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## **Quality Progress Report (QPR)**

### **For**

### **Indiana**

### **FFY 2024**

***QPR Status: Accepted as of 2025-04-25 17:49:21 GMT***

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

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

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

## **QUALITY PROGRESS REPORT**

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

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

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

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

**What Period Must Be Included:** All sections of this report cover the federal fiscal year activities (October 1, 2023, through September 30, 2024), unless otherwise stated. Data should reflect the cumulative totals for the fiscal year being reported, unless otherwise stated.

**What Data Should Lead Agencies Use:** Lead agencies may use data collected by other government and nongovernment agencies (e.g., CCR&R agencies or other TA providers) in addition to their own data as appropriate. We recognize that lead agencies may not have all of the data requested initially but expect progress towards increased data capacity. The scope of this report covers quality improvement activities funded at least in part by CCDF in support of CCDF activities. Lead agencies must describe their progress in meeting their stated goals for improving the quality of child care as reported in their FFY 2022-2024 CCDF Plan.

**How is the QPR Organized?**

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

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

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

### **When is the QPR Due to ACF?**

The QPR will be due to the Administration for Children and Families (ACF) by the designated lead agency no later than December 31, 2024.

### **Glossary of Terms**

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

***Center-based child care provider*** means a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless in

care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "child care centers" and "center-based programs."

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

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

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

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

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

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

**Provider** means the entity providing child care services.

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

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

## 1) Overview

*To gain an understanding of the availability of child care in the state or territory, please provide the following information on the total number of child care providers.*

### 1.1 State or Territory Child Care Provider Population

#### 1.1.1 Total Number of Licensed Providers:

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

☒ Licensed center-based programs **778**

☐ Unable to provide number. Indicate reason:

**Additional clarification: Based on most recent submission of the FY 2024 ACF-800 data there were 628 licensed center-based programs receiving CCDF funding. Please report the number of ALL licensed center-based programs operating in the state here, regardless of receipt of CCDF funding.**

☒ Licensed family child care homes **2127**

☐ Unable to provide number. Indicate reason:

**Additional clarification: Based on most recent submission of the FY 2024 ACF-800 data there were 1887 licensed family child care homes receiving CCDF funding. Please report the number of ALL licensed family child care homes operating in the state here, regardless of receipt of CCDF funding.**

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

Goal: *Ensure the lead agency's professional development systems or framework provides initial and ongoing professional development and education that result in a stable child care workforce with the competencies and skills to support all domains of child development.*

### 2.1 Lead Agency Progression of Professional Development

#### 2.1.1 Professional Development Registry:

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

☒ Yes. If yes, describe: **Indiana tracks training data in a platform called, Indiana Learning Paths (ILP), which provides a robust tracking mechanism. Trainings can also be accessed via My Spark Learning Lab. Caregiver qualifications are tracked in a module of the Office of Early Childhood and Out-of-School Learning's Child Care Information System (CCIS).**

☐ No. If no, what alternative does the lead agency use to track the progression of professional development for teachers/providers serving children who receive CCDF subsidy? Describe:

#### 2.1.2 Participation in Professional Development Registry:

Are any teachers/providers required to participate?

☐ Yes. If yes, describe:

☒ No. If no, describe: **Early childhood and out-of-school time professionals are encouraged to utilize the state sponsored training platform but not required by any state law or policy to do so. This training platform is offered for free to any participant in the state and offers a wide variety of training options making it highly utilized throughout Indiana.**

#### 2.1.3 Number of Participants in Professional Development Registry:

Total number of participants in the registry as of September 30, 2024 **19,026**

#### 2.1.4 Spending - Professional Development Registry:

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

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

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

## 2.2 Workforce Development

### 2.2.1 Professional Development and Career Pathways Support:

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

☒ Scholarships (for formal education institutions) **1,410**

☒ Financial bonus/wage supplements tied to education levels **505**

☒ Career advisors, mentors, coaches, or consultants **1018**

☐ Reimbursement for training

☐ Loans

☐ Substitutes, leave (paid or unpaid) for professional development

☐ Other. Describe:

☐ N/A. Describe:

### 2.2.2 Spending - Professional Development and Career Pathways Support:

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

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

☒ CCDF quality funds

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

☐ No

## 2.3 Child Care Provider Qualifications

### 2.3.1 Number of Licensed Child Care Programs Qualifications:

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

- ☒ Child Development Associate (CDA) **861**
- ☒ Associate's degree in an early childhood education field (e.g. psychology, human development, education) **116**
- ☒ Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **907**
- ☐ State child care credential
- ☐ State infant/toddler credential
- ☒ Unable to report this data. Indicate reason: **Indiana does not track some of this data for all auspices. This number also does not include registered ministries within the state of Indiana.**

### 2.3.2 Number of Licensed CCDF Child Care Programs Qualifications:

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

- ☒ Child Development Associate (CDA) **861**
- ☒ Associate's degree in an early childhood education field (e.g. psychology, human development, education) **116**
- ☒ Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **907**
- ☐ State child care credential
- ☐ State infant/toddler credential



**[x] Unable to report this data. Indicate reason: Indiana does not track some of this data for all auspices. This number also does not include registered ministries within the state of Indiana.**

## **2.4 Technical Assistance for Professional Development**

### **2.4.1 Technical Assistance Topics:**

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

**[x] Business Practices**

**[x] Mental health for children**

**[x] Emergency Preparedness Planning**

**[x] Other. Describe other technical assistance available to providers as part of the professional development system: Technical assistance is available to all regulated child care programs on a wide variety of topics. This includes all Core Knowledge Areas as defined in Indiana's Core Knowledge and Competencies (CKC's) including Child and Youth Growth and Development, Health, Safety and Nutrition, Observation and Assessment, Learning Environment and Curriculum, Leadership and Professionalism, and Organizational Development and Administration**

### **2.4.2 Spending - Technical Assistance for Professional Development:**

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

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

**[x] CCDF quality funds**

**[ ] Non-CCDF funds**

**[ ] CARES funds**

**[ ] CRRSA Funds**

**[ ] ARP Supplemental Discretionary**

**[ ] ARP Stabilization 10% set-aside**

**[ ] Unable to report. Indicate reason:**

**[ ] No**

## **2.5 Spending – Training and Professional Development**

### 2.5.1 Spending – Training and Professional Development:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to support the training and professional development of the child care workforce during October 1, 2023 to September 30, 2024? **\$6735101**

