystone Babies annual salaries:

Lead Teacher- \$28,000
Teacher - \$18,000 with CDA or \$20,000 with Associates
Aide - \$8.00-\$10.00/hour.

The intent of this benchmark is to maintain a consistent and highly qualified teaching staff in the program, regardless of age group of the children. These qualifications are to be implemented at the beginning of the program and maintained throughout the program operation.

J. Food and Nutrition

Keystone Babies programs must assure that children are well nourished and that mealtimes support relationships. Meals and snacks should provide a variety of foods and meet each child's developmental and feeding requirements, including children with disabilities and children with special medical, dietary, or formula needs. Parent-developed feeding schedules, children's individual food preferences and family preferences for feeding must be discussed and utilized whenever possible. Staff should hold infants on their laps to bottle feed until the infants are able to sit independently at a child-sized table.

Keystone Babies programs are expected to create spaces in the center that encourage and welcome breastfeeding mothers, and to assure proper storage if parents choose to send breast milk to the center.

There are no charges to families for formula, meals or snacks which are provided during the program. All formula and food must be provided by the program, and proper refrigeration available for breast milk if provided by the family. Programs are required to provide meals/snacks in accordance to the developmental level of the child in accordance with USDA meal pattern or nutrient standard menu planning.

Meals for older infants and toddlers must be served in a family style atmosphere which encourages communication, bonding and opportunity to developmentally appropriate skill development.

Keystone Babies programs must investigate participation in a food reimbursement program. Information on the Child and Adult Care Food Program (CACFP) can be located on the [PA Department of Education website](#). It is listed under pre-K-12; Student Services, CACFP.

K. Health and Safety

Programs are expected to follow guidance contained in Caring for our Children – National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs found at the [National Resource Center for Health and Safety in Child Care and Early Education website](#).

Health:

Keystone Babies requires on-site consultation with a qualified Health Consultant a minimum of four times per year to assess the health and safety of the program, help to establish and implement healthy routines (including a written health and safety plan), serve as an ongoing resource around health concerns, and help to identify training needs of center staff and participating families.

Programs must also:

1. Connect infants and toddlers to an ongoing source of continuous, accessible primary health care and for completion of routine health screenings, including vision, hearing, lead toxicity screening, etc.;
2. Refer children with known or suspected oral health or health concerns and follow up on progress.
3. Promote optimal physical and oral health.
4. Assure that infants and toddlers meet immunization requirements. Refer to PA Child Care Center Regulation 55 Pa. Code §3270.131(e), relating to child health and PA Department of Health Regulation 28 Pa. Code §27.77, relating to immunization requirements for children in child care group settings. These requirements include, but are not limited to the provider obtaining a record establishing that the child has received the vaccinations recommended by the American Committee on Immunization Practices (ACIP); or receipt from a parent or guardian of a child or a written objection to the child being vaccinated on religious grounds or a physician verified medical reason of a temporary or permanent nature explaining why the child is not to be vaccinated.

Safety:

Staff will insure that daily site safety scans and ongoing site safety checklists include topics and items specific to infant and toddler age group. The infant toddler specialist will review the program's protocols and tools to insure appropriate criteria and implementation.

L. Comprehensive Emergency Response Plan

Each Keystone Babies provider must adopt and implement a comprehensive disaster response and emergency preparedness plan. The plan must be developed in cooperation with the local Emergency Management Agency and be consistent with the guidelines developed by the Pennsylvania Emergency Management agency and other pertinent state requirements. The plan must be reviewed annually and modified as necessary. A copy of the plan must be provided to the county emergency management agency and available at the facility.

Evacuation planning for infants and toddlers takes special care and consideration. The evacuation and emergency drill planning should reflect specific planning and preparation for the evacuation of very young children. The program monitoring staff person assigned to the program will review the plans for applicability to very young children and provide support as needed.

It is assumed that all Keystone STARS programs would have this plan in place as a certification requirement. OCDEL has developed a tool kit that was prepared to assist child care centers in creating their plan. The kit can be obtained by contacting Jenn Bender at jenben@berksiu.org or 800-284-6031. These materials will provide all of the guidance needed to develop the required plan.