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

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

## 2.6 Progress Update

### 2.6.1 Progress Update – Training and Professional Development:

Supporting the training and professional development of the child care workforce

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

**The Lead Agency uses information related to the state's QRIS, Paths to Quality (PTQ), to determine if quality improvement efforts have been successful. OECOSL monitors the non-compliances during PTQ rating visits to determine if there are any trends that indicate additional supports or services are needed. Additionally, OECOSL contracts with Spark Learning Lab to provide technical assistance to providers. Measurable indicators of progress include the number of level advancements, PTQ enrollment, and the number of programs who complete quality improvement plans within the agreed upon timeframe. OECOSL continues to monitor the inventory of resources and supports available to programs including a content dashboard and quarterly training calendars. OECOSL is working with Indiana AEYC to complete workforce profiles that include education and training information. This information, alongside an annual professional development needs survey, will drive our strategy moving forward.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.3.2 of the FFY 2022-2024 CCDF Plan: **As outlined in Section 6.3.2 of the CCDF State Plan, the Office of Early Childhood and Out-of-School Learning (OECOSL) continues to monitor Paths to QUALITY™ (PTQ) enrollments and level advancements. In this reporting period, our goal was to maintain PTQ enrollments at 76.87% of eligible programs; however, we ended this reporting period slightly higher than anticipated at 80.7%. Our level advancement goal was to increase the number of programs advancing levels with 260 programs moving up at**

least one level. We exceeded this goal with 397 programs advancing at least 1 level during this FFY. OECOSL saw display of children's artwork, children's physical, cognitive, language, literacy, math and creative development support, continuing education (clock hours), child free choice period, and children actively being engaged in making choices about activities and materials in the top 5 insufficiencies during Paths to QUALITY™ rating visits across all program types in FFY24. To address this, OECOSL continues to maintain support for program professional development, including degree and credential attainment as well as increase onsite program coaching.

OECOSL has several different strategies to improve the professionalism and attainment of degrees and credentials among child care professionals throughout the state. We continue to work with Indiana AEYC and the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood Indiana® Scholarship staff to determine what enhancements can be made to the scholarship program to increase utilization of the program and the feasibility of additional scholarship models. This year, INAEYC collaborated with the DWD to continue to expand access to CDA training throughout the state. We monitor the number of scholarship recipients to track progress and have seen increases across scholarships for formal education opportunities. Indiana AEYC has also implemented a program that provides associate's degree classes fully in Spanish in partnership with Ivy Tech Community College in South Bend. With participation of 122 bilingual participants, we have seen an increase of double the number of participants from FFY23. This has been expanded to offer classes in central Indiana as well. Lastly, OECOSL approved for the scholarship to allow recipients to accelerate their course taking (if they are in good academic standing) to finish degrees quicker.

During FFY23, three Workforce coordinators also took on the role of CDA Navigators to support providers who are working on a CDA through collection of training hours instead of through a formal or non-formal route. CDA Navigators support programs in understanding hour to categorize their training hours and support in portfolio development. In FFY24, CDA Navigators have supported 310 individuals in navigating the CDA process.

The Non-Formal Child Development Associate (CDA) course facilitated by the Indiana Association for the Education of Young Children (INAEYC) has also had significant success in not only providing pathways for professionals to obtain their CDA Credential but has also partnered with the Department of Workforce Development and local Adult Education Programs across the state to offer courses. 168 individuals participated in the

Non-Formal CDA Classes this FFY (a slight decrease from 176 in FFY23) in partnership with the Department of Workforce Development and local Adult Education Programs. This class has embedded the Test of Adult Basic Education (TABE) assessment – a test that is used as a pre/post-test to determine a person’s skills and aptitudes related to reading, math, and language and the WIN Essential Skills Credential- an opportunity for candidates to earn a valuable addition to their resume or portfolio that lets employers know they have the highly demanded soft skills to succeed. The implementation of the TABE Assessment was intended to not only support the professionalism of the educators in the program but also increase the CDA credential completion rate. To monitor progress, OECOSL and INAEYC track TABE assessment results as well as the percent of participants who receive their credential. Throughout the course, 87% of professionals increased or maintained their score (achieved measurable skills gain if needed based on their initial pre-test) as well as having an 96% overall CDA Credential completion rate. We anticipate this will remove barriers for professionals who complete their CDA to pursue their associate degrees through the T.E.A.C.H. Early Childhood Indiana scholarship. We will continue to monitor this data closely in the coming years. In the last year, the demand for Non-Formal CDA courses have increased significantly. This led to offering additional classes in English and Spanish for those entering the field. Additionally, in the coming FFY, INAEYC has been able to increase their partnership with DWD and offer additional Non-Formal CDA classes with the support of Indiana’s PDG grant.

In partnership with Indiana AEYC, a workforce initiative was launched in 2020 to help provide career coaching as well as supporting programs in their recruitment and retention of qualified staff. As a part of this initiative, the 11 Workforce Coordinators provided technical assistance and training to 4,281 programs (778 centers, 2129 homes, 750 ministries, 267 schools, and 357 LLEP’s ) an increase from 840 in FFY23.

OECOSL also partners with Infancy Onward to support the endorsement of professionals in Infant and Toddler Mental Health and Early Childhood Mental Health. OECOSL monitors the number of endorsed professionals to track progress. Currently, Indiana has 98 endorsed providers in Infant/Toddler Mental Health and Early Childhood Mental Health. Infancy Onward also created additional resources for providers to understand what training is accepted for endorsement, providing clearer pathways to obtain it. Infancy Onward also continues to partner with Indiana’s Part C program, First Steps, for their annual conference. 700 professionals participated in this conference in FFY24.

OECOSL also provided professional development scholarships to the Indiana Afterschool Network Summit in 2024. 128 professionals attended this conference cost because of this scholarship. In addition to the summit scholarships, 136 out of school time professionals were provided scholarship access to the Indiana Academy on Out of School Learning which provides focused out of school time professional development opportunities.

For early educators, OECOSL provided professional development scholarships to the Indiana Early Childhood Conference in May of 2024. Out of 1,900 total attendees, 1,343 individuals attended the conference utilizing a scholarship from OECOSL.

Educators and child care professionals continued to access trainings through Indiana Learning Paths, Indiana's learning management system. OECOSL tracks progress by monitoring the number of providers accessing Indiana Learning Paths as well as the number of hours completed. This included 41,959 unique users representing 5,232 programs completed 423,767 hours of training in Indiana Learning Paths – an increase from FFY23 (36,998 unique users representing 4,719 programs who completed 322,954 hours). We attribute this increase to the continued development of many new asynchronous trainings on topics identified through provider surveys.

In response to challenges lifted from our Regional Advisory Councils and Licensing Advisory Committees, OECOSL committed to offering mental health and wellness supports. OECOSL worked in partnership with Spark Learning Lab to offer provider support groups facilitated by a licensed clinical social worker for 154 individual providers. OECOSL will continue to monitor progress through registrations and participation. OECOSL does not maintain individual data for these participants for confidentiality purposes.

In late spring of 2022, OECOSL worked with several key partners to launch our Building Wellness initiative. The Building Wellness initiative is a confidential employee assistance program offering free short-term counseling, legal and financial consultation, work-life assistance and crisis intervention services to early care and out-of-school time providers, their employees, volunteers and the household family members or dependents of all eligible individuals. As of September 30th, 2024, services were accessed 204 times. This program is monitored monthly through utilization reports which are used to track progress. OECOSL and its partners continue to promote this program to increase utilization. Additionally, in partnership with Spark Learning Lab, the

CALM App was offered free of charge to child care providers. During this FFY, the CALM App had 1,722 users with a 79.9% engagement rate.

### 3) Improving early learning and development guidelines

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

#### 3.1 Early Learning and Development Guidelines

##### 3.1.1 Spending - Early Learning and Development Guidelines:

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

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

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

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on improving upon the development or implementation of early learning and development guidelines? **\$560672**

☐ Unable to report total amount spent. Indicate reason

*Optional:* Use this space to tell us any additional information about how funds were spent that is not capture in the item already reported: **Updated Indiana Early Learning standards were adopted by the Indiana State Board of Education in June of 2023. During FFY24, the Early Learning Standards professional development opportunities were updated to align with the newest revision of the Early Learning Standards.**

☐ No

#### 3.2 Progress Update

##### 3.2.1 Progress Update - Early Learning and Development Guidelines:

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

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

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

**The Lead Agency administers the QRIS which assesses annually the level of quality for participating programs. OECOSL defines high quality as advancing to or maintaining Level 3 or 4 in the system. These levels include standards related to incorporating Indiana's Early Learning Foundations into lesson planning and implementation of a curriculum. OECOSL continuously monitors the number of high quality programs as well as several partners including the CCR&R's and Spark Learning Lab. Additionally, Spark Learning Lab has performance measures tied to program participation and level advancement in PTQ.**

Since 2014, Indiana has increased the number of high-quality rated early care and education programs by over 80%. As of the ELAC 2020 annual report, 60% of all known early care and education programs participate in Paths to QUALITY, and more than 700 have achieved high quality Level 3 or Level 4 since 2014. Children enrolled in a Paths to QUALITY program Level 3 or Level 4 has increased about 44% since 2014. These measures are reported annually in the ELAC report and is an additional way in which Indiana measures success of this investment.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.4.3 of the FFY 2022-2024 CCDF Plan: In Section 6.4.3 of the CCDF State Plan, the Office of Early Childhood and Out-of-School Learning (OECOSL) committed to monitor the level of quality and participation in the state's quality rating and improvement system, Paths to QUALITY™ (PTQ). OECOSL also monitors the number of high quality programs, defined as level 3 or 4. In this reporting period, our goal was to maintain Paths to QUALITY enrollments at 76.87% of eligible programs; however, we ended this reporting period slightly higher than anticipated at 80.7%. Our level advancement goal was to increase the number of programs advancing by 260 programs advancing at least 1 level. We did see a large growth in program advancement with 397 programs advancing at least 1 level with 328 of those moving to level 3 or 4.

OECOSL closely monitors the number of providers who access trainings on the Indiana Early Learning Foundations. The trainings on Indiana Learning Paths are widely completed with 4,240 professionals trained on specific content area trainings and 9500 professionals trained on the general Early Learning Foundations in the last fiscal year. While overall the lead agency



had seen a significant increase in the completion of this training over the last 3 years – we did see a decrease from FFY23 where 12,715 professionals were trained on the Foundations.

OECOSL continues to monitor the number of Paths to QUALITY insufficiencies related to Foundations training as it is a standard in our quality rating and improvement system for Level 2 and beyond through monthly reports. In previous years, this standard was a common insufficiency for programs during rating visits and was in the top 3 insufficiencies for all program types (licensed centers, ministries, and licensed homes). This year Foundations training was no longer within the top 5 insufficiencies. This is attributed to the creation and promotion of “course collections” for onboarding new staff and included the Foundations training.

Additionally, information about the Indiana Early Learning Foundations is presented in a family friendly format through our consumer education website, Brighter Futures (<https://brighterfuturesindiana.org/parents/play-learning>).

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

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

##### 4.1 Quality rating and improvement system status

###### 4.1.1 QRIS or other system of quality improvement status:

Indicate the status and include a description of the lead agency's quality rating and improvement system (QRIS) or other system of quality improvement during October 1, 2023 to September 30, 2024?

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

- General description of QRIS: **High quality, as defined by the Indiana Early Learning Advisory Council (ELAC), is a program which attains a level 3 or level 4 on Paths to QUALITY™ (Indiana's statewide QRIS). Providers can voluntarily choose to participate in Paths to QUALITY (PTQ) and are required to meet key quality indicators to advance to successively higher levels. To achieve Paths to QUALITY level 3, programs must meet the requirements of levels 1 and 2 (e.g., basic health and safety standards, daily schedule and planned activities that support growth and development) and implement a curriculum that supports learning and school readiness while providing professional development opportunities for staff. To achieve Paths to QUALITY Level 4, programs must meet the requirements of levels 1, 2, and 3, and achieve accreditation by an approved national accrediting body, such as NAEYC and NAFCC. Coaches are available to provide intensive technical assistance to providers in several different areas including, but not limited to, teaching strategies, teacher-child interactions, family engagement strategies, developmentally appropriate practice, environment, health & safety, curriculum, lesson planning, reflective feedback, and appropriate behavior management and intervention strategies. The program uses the readiness checklist, a tool developed for the Paths to QUALITY system. This tool allows providers to assess their program standards and set quality goals. Once the program has prepared the appropriate documentation, a Paths to QUALITY rating visit is performed, and the program receives their assigned Paths to QUALITY level. Programs are offered incentives for participation in Paths to QUALITY and advancement to higher levels.**

- How many tiers/levels? **4** [insert number of tiers below as required and describe each tier and check off which are high quality]
  - Tier/Level 1: **Level 1 programs have demonstrated that they are operating in good standing and have been recognized by the state of Indiana as having met all required health and safety standards.**  
☐ High Quality
  - Tier/Level 2: **Level 2 programs have demonstrated a commitment to improve program quality. They offer opportunities for children to advance their growth and development. Level 2 programs will have evidence of a consistent daily schedule, planned activities for children, and will provide relevant program information for families.**  
☐ High Quality
  - Tier/Level 3: **Level 3 programs have demonstrated the knowledge and skill necessary for planning appropriate activities and opportunities that lead children toward school readiness. Level 3 programs have made a significant investment in the professional development of the staff, and they incorporate family and staff input into the program.**  
☒ High Quality
  - Tier/Level 4: **Level 4 programs are the highest rated programs and have demonstrated a commitment to the highest level of professionalism in high quality child care—achievement of a nationally recognized accreditation.**  
☒ High Quality
  - Tier/Level 5:  
☐ High Quality
  - Tier/Level 6:  
☐ High Quality
  - Tier/Level 7:  
☐ High Quality
  - Tier/Level 8:  
☐ High Quality
  - Tier/Level 9:  
☐ High Quality
  - Tier/Level 10:  
☐ High Quality
- Total number of licensed child care centers meeting high quality definition: **584**

- Total number of licensed family child care homes meeting high quality definition: **780**
- Total number of CCDF providers meeting high quality definition: **1319**
- Total number of children served by providers meeting high quality definition: **25,687**

☐ The lead agency QRIS is operating a pilot (e.g., in a few localities, or only a few levels) but not fully operating state- or territory-wide.

- General description of pilot QRIS (e.g., in a few localities, or only a few levels):
- Which localities if not state/territory-wide?
- How many tiers/levels? [insert number of tiers below as required and describe each tier and check off which are high quality

- Tier/Level 1:  
☐ High Quality
- Tier/Level 2:  
☐ High Quality
- Tier/Level 3:  
☐ High Quality
- Tier/Level 4:  
☐ High Quality
- Tier/Level 5:  
☐ High Quality
- Tier/Level 6:  
☐ High Quality
- Tier/Level 7:  
☐ High Quality
- Tier/Level 8:  
☐ High Quality
- Tier/Level 9:  
☐ High Quality
- Tier/Level 10:  
☐ High Quality

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

☐ The lead agency is operating another system of quality improvement.