Another excellent resource which includes a self learning module and many other resources is the [Early Childhood Education Linkage System \(ECELS\) website](#). The ECELS website includes many forms and suggestions from experts that help write “best practice” emergency plans.

M. Early Childhood Mental Health Supports

Keystone Babies programs must create connections with certified or licensed behavioral health service providers to assure the availability of early childhood mental health²⁴ consultation. Consultants must be able to provide individual child and family follow-up and referrals for ongoing family mental health services when needed. The Ages and Stages Social Emotional Checklist that is done as part of the child screening may provide information about needed consultation or evaluation.

Sites must participate in at least three annual consultations from an early childhood mental health consultant for assistance in strengthening the behavioral/social-emotional aspects of the program, increasing awareness of issues that may impact early development and parent-child relationships such as separation, loss, trauma, depression, etc., and individual child and family follow-up.

Pilot sites are expected to establish relationships with local providers to promote the social and emotional development of all enrolled children, assure timely identification and appropriate interventions, as well as schedule regular on site mental health consultations involving staff and parents in order to support children with atypical behavior. Mental health consultation may be needed for a variety of issues including child behaviors, relationships between children, program routines, issues with adult relationships, crisis intervention, etc.²⁵ Parameters and expectations for consultation must be established between the program and the consultant. If applicants need assistance with Mental Health Services they may contact Michele Walsh at micwal@berksiu.org 717-213-2063.

²⁴ Note: The terms “early childhood mental health”, “infant mental health”, “social and emotional development” and “behavioral health” are used in various fields of practice to describe “the developing capacity of the child from birth to age three to: experience, regulate and express emotions; form close and secure relationships; and explore the environment and learn, all in the context of family community and cultural expectations for young children.” From http://www.zerotothree.org/site/PageServer?pagename=key_mental

²⁵ Johnston, K. & Brinamen, C. (2006). *Mental health consultation in child care: transforming relationships among directors, staff and families*. Washington, DC: ZERO TO THREE.

N. Transition Planning

Transitions are points of change in services and the personnel who coordinate and provide services²⁶. Young children and families experience a variety of transitions over the first years of life; effective transition practices prepare the child, family and staff to successfully adjust to the new environment. Effective transition practice ensures continuity of needed services, reduces family disruption, prepares children for the changes, and meets applicable legal requirements (e.g., transition from Early Intervention into Preschool Special Education).

Keystone Babies staff will work with families and community agencies in assuring that all transition planning timelines and requirements for Early Intervention and Special Education are met. In addition, the program must describe their process for addressing effective transitions into and out of the program, changes in primary caregiver, etc. as well as their process for evaluating the effectiveness of transitions.

O. Reflective Supervision

Program leaders and directors are expected to provide administrative supervision by reviewing and assessing the performance of staff and the overall program function, compliance, reporting and budgeting overall. In addition, Keystone Babies program directors are expected to create opportunities for staff to think together about program practices and processes, to think about their own reactions and emotions in day-to-day work, how they relate to children and families, etc. This process is called reflective supervision, and is a different process and purpose than administrative supervision.

Reflective supervision means that program leaders have conversations with staff on a regular basis to explore thoughts, issues, and feeling that arise in working with children, families and other staff. Reflective supervision is consistent with a relationship-based approach to infant-toddler services. This type of supervision is intended to provide time for staff to consider what they are observing with children in the program, their own relationships with children, parents, and other staff, and consider ways to improve their awareness and practice. Staff and supervisors may need to participate in training about reflective practice, and should contact an early childhood mental health consultant about the availability of such training.

Program supervisors are expected to provide face-to-face reflective supervision to the teaching staff, and to participate in support for themselves via networking meetings, conference calls, consultation with early childhood mental health specialists, etc. Supervisors and directors should also be afforded the opportunity for reflective training and supervision themselves. Seeking consultation from local mental health agencies is an excellent way to learn more about reflective practice in partnership with other agencies.

²⁶ Branson, D. & Bingham, A. Using interagency collaboration to support family-centered transition practices. *Young Exceptional Children*, 12(3), June 2009, p. 15-31.