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

#### **4.1.2 Spending - Quality rating and improvement system status:**

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

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

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

☐ No

#### **4.2 Quality Rating and Improvement Systems participation**

#### **4.2.1 QRIS or other system of quality improvement participation:**

What types of providers participated in the QRIS or other system of quality improvement during October 1, 2023 to September 30, 2024 (check all that apply)?

- ☒ Licensed child care centers
- ☒ Licensed family child care homes
- ☒ License-exempt providers
- ☒ Programs serving children who receive CCDF subsidy
- ☒ Early Head Start programs
- ☒ Head Start programs
- ☒ State Prekindergarten or preschool programs
- ☒ Local district-supported Prekindergarten programs
- ☒ Programs serving infants and toddlers
- ☒ Programs serving school-age children
- ☒ Faith-based settings
- ☒ Tribally operated programs
- ☐ Other. Describe:

#### **4.3 Quality Rating and Improvement Systems Benefits**

##### **4.3.1 Quality Rating and Improvement Systems Benefits:**

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

- ☒ One-time grants, awards or bonuses
  - ☐ Licensed child care centers **105**
  - ☐ Licensed family child care homes **328**
- ☒ On-going or periodic quality stipends
  - ☐ Licensed child care centers **366**
  - ☐ Licensed family child care homes **193**
- ☒ Higher CCDF subsidy rates (including tiered rating)
  - ☐ Licensed child care centers **604**
  - ☐ Licensed family child care homes **857**
- ☒ Ongoing technical assistance to facilitate participation in QRIS or improve quality of programs already participating in QRIS (or some other technical assistance tied to QRIS)
- ☐ Other. Describe

##### **4.3.2 Spending - Quality Rating and Improvement Systems Benefits:**

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

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

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

#### 4.4 Spending – Quality Rating and Improvement Systems

##### 4.4.1 Spending – Quality Rating and Improvement Systems:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) related to QRIS or other quality rating systems during October 1, 2023 to September 30, 2024? **\$6746268**

☐ Unable to report total amount spent. Indicate reason

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

#### 4.5 Progress Update

##### 4.5.1 Progress Update – Quality Rating and Improvement Systems:

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

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

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **The OECOSL has performance measures outlined in the contracts for both the CCR&Rs and**

SPARK Learning Lab with payment withholds attached related to measurable indicators of progress relevant to this use of funds that the state uses in order evaluate its progress in improving the quality of child care programs and services within the state. Each agency is held responsible to show improvement in increasing the number of early childhood programs available within each county and by type (i.e. child care home, center etc.) and quality level to ensure sufficient supply of early childhood care and education options for children and families. Each contract has potential financial penalties and corrective action procedures outlined to ensure that goals are met throughout the life of the contract and that communities and family needs are met. The CCRRs also provide an annual report that discusses the supply, demand, quality, and cost of care in each service delivery area. Through the State of Early Learning Access report, new methodology was developed which attempts to both qualify and quantify access throughout the state. In discussing access herein, this report will move away from viewing it as simply a supply and demand equation, and layer in the additional components of quality, affordability, and choice. Combined, these four elements viewed in context with one another offer a more robust indicator of access.

The CCDF Administrator from the Lead Agency is a member of the Early Learning Advisory Committee (ELAC) which produces an annual report on the quality of care being delivered as well as access to care. This annual report can be found at <http://www.elacindiana.org/data/annual-reports/>. OECOSL has also partnered with Early Learning Indiana to develop enhanced county dashboards that allow community members and OECOSL to look at data related to the quality of care being delivered as well as accessibility issues by county.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.3.6 of the FFY 2022-2024 CCDF Plan: As outlined in Section 7.3.6 of the CCDF State Plan, OECOSL continues to monitor Paths to QUALITY™ enrollments and level advancements. In this reporting period, our goal was to maintain enrollment at 76.87% of eligible programs; however, we ended this reporting period slightly higher than anticipated at 80.7%. Our level advancement goal was to increase the number of programs advancing by 260 programs advancing at least 1 level. 397 programs advanced at least one level this FFY.

SPARK Learning Lab, our training and TA vendor, has created a wealth of resources to help programs prepare for level maintenance or advancement rating visits, in addition to providing coaching and cohort learning opportunities. This includes 82 PTQ Success Tools (24 new this year) which are available on demand for programs through Indiana Learning Paths and were accessed 42,892 times in year. In partnership with the Paths to QUALITY Policy Committee and



OECOSL, Spark Learning Lab created a comprehensive provider-facing resource that outlines Paths to QUALITY policies, as well as procedures and links to partner resources. This site was accessed 356 times. SPARK Learning Lab has created a Paths to QUALITY introductory overview for educators. This session focuses on what it means to work in a rated program, what to expect during a rating, and addresses common barriers programs may face. In addition to this new introductory session, they have created a provider “guidebook” for each auspice that includes the Paths to QUALITY standards, explanations, tips for implementation, and best practice guidance.

The OECOSL, through its Paths to QUALITY Policy Committee, continues to work to streamline processes for participating programs. We continue to provide flexibilities with updating staffing lists the day of the rating visit and the opportunity to apply for a short-term waiver for the education standard. Additionally, many provider forms that are submitted to OECOSL (such as appeal and Inactive Voluntary Status forms) are now available through Microsoft forms for faster submission and response times. We continue the partnership developed in FY23 with the Indiana Head Start Collaboration Office and Indiana Head Start Association to provide QRIS reciprocity for Head Start programs to obtain Level 3 (high quality). Since inception on May 1st, 2023, 111 Head Start program sites have applied for and received reciprocity.

The OECOSL also sets annual goals with the local Child Care Resource and Referral (CCR&R) agencies. These goals focus on increasing access to high quality early care and education as well as concentration on counties in Indiana that have little access to care in general. These goals are monitored monthly to track progress.