P. Professional Development

Ongoing professional development is critical for all staff, including specific content in infant-toddler development. Effective professional development is grounded in research, reflects promising practices aligned with the Learning Standards for Early Childhood, and is specific to the needs of the staff, children and families participating in the program. Professional development must include mandated reporting, environment rating system, observation and assessment of infants and toddlers, curriculum, and the Strengthening Families approach. Professional development for Keystone Babies requires minimum of 24 hours of professional development annually provided by Pennsylvania Quality Assurance Systems (PQAS) instructors, or other approved training programs and include content specific to the development of infants and toddlers and their families.

Teachers must develop and maintain an individual professional development plan to ensure that the program requirements are met.

VII. Contracts, Reporting , Monitoring and Meetings

A. Contracts

Applicants that are selected for grant awards will be required to sign grant agreements stating that they will comply with all requirements of the Keystone Babies program. It is important to note that the grant approval process will take on average 12 weeks from the time the approved provider returns the signed grant to OCDEL to acquire all the legal reviews and signatures. The grant agreement cannot be signed by your organization until all issues are resolved in the application as notified by OCDEL. Your organization will need to immediately address these issues so that the grant agreement can be entered into the procurement process.

Selected providers are expected to begin the program for children May 3, 2010. If a delay in funding could be a barrier to your organization, applicants should begin considering strategies to secure lines of credit from a financial institution. The line of credit should be reasonable and based on the size of the program and the interest rate should be competitive to other rates being offered in the local market. If selected, OCDEL will draft a letter of commitment for any provider that encounters problems acquiring a line of credit.

Costs incurred for interest on lines of credit are allowable expenses for the fiscal year provided that the financing is secured from a bona fide third party financial institution. In addition, a line of credit should be repaid as soon as possible to restrict interest costs to the program.

The Department will pay a maximum fee per Keystone Babies classroom as noted in Chart 2. Budget details are reviewed carefully to make sure that all costs are reasonable and appropriately budgeted to the Keystone Babies program. Start up costs and professional development will be negotiated separately with successful applicants and should not be included in the proposal.

All new programs are to be in operation by May 3, 2010 and fully enrolled by May 17, 2010. If the program is not operational or if enrollment is less than 100% on May 17, 2010 OCDEL reserves the option to reduce the size of the grant in accordance with the number of unfilled slots.

B. Reporting

OCDEL utilizes the Early Learning Network which is part of the Pennsylvania Enterprise to Link Information Across Networks, PELICAN, a secure web-based system to collect information for its funded programs. Selected providers will enter program, service location, staff, child, family and attendance information into the system. PELICAN is linked with the OUNCE Scale Online reporting system for child outcomes. Selected agencies will be required to submit reports into PELICAN monthly, quarterly and annually. Data entry into PELICAN requires access to an internet accessible computer.

C. Monitoring

The Department must establish requirements to ensure the quality and effectiveness of the program and to monitor approved providers. All selected providers must provide assurances of their willingness to comply with monitoring requirements. To gather information and to assure an appropriate partnership, these are the anticipated requirements:

1. Site visits by program specialist to the Keystone Babies programs and for meetings with administrators and others.
2. Participation in both the self-assessment and outside-assessment components of the ITERS assessment.
3. Participation in the Early Learning Network, ELN, for child outcome reporting.
4. Provision of required information to OCDEL through narrative and budget reports submitted on a monthly or quarterly basis
5. Attendance at the required provider meetings.

Staff will be making periodic site visits to learn about program operation and to identify model programs and practices. Classroom observations and reviews of reporting measures will be conducted to assure adherence to the Keystone Babies program requirements.

D. Meetings

In order to implement and maintain a high quality program, OCDEL anticipates the need to convene meetings on the following schedule:

1. OCDEL Keystone Babies Selected providers meeting – Program administrators, three times in Harrisburg
2. OCDEL Teacher/staff professional development - two times per year
3. There may be additional meetings scheduled as need arises

VIII. Program Budget

The Keystone Babies fiscal year for grant purposes operates from July 1 through June 30. In this initial application, selected providers should submit funding requests for a full year of funding. Approximately $\frac{1}{4}$ of the budget will be awarded for 09/10 as well as classroom enhancement funding. Programs should submit an annual budget as described below and a classroom enhancement budget for not more than \$12,000. If a new classroom or renovations are needed, applicants must contact Tracey Campanini at tracam@berksiu.org to discuss.