Lastly, OECOSL continues to be a member of the Early Learning Advisory Committee (ELAC) which provides recommendations to support the advancement of Indiana’s early learning system. This year, ELAC produced a report providing recommendations to streamline and standardize our licensing requirements and provided a comprehensive workforce study. These reports can be found at <https://www.in.gov/fssa/carefinder/advisory-groups/early-learning-advisory-committee/>

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

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

### 5.1 Infant/Toddler Specialists

#### 5.1.1 Infant/Toddler Specialists:

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

☒ Yes

- Number of specialists available to all providers **1**
- Number of specialists available to providers serving children who receive CCDF **1**
- Number of specialists available specifically trained to support family child care providers **1**
- Number of providers served **4080**
- Total number of children reached **74257**

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

☐ N/A. Describe:

#### 5.1.2 Infant/Toddler Specialists Supports Provided:

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

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

☒ On-site and virtual coaching

☒ Health and safety practices

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

☒ Group professional development

☒ Family engagement and partnerships

☒ Part C early intervention services

☒ Mental health of babies, toddlers, and families

☒ Mental health of providers

☒ Behavioral Health

☐ Other. Describe

### 5.1.3 Spending – Infant/Toddler Specialists:

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

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

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

## 5.2 Staffed Family Child Care Networks

### 5.2.1 Number and Description of Staffed Family Child Care Networks:

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

☒ Number of staffed family child care networks: **23**

- Describe what the network/hub provides to participating family child care providers: **The Child Care Resource and Referral agencies launched Staffed Family Child Care Networks statewide on October 1, 2023. During the reporting period there have been an average of 314 attendees across 23 networks, including an average of 43 Spanish speakers. In the first year, we have seen an 8% increase in Paths to QUALITY levels across all network participants and 88% of participants maintained their Paths to QUALITY level. Staffed Family Child Care Networks provide a supportive community where programs receive recognition for their work while networking with like minded individuals. The networks provide innovative resources as well as opportunities for professional growth. Through the networks, family child care homes are introduced to state partners who can support their programs with a variety of resources. Many networks**

have also collaborated with local coalitions to increase family child care home participation in both the network and the coalition.

☐ No staffed family child care networks operate in state/territory

#### 5.2.2 Spending - Staffed Family Child Care Networks:

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

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

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

### 5.3 Spending - Programs and services for infants and toddlers

#### 5.3.1 Spending - Programs and services for infants and toddlers:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside), above and beyond to the 3% infant and toddler set-aside, to improve the supply and quality of child care programs and services for infants and toddlers during October 1, 2023 to September 30, 2024? **\$14933833**

☐ Unable to report total amount spent. Indicate reason:

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

### 5.4 Progress Update

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

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

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

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

**Progress is being measured by analyzing the increase of infant/toddler seats throughout the state as well as the number of high quality infant/toddler seats throughout the state. The CCRRs report on this information monthly and also create an annual report that reflects the supply, demand, and quality available in that service delivery area. Some programs that improved their level of quality in order to participate in On My Way Pre-K also serve infants and toddlers. Additionally, the Lead Agency along with its partners, adopted statewide goals around reducing safe sleep violations in 2018. As a result of this goal, significant increases in referrals from OECOSL licensing staff to Spark Learning Lab occurred which resulted in increased technical assistance to programs that demonstrated a lack of compliance with Safe Sleep Practices. Due to this increased awareness and focus on safety, Indiana's General Assembly passed SEA 187 mandating that OECOSL impose a series of fines for providers who demonstrate ongoing noncompliance with Safe Sleep Practices. OECOSL will be able to track data regarding these fines and the number of noncompliances that were able to be systemically corrected as a result of this intervention. Additionally, Spark Learning Lab provides intensive technical assistance including the creation of a Quality Improvement Plan for those with safe sleep violations identified by a referral from the licensing consultant. SPARK Learning Lab has determined goals and performance measures related to decreasing the number of safe sleep violations, and increasing the number of programs that participate in Quality Improvement Planning as a result of safe sleep violations. SPARK Learning Lab addresses these goals by providing targeted technical assistance and by creating resources and guidance to support programs in providing safe sleep environments.**

Additionally, data from the Self-Assessment Tool can be used to track program goals and progress. The Self-Assessment Tool comprises seven (7) standards with a total of 46 quality items utilizing a rubric-based developmental continuum that offers a roadmap for advancing program quality from "Beginning" to "Excelling". Infant and Toddler standards are embedded throughout the quality items. The Self-Assessment Tool quality continuum includes specific behaviors, benchmarks, and ultimately a scope and sequence a program can use to improve quality. There are four (4) versions of the Self-Assessment Tool, one for each program type (Center-Based, Family Child Care Homes, Ministries, School-Based) with questions tailored for each. One or more sections of the Self-Assessment Tool can be completed at any time and as many times as a program's unique needs shift and are reprioritized.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.4.2 of the FFY 2022-2024 CCDF Plan: As outlined in section 7.4.2 of the CCDF State plan, OECOSL tracks multiple measures related to the implementation of infant/toddler quality initiatives including the number of infant and toddler seats available, high-quality seats available, and several metrics around Safe Sleep violations.

Throughout FFY24, the OECOSL has worked to focus on the capacity and quality of infant toddler care. The lead agency monitors the number of infant/toddler seats throughout the state including the number of high-quality infant/toddler seats throughout the state. There was a total of 91,851 infant and toddler seats – an increase of 2,881 from FFY23. It's also interesting to note that the number of high-quality infant/toddler seats increased by 4,241 to a total of 59,544 seats. Despite the increase in seats, changes in program desired capacity in infant and toddler programs have driven a sharp increase in the number of enhanced referrals completed by the Child Care Resource and Referral network. In FFY24, 5,657 enhanced referrals were completed for infants and toddlers – an increase from 3,722 in FFY 23.

OECOSL, along with its partners, adopted statewide goals around reducing safe sleep violations in 2018. As a result of this, significant increases in technical assistance referrals from OECOSL licensing staff to Spark Learning Lab Coaches occurred. This subsequently led to increased technical assistance to programs that demonstrated a lack of compliance with Safe Sleep Practices. OECOSL monitors the number of these safe sleep referrals and number of repeat non-compliances to track progress. There were 93 technical assistance referrals for safe sleep non-compliances in FFY24. With implementing targeted strategies, 81.38% of programs who have a safe sleep violation did not have a repeat violation. Additionally, Safe Sleep Training was offered in an online, asynchronous format which enabled 17,073 educators to complete this training to date. Lastly, Safe Sleep violations are no longer in the top 5 of most cited violations in the state with 171 Safe Sleep referrals in FFY23 – unfortunately this is an increase from 120 in FFY 23.

Due to this increased awareness and focus on safety, Indiana's General Assembly passed SEA 187 mandating that OECOSL impose a series of fines for providers who demonstrate ongoing noncompliance with Safe Sleep Practices. OECOSL can track data regarding these fines and the number of non-compliances that were able to be systemically corrected as a result of this intervention. There were \$1675.00 in fines due to safe sleep non-compliances in FF24.

In FY19, the State of Indiana went through a significant system change. A new, statewide

technical assistance provider and model was launched. Rather than having Infant/Toddler and Inclusion Specialists for each service area, there is now one statewide specialist for this content areas. The specialist provides support to all coaching staff, increasing the accessibility of high-quality support in these areas to providers. There were 17 specialists available to all providers and were also available to providers accepting CCDF. There were 9 specialists specifically trained to support family child care providers. 28 asynchronous Infant/Toddler trainings are available on demand throughout this year. Additionally, Spark Learning Lab created 3 new infant and toddler resources. There were 7,293 completions of Infant/Toddler related trainings.