A. Budget Detail and Justification

A detailed budget estimate must be prepared as part of the funding application. The Budget estimate should equal the:

- Maximum Child Care Allowance (MCCA) rate or provider published rate (whichever is lower) for young toddlers + the tiered reimbursement rate (based on the STAR level)
- x 8 children
- x 262 days
- + Keystone Baby Maximum allocation as shown on Chart 2.

The Keystone Babies county award is not automatic; applicants must justify the additional expenses that will be charged to the grant. If applicants need to provide additional justification or explanation of the budget spreadsheet, there is an opportunity to do so as part of the application.

B. Child Development Salaries (Line 1 and 1a)

Report Child Development salaries in line 1 of the detailed budget. Staff in this category includes teachers, assistant teachers, teachers' aides, substitutes, content coaches, education coordinators and professional development staff who work directly with children. OCDEL reserves the right to decrease an applicant's total funding if allocated resources are not used to meet OCDEL salary ranges.

Full-time teaching staff should be provided a benefit package.

C. Program Design and Management, Family and Community Partnership and other Salaries and Benefits

Report these in lines 2-4a of the detailed budget. These categories include staff budgeted to Keystone Babies that are not considered teachers, teacher aides, program coordinators, content coaches, education coordinators and professional development staff who work directly with children.

D. Categories of spending - the following guidelines are line item categories for spending:

Category	Range
Salaries (lines 1, 2, and 3)	42%-68%
Benefits (lines 1a,2a, 3a, and 4a)	10%-24%
Contracted Services (lines 7b and 8)	0%-6%
Supplies (line 5)	2%-6%
Nutritional Services (line 7)	0% -8%
Staff Development (line 9)	2%-5%
Space Related Costs (lines 7c, 7e, 7f, 92)	5%-15%
Repair and Maintenance (line 7d)	0%-3%
Management Related Supplies (line 5a)	0%-4%
Equipment (line 6)	0%-4%
Transportation (line 91)	0%-4%
Parent Services (line 7a)	0%-2%
Other Program Costs (lines 7g-7j)	0%-7%

E. Cost Allocation:

Because Keystone Babies funds are to be used solely for the benefit of the children and families enrolled the Keystone Babies program, agencies must properly allocate program costs. This is necessary when there are different funding sources paying for similar services so that each program is charged its fair share of program costs. Agencies are encouraged to work with their accountant to establish a cost allocation plan for allowable costs that fairly and reasonably apportions costs.

The following are some examples of how cost allocation methodologies can be applied by cost categories:

COSTS	BASIS
Personnel Costs (mixed classroom)	Number of Children
Personnel Costs (multiple classes)	Time
Space and Utilities	Square Footage/Classrooms & Time
Instructional Supplies	Number of Children
Classroom Equipment	Number of Children

F. Expenditures

Grantees are expected to maintain books, records, documents, and other evidence in sufficient detail to support all claims against the Keystone Babies funding. Grantees must also maintain an inventory list of equipment with a purchase price exceeding \$5,000. All documentation for the Keystone Babies program must be maintained for 7 years. The Department reserves the rights to cost settle with a grantee for non-allowable costs and/or undocumented costs.

G. Monthly Payments

The monthly payment will equal 100 % of the total grant amount divided by 12 pending approval of the grant amendment. The Department of Public Welfare reserves the right to withhold monthly payments for non-submission of required reports. Please note that monthly payment amounts may be accelerated or held based on the figures submitted to OCDEL based on utilization and enrollment.

H. Final Payment

Any unpaid funds owed to the Grantee as of June 30th will be reserved until receipt of the final fiscal report.

I. Segregation of Funding

All funds provided by the Department for the Keystone Babies program must, at a minimum, be segregated from other funds through the use of a general ledger or other acceptable accounting practices.

The budget template will be available with the Initial Application as an Excel document for ease of completion. Applicants must use the approved budget template. A sample budget using a STAR 3 program in Northampton County is shown below. Chart 5 is a sample classroom enhancement budget for one classroom for \$12,000 toward equipment and supplies to be used in the Keystone Babies classroom.