This year, efforts related to infant/toddler mental health were also a focus. OECOSL continued its partnership with Infancy Onward (Mental Health America of Indiana) to help expand Infant Toddler and Early Childhood Mental Health supports. OECOSL tracks the number of outreach events, and professional development opportunities to measure progress. Throughout this year, Infancy Onward staff completed 200 community meetings and training on infant and early childhood mental health. These professional development trainings also included professional development in partnership with Part C Early Intervention (First Steps). Infancy Onward was able to provide professional development focused on early childhood mental health through their annual conference to 700 professionals in partnership with Indiana's Part C program, First Steps. There are currently 98 Infant and Toddler Mental Health endorsed providers in the state of Indiana with 30 providers becoming endorsed this year. OECOSL looks forward to continuing this partnership to increase the number of endorsed providers and trainings offered to early care and education professionals.

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

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

**6.1 Spending – Child Care Resource and Referral Services**

**6.1.1 Spending – Child Care Resource and Referral Services:**

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

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

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to establish, expand, modify, or maintain a statewide CCR&R during October 1, 2023 to September 30, 2024? **\$6294012**

☐ Unable to report total amount spent. Indicate reason:

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

☐ No

**6.2 Progress Update**

**6.2.1 Progress Update – Child Care Resource and Referral Services:**

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



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

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. The Lead Agency will utilize a Coordinating Network for the CCR&R program. The Coordinating Network will provide guidance to local CCR&Rs on how to complete assessments, synthesize data and make service provision more consistent. The CCRRO will provide training, technical assistance and other support for the State's CCR&R system as well as be responsible for state-level data collection, analysis, and dissemination on early childhood care and education supply and demand, cost and quality, and CCR&R activities and services. As the Coordinating Network, CCRRO will support statewide programs and systems, such as: centralized early childhood consumer education and referral services, professional development and workforce registries and the online training platform. The 4 core services of the CCR&Rs are:

#### **Parent Education and Referral Support**

The CCR&R shall perform Parent Education and Referral Support services as a core local CCR&R responsibility. This service category focuses on providing families with information about the different types of early childhood care and education available that would meet their specific needs, access information about the characteristics of a quality early childhood program and receive information about other community resources.

#### **Program Services**

The CCR&R shall perform Program Services as a core local CCR&R responsibility. This service category focuses on supporting early childhood programs, assistance with starting the business of a child care or family child care home, training on Indiana state licensing requirements, and recommendations for operating a quality early childhood program.

#### **Public Awareness and Engagement**

The CCR&R shall perform Public Awareness and Engagement services as a core local CCR&R responsibility. This service category focuses on promoting awareness of local CCR&R services and providing community members and organizations with information about the supply and demand for early childhood care and education, including information on the types of programs available, the types of programs parents are asking for, and the gaps

between the two.

### **Data Collection and Assessment**

The CCR&R shall perform Data Collection and Assessment duties as part of their local CCR&R agency responsibilities. This responsibility category focuses on ensuring that all relevant performance data and information on families, programs, community organizations, and the local CCR&R agency itself is collected, utilized, and stored for quality improvement and monitoring purposes.

Each CCR&R is held accountable to these outcomes through monthly contract monitoring teleconferences between the Lead Agency and CCR&RCO. The local agency is responsible for ensuring correct data entry prior to these monitoring calls. Each outcome measure is discussed in coordination with the accompanying data. The lead agency has identified metrics to use to track CCR&R performance and adherence to the requirements of the Contract. These performance measures shall be tracked over the course of the Contract. Should the CCR&R fail to meet any of the performance measures, the lead agency may enforce corrective actions and monetary withholds as outlined in the agreements. CCR&Rs will be measured on the following long term outcome indicators:

In order to ensure that the Parent Education and Referral Support key responsibilities are met, these long term outcome indicators shall be used as a way to measure successful delivery of services:

Increased parental satisfaction with the supports and services provided by the local CCR&R agency.

Improved parental knowledge of characteristics of high quality early childhood care and education after contact with the local CCR&R agency.

Increased support of parents' employment, education, or related experiences through early childhood care and education.

Decreased limitation of parents' employment, education, or related experiences due to quality, affordably, scheduling, stability or other early childhood care and education issues.

Increased family satisfaction with the early education system and access to needed supports.

Increased family self-sufficiency and ability to achieve personal goals related to access to high quality care and education.

Decreased number of early childhood care and education settings used by a specific child within the past two years, supporting greater child development and continuity of care and education.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.5.2 of the FFY 2022-2024 CCDF Plan: For October 1 to September 30 of the last federal fiscal year, the Lead Agency had contracts with the Child Care Resource and Referral Central Office and five regional Child Care Resource and Referral agencies. Within each of the contracts for the five Child Care Resource and Referral agencies, long term outcome indicators of success were included for the core service areas of parent education and support, program services focused on supporting child care programs, public awareness and engagement, and data collection and assessment. In addition to those long-term indicators of success, performance measures were also placed into all five regional Child Care Resource and Referral agencies' contracts to track performance. Should any of the Child Care Resource and Referral agencies fail to meet any of the performance measures the Lead Agency may enforce corrective actions and financial penalties. OECOSL uses these performance measures to measure progress as outlined in section 7.5.2 of the CCDF State plan:

#### **Early Childhood Programs**

Our statewide goal for the Child Care Resource and Referral Network was to host 10 Provider Resource Fairs that provided access to all of the State funded partners as well as other local free or low-cost resources in 1 convenient place. This year 12 provider fairs were held across the state.

#### **CCDF Children in High Quality Programs**

The overall statewide goal for CCDF children in high quality programs was 60.7% and unfortunately, we ended the year slightly under our targeted goal at 58.7%. The Child Care Resource and Referral Network goal was to increase this number by establishing partnerships with eligibility offices and providing quality referrals to families. The Child Care Resource and Referral Network and Indiana 211 served 5,654 unique families with 7,222 referrals. This included 1,565 standard referrals and 5,658 enhanced referrals.

### Community Engagement Satisfaction

The Child Care Resource and Referral Network began using the “Net Promoter Score” in FFY20 to determine their community engagement satisfaction. Individual agencies will use and monitor this score while utilizing additional resources such as the Community Engagement Toolkit to promote their community engagement efforts. The goal for each Child Care Resource and Referral Agency was set individually to maintain or increase their Net Promoter Score. In this reporting period, all Child Care Resource and Referral agencies reported “excellent” scores according to the Net Promoter Score scale.

### Annual Data Reports

Each Child Care Resource and Referral Agency and the Central Office produced an annual qualitative and quantitative reports on the services being offered, as well as on the supply, demand, and quality of early childhood care and education that includes a gap analysis, no later than 30 days after the end of each contract year. Child Care Resource and Referral Agencies are asked to present this data to key stakeholders within their service delivery areas. These annual reports were also made available to other system partners to inform their collaborative efforts.

### Other Network Activities

The Child Care Resource and Referral Central Office has worked with national and local experts to create a 2 Generational framework, currently referred to as the “Child+” approach for the Child Care Resource and Referral Network. During this time, the Central Office and Child Care Resource and Referral staff have explored best practices to holistically supporting families with guidance from the Aspen Institute. Throughout year, the network expanded their role as child care navigators by leveraging community resources and partnerships. This FFY, 1,145 family needs assessments were completed resulting in 4,402 referrals to community organizations. This is an increase from FFY 23 since this has been implemented throughout the entire reporting period. From this, OECOSL was able to identify the top four needs for families who are seeking child care referrals are housing, goods, financial supports and health. Having this data has helped support OECOSL in creating and establishing new partnerships including connections to emergency housing partners.