Chart 4

SAMPLE Applying for 1 Classroom	Maximum Total Budget for one classroom	(CCW Young Toddler Rate + Tiered Reimburse ment) * 8 children * 262 days (Estimate)	Maximum Keystone Babies Classroom Add On Request (from Chart #2)	Explanation of Keystone Babies Additional Costs	Additional Explanation of Total Budget Cost Allocation etc.
Center Based Model Sample for Northampton County STAR 3	\$120,000	\$71,683	\$48,317		
Budget Categories				Description	
1 Child Development Salaries	\$63,450	\$45,050	\$18,400	Additional LT- \$11,150 (\$30,000) T -\$5,300 (\$22,000) TA \$1,950 (\$11,450)	Current Staff Salaries Lead Teacher \$18,850 Teacher \$16,700, Teacher Aide \$9,500
1a Child Development Benefits	\$16,497	\$11,713	\$4,784	Benefits @26%	Lead Teacher 8 hours, Teacher 8 hours, TA 5 hours

2 Program design and Management Salaries	\$4,500	\$2,100	\$2,400	Extra Management time for KSB – Meetings in HBG, Facilitate parent involvement, community partnerships, fiscal and program reporting, disability and ECMH, Health Consultation services deep reflective supervision of teacher, additional CQI etc.	Basic Cost Allocation for this classroom based on numbers of children in the facility would be 5% of Director’s Salary
2a Program design and Management Benefits	\$1,170	\$546	\$624	Benefits @26%	
3 Family and Community Partnership salaries					
3a Family and Community Partnership benefits					
4 Other Related salaries					
4a Other Related benefits					
5 Supplies for Program	\$2,700	\$300	\$2,400	Meet Requirements (diapers, send home materials, curriculum, assessment materials etc.) + \$200 per month	Consumable paper goods, gloves, supplies, toys per month \$25
5a Supplies for Management purposes	\$120	\$48	\$72	additional required to meet quality standards add \$6 per month	Office supplies \$4 per month
6 Equipment	\$2,000	\$0	\$2,000	Room Dividers and shelving to facilitate mixed age grouping	
7 Food and Nutritional Services	\$2,000	\$1,520	\$480	Additional consultation to meet program requirements add \$40 per month	Nutritional services and food costs over CACFP reimbursement for 8 children
7a Parent Services	\$800	\$0	\$800	Parent education and family support \$10 x 8 families x # months	
7b Child Services Consultants	\$2,000	\$0	\$2,000	Health consultation 4x per year @ 500 per time	
7c Space Related Costs	\$4,200	\$3,000	\$1,200	Designated shared space to program- larger % of facility to meet quality standards add \$100per month	Occupancy cost allocated for 1 classroom 400 sq Ft x \$250 per month x 12 months

7d Building Maintenance/Repair and Other Occupancy costs	\$2,090	\$390	\$1,700	Additional Maintenance, contracted monthly deep cleaning and 'green' cleaning supplies to meet Health Consultation and Quality Requirements	Maintenance \$200 + cleaning & supplies for one room (252 days*\$7.5) - base was cleaning supplies and staff clean room
7e Utilities and Telephone	\$2,100	\$1,220	\$880	Phone in Rom, computer access in room for teachers, larger square footage	Utilities for classroom \$125 per month + phone in room \$50 per month x 12 months
7f Building/Child Liability Insurance	\$2,800	\$2,600	\$200	Insurance - pro rated building (\$100 x # months) and liability (\$200 per child)	Added space for KSB
7g Accounting and Legal Services	\$1,200	\$200	\$1,000	Accounting/legal 1000, extra for audit, monitor program and retain legal	Base for 8 children cost allocated \$200
7h Publication/Advertising/Printing	\$480	\$60	\$420	Printing/publication/advertising/copying added \$35 per month for KSB	Base for program \$5 per month cost allocation to this room
7i Substitutes (if not paid benefits)	\$5,000	\$2,600	\$2,400	Additional 10 day Coverage for required HV, PD, Planning, Quality, state meetings	Substitutes 15 days x 3 staff (20 hours) x \$10 (includes payroll taxes)
7j Non-student Travel costs	\$500	\$50	\$450	Additional Travel for Home Visits, Meetings, PD -30 trips * 30 miles * .50	
8 Contracted Services	\$2,400	\$0	\$2,400	Mental Health Services \$200per month	
9 Staff development	\$1,500	\$270	\$1,230	Additional staff development costs and supports to meet high quality standards and improve I/T credentials	Base \$5 x 18 hours x 3 staff
91 Student Transportation	\$0	\$0	\$0		
TOTAL COSTS	\$117,507	\$71,667	\$45,840	Requested Grant from Keystone Babies	

Shaded Area at the top of Chart 4 represents the maximum amount of Additional Funding per classroom from Chart 2

Chart 5

Classroom Enhancement Budget	# of Items	Unit Cost	Total
2new cribs	2	\$270	\$540
2 new high chairs	2	\$100	\$200
5 new rest mats - come in pack	1	\$195	\$195
Safe Rocker Glider	1	\$500	\$500
Stroller w/ Canopy	1	\$450	\$450
Storage Shelf	1	\$300	\$300
Sand and water play	1	\$300	\$300
Small climber	1	\$400	\$400
Carpet - Theme	1	\$400	\$400

Books - assorted	1	\$250	\$250
Maniuplatives - assorted	1	\$300	\$300
Small Refrigerator for classroom	1	\$300	\$300
Tot Explorer Shelving Unit	1	\$130	\$130
Small Table	1	\$200	\$200
4 chairs	4	\$40	\$160
Step Up Changing Table	1	\$700	\$700
Diaper Display Unit	1	\$300	\$300
Digital Camera for Portfolio Documentation	1	\$300	\$300
Musical Instruments, CD player, CD's - assorted	1	\$300	\$300
Jumbo Soft Blocks (set of 12)	1	\$170	\$170
Semi Step waste can	1	\$110	\$110
Replace outside surfacing	1	\$2,000	\$2,000
Playground Shade Canopy	1	\$1,950	\$1,950
Classroom Computer and accessories	1	\$1,425	\$1,425
Laminator and 3 cartridges	1	\$120	\$120
Total			\$12,000
Request for minor classroom renovations, opening new space, outside playground renovation – Must call to discuss request, and provide detailed rationale			\$0
Grand Total			\$12,000

Appendix B

Pennsylvania Infant Toddler Systems Committee

First Name	Last Name	Title	Organization
Christie	Balka	Director, Child Care & Budget Policy	Public Citizens for Children and Youth
Diane	Barber	Early Childhood Education Director	Pennsylvania Partnerships for Children
Michele	Black	Associate Director, South Central Regional Key	Child Care Consultants, Inc.
Ronnie	Bloom**	Program Director, Children, Youth and Families	William Penn Foundation
Philippa	Campbell	Professor & Director, Child and Family Studies Research Programs	Thomas Jefferson University
Mary	Carrasco	Director	A Child's Place at Mercy Hospital
Kimrenee	Coaxum	Executive Director	Foundations of Early Learning LLC
Denise	Cressman	President	Pennsylvania Home-based Child Care Providers Association
Harriet	Dichter	Acting Secretary	Department of Public Welfare
Sharon	Easterling	Executive Director	Delaware Valley Association for the Education of Young Children
Michelle	Figlar	Executive Director	Pennsylvania Association for the Education of Young Children
Deborah	Gallagher	Early Head Start Director	Council of Three Rivers American Indian Center, Inc.
Robert	Gallen	Associate Professor of Psychology	Chatham University
Rosalie	Goldstein	Head Teacher – Infant Room	Lehigh Valley Hospital Children's Early Care & Education Center
Jennifer	Hipps	Early Intervention Coordinator & Infant/Toddler Specialist for Danville Child Development Center	Danville Child Development Center
Linda	Lispi	Early Head Start Program Director	Luzerne County Head Start, Inc.
Robin	Miller	Director of Program Services	KenCrest Services
Cindy	Oser*	Senior Policy Associate	ZERO TO THREE
Kelly	Rice	Owner, Occupational Therapist	Sovia Therapy
Michele	Walsh	Early Childhood Mental Health Project Manager	Pennsylvania Key
Debra	Wohlin	Parent	

** Served as chair

* Served as staff