Additionally, utilization of Business Engagement and Community Engagement Toolkits, created by the Central Office, help Child Care Resource and Referral Network staff in working with local employers and human resources departments as well as their work with local stakeholders and coalitions. These toolkits provided OECOSL the opportunity to track business and community engagement to measure progress monthly. This resulted in 843 outcomes with community organizations and businesses. Outcomes include but are not limited to presentations on data

and services to staff or community members, attending community events, and supporting employers in surveying employees.

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

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

**7.1 Complaints about providers**

**7.1.1 Number of Complaints about providers:**

How many complaints were received regarding providers during October 1, 2023 to September 30, 2024? **2,326**

**7.1.2 Spending - Complaints about providers:**

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

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

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

**7.2 Licensing Staff**

**7.2.1 Number of Licensing Staff:**

How many licensing staff positions were there in the state or territory during October 1, 2023 to September 30, 2024? Number of staff **48**

**7.2.2 Spending – Licensing Staff:**

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

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

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

☐ No

### **7.3 Health and Safety Standards Coaching and Technical Assistance**

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

How many child care programs received coaching or technical assistance to improve their understanding and adherence to CCDF health and safety standards as a result of an inspection or violation during October 1, 2023 to September 30, 2024? **198**

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

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

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

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

☐ No

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

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

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on facilitating compliance with lead agency requirements for inspections, monitoring, health and safety standards and training, and lead agency licensing standards during October 1, 2023 to September 30, 2024? **\$6012579**

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

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

## 7.5 Progress Update

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

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

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

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **The Lead Agency produces monthly licensing reports that track compliance data such as monthly and year-to-date numbers of providers with licensing non-compliances, probationary licenses, validated complaint information, and enforcement actions. The Lead Agency looks for trends in reports showing a decline in complaints and enforcement actions as a result of our strategies used for continuous quality improvement. Onsite licensing inspections include, but are not limited to, monitoring of training and health & safety requirements. The Lead Agency surveys providers frequently to measure the effectiveness of monitoring and technical assistance. Baseline data from these surveys was collected in the 2019-2020 FFY and will be monitored throughout this plan period. Additionally, OECOSL will continue to monitor non-compliances and follow up surveys through the state's QRIS as well as data from the Spark Learning Lab Help Desk and Brighter Futures Solution Center to determine additional supports and services to improve program quality.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.6.3 of the FFY 2022-2024 CCDF Plan: **As outlined in section 7.6.3 of the CCDF state plan, OECOSL monitors annual visits, non-compliances, and complaints to measure progress. The lead agency receives reports monthly**



to ensure that annual visits are completed on time and that complaints are responded to in an appropriate timeframe. The of programs with non-compliances was reduced with 2,543 reported in FFY23 and 2097 non-compliances in FFY24. The number of probationary licenses stayed at 92 during FFY 21 and 22; however, this increased to 106 in FFY23 and to 142 in FFY24. There were 2012 Paths to QUALITY insufficiencies in this reporting previous as compared to 2326 in the previous.

During this reporting period, the statewide technical assistance vendor, Spark Learning Lab, continued work to translate mandatory health and safety trainings into Spanish to increase accessibility. OECOSL monitors the number of trainings available in Spanish to track progress. There are 8 trainings offered in Spanish that have been accessed 658 times. The Universal Precautions training is now offered asynchronously in addition to being available through live webinar. In its third year, this was accessed 12,929 (an increase from 9,130 in FFY23) in English and 10 times in Spanish.

In partnership with Spark Learning Lab, a process for ensuring technical assistance to programs that have more serious or reoccurring health and safety violations was implemented. This need is identified by a referral from child care licensing consultant (a critical referral) or through the Program Growth Tool. Once a need is identified, a coach and the provider discuss the reason for the Quality Improvement Plan and the coach will work with the program to identify a measurable goal and action steps to meet that goal (including timelines, responsible parties, and potential barriers). The coach will link resources specific to the various action steps and goals and the coach will then monitor the program to revisit and update goals and action steps as necessary until completion. This process is not only aimed at supporting programs in maintaining compliance with licensing and monitoring requirements but also to provide technical assistance so programs can provide high quality programming around the health and safety components of care. Spark Learning Lab provided support and technical assistance for 198 critical referrals. We have seen this number increase from 133 FFY23 and 102 in FFY22.

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

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

**8.1 Evaluation and assessment of center-based programs**

**8.1.1 Evaluation and assessment of center-based programs:**

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

☒ QRIS

☒ CLASS

☐ ERS

☐ FCCERS

☐ ITERS

☐ State evaluation tool. Describe

☒ Core Knowledge and Competency Framework

☒ Other. Describe **Indiana's Self-Assessment Tool, the Program Growth Tool (PGT), is comprised of seven standards with a total of 50 quality items utilizing a rubric based developmental continuum that offers a roadmap for advancing program quality from "Beginning" to "Excelling". The PGT quality continuum includes specific behaviors, benchmarks, and ultimately a scope and sequence a program can utilize to improve quality. There are four versions of the PGT, one for each program type (Center-Based, Family Child Care Homes, Ministries, School-Based) with questions tailored for each. The PGT can be completed at any time and as many times as a program's unique needs shift and are reprioritized. Once a program completes this assessment, Spark Learning Lab reaches out within 5 days to support the program in their quality improvement journey. In this reporting period, the PGT was completed by 21 child care providers.**

☐ Do not evaluate and assess quality and effective practice

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

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

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

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

☐ No

## 8.2 Evaluation and assessment of family child care programs

### 8.2.1 Evaluation and assessment of family child care programs:

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

- ☒ QRIS
- ☒ CLASS
- ☐ ERS
- ☐ FCCERS
- ☐ ITERS
- ☐ State evaluation tool. Describe
- ☒ Core Knowledge and Competency Framework
- ☒ Other. Describe **Indiana's Self-Assessment Tool, the Program Growth Tool (PGT), is comprised of seven standards with a total of 50 quality items utilizing a rubric based developmental continuum that offers a roadmap for advancing program quality from "Beginning" to "Excelling". The PGT quality continuum includes specific behaviors, benchmarks, and ultimately a scope and sequence a program can utilize to improve quality. There are four versions of the PGT, one for each program type (Center-Based, Family Child Care Homes, Ministries, School-Based) with questions tailored for each. The PGT can be completed at any time and as many times as a program's unique needs shift and are reprioritized. Once a program completes this assessment, Spark Learning Lab reaches out within 5 days to support the program in their quality improvement journey. In this reporting period, the PGT was completed by 21 child care providers.**
- ☐ Do not evaluate and assess quality and effective practice

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

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

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

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

### **8.3 Spending - Evaluation and assessment of child care programs**

#### **8.3.1 Spending - Evaluation and assessment of child care programs:**

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on evaluating and assessing the quality of child care programs, practice, or child development during October 1, 2023 to September 30, 2024?  
**\$1647446**

☐ Unable to report total amount spent. Indicate reason:

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

### **8.4 Progress Update**

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

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

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

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **The Lead Agency establishes PTQ provider advancement and level maintenance goals to measure progress in improving program quality. Programs participating in the QRIS at levels 2,**

3 and 4 are rated annually by independent raters who assess program compliance with the quality indicators including health and safety. The number of insufficiencies is tracked in the monthly rating summary data reports, and programs receive follow-up technical assistance to address any insufficiencies. Trend data is monitored to evaluate progress over time and to help focus technical assistance needs within the system. In addition, the Lead Agency utilizes multiple progress indicators through its monitoring system, CCIS. Measurable indicators are reported and logged into CCIS, and those indicators include but are not limited to the following:

- Professional development and education qualifications and trainings
- Program administration
- Management and leadership trainings
- Environment and instruction qualifications via ratios
- Group sizes
- Health and safety
- Curriculum
- Child assessment
- Environment assessments
- Interaction measurements
- Provisions for children with special needs
- National accreditation.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.7.2 of the FFY 2022-2024 CCDF Plan: OECOSL closely monitors the number of Paths to QUALITY rating visits to measure progress as outlined in section 7.7.2 of the CCDF state plan. 1,882 rating visits were conducted this reporting period – an increase of 74 visits from the previous year. The number of PTQ insufficiencies increased this year from 2,066 to 2,366. While this does correlate with the increased number of programs participating and the increase in rating visits, OECOSL has seen an increase in insufficiencies in all auspices except for legally exempt center based programs.

It's also important to note that of the 27 programs who requested, 26 programs were approved for Inactive Voluntary Status (IVS ) during this reporting period. IVS provides a program up to 90 days without needing to have a visit in the event of a medical or family emergency or natural disaster. The request for IVS continues to decline from previous years.

OECOSL closely monitors the number of days from schedule to rating completion, distribution

of ratings by program type, participation percentage by program type, amount of time to complete ratings, and common barriers to successful ratings to track progress. Performance measures to measure progress for evaluating quality include ensuring:

95% of ratings are not appealed and overturned

90% of assessments result in satisfactory rating or better

95% of ratings are completed within 30 days from the rating request

85% inter-rater reliability

## 9) Supporting child care providers in the voluntary pursuit of accreditation

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

### 9.1 Accreditation Support

#### 9.1.1 Accreditation Support:

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

☒ Yes, providers were supported in their pursuit of accreditation

- a. Licensed center-based programs **167**
- b. License-exempt center-based programs **39**
- c. Licensed family child care homes **120**
- d. License-exempt family child care homes (care in providers' home) **0**
- e. Programs serving children who receive CCDF subsidy **317**

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

☐ N/A. Describe:

#### 9.1.2 Spending – Accreditation Support:

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

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

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

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on accreditation during October 1, 2023 to September 30, 2024? **\$956817**

☐ Unable to report total amount spent. Indicate reason:

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

☐ No

## 9.2 Progress Update

### 9.2.1 Progress Update – Accreditation Support:

Supporting providers in the voluntary pursuit of accreditation.

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

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

**The Lead Agency establishes PTQ provider advancement and level maintenance goals to measure progress in improving program quality. Programs participating in the QRIS at levels 2, 3 and 4 are rated annually by independent raters who assess program compliance with the quality indicators including health and safety. The number of insufficiencies is tracked in the monthly rating summary data reports, and programs receive follow-up technical assistance to address any insufficiencies. Trend data is monitored to evaluate progress over time and to help focus technical assistance needs within the system. In addition, the Lead Agency utilizes multiple progress indicators through its monitoring system, CCIS. Measurable indicators are reported and logged into CCIS, and those indicators include but are not limited to the following:**

Professional development and education qualifications and trainings

Program administration

Management and leadership trainings

Environment and instruction qualifications via ratios

Groups sizes

Health and safety

Curriculum

Child assessment

Environment assessments

Interaction measurements

Provisions for children with special needs

National accreditation.

The data in the Lead Agency's system clearly indicates an increase in PTQ enrolled providers



and an increase in level attainment within PTQ. This is aligned to national accreditation as accreditation is equivalent to Paths to QUALITY(TM) Level 4.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.8.2 of the FFY 2022-2024 CCDF Plan: The Lead Agency monitors the number of accredited programs (Paths to Quality Level 4) by setting yearly goals for achieving/maintaining Accreditation to measure progress as outlined in section 7.8.2 of the CCDF state plan. These goals are reviewed with the contractor (Indiana AEYC) monthly to ensure progress towards successful completion of the yearly goal. Our goal for this reporting period was to maintain the number of accreditations. In FFY24, we saw an increase in the number of initial accreditations with 43 programs obtaining their initial accreditation; however, we also saw a decrease of 43 accredited programs. 23 providers closed and 20 programs lost their accreditation. In total, we had 461 accredited programs at the end of FFY24. Of these programs, 116 were supported by the Indiana Accreditation project for initial accreditation or renewal fees.

This year, Spark Learning Lab hosted accreditation cohorts and engaged with 56 programs. They also created 7 additional resources for programs pursuing accreditation.

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

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

**10.1 High-Quality Program Standards**

**10.1.1 High-Quality Program Standards:**

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

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

☒ Health, nutrition, and safety of child care settings

☒ Physical activity and physical development in child care settings

☒ Mental health of children

☒ Learning environment and curriculum

☐ Ratios and group size

☒ Staff/provider qualifications and professional development

☒ Teacher/provider-child relationships

☒ Teacher/provider instructional practices

☒ Family partnerships and family strengthening

☐ Other. Describe:

☒ Early Learning Guidelines

☐ State Framework. Describe

☒ Core Knowledge and Competencies

☐ Other. Describe

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

**10.1.2 Spending - High-Quality Program Standards:**

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

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

☒ CCDF quality funds

☐ Non-CCDF funds

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

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to support providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development during October 1, 2023 to September 30, 2024? **\$602951**

- ☐ Unable to report total amount spent. Indicate reason:

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

- ☐ No

## 10.2 Progress Update

### 10.2.1 Progress Update - High-Quality Program Standards:

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

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

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **Trend data is monitored to evaluate progress over time and to help focus technical assistance needs within the system. In addition, the Lead Agency utilizes multiple progress indicators through its monitoring system, CCIS. Measurable indicators are reported and logged into CCIS, and those indicators include but are not limited to the following: professional development and education qualifications and trainings; program administration, management and leadership trainings, environment and instruction qualifications via ratios, groups sizes, health and safety, curriculum, child assessment, environment assessments, interaction measurements and provisions for children with special needs as well as accreditation. The data in the Lead Agency's system clearly indicates an increase in PTQ enrolled providers and an increase in level attainment within PTQ. Additionally, the On My Way Pre-K evaluation, being conducted by Purdue University, is a longitudinal study which will follow the children through third grade and provide rich data on child outcomes and growth.**

Data from the Self-Assessment Tool can be used to track program goals and progress. The Self-Assessment Tool comprises seven (7) standards with a total of 46 quality items utilizing a rubric-based developmental continuum that offers a roadmap for advancing program quality from “Beginning” to “Excelling”. The Self-Assessment Tool quality continuum includes specific behaviors, benchmarks, and ultimately a scope and sequence a program can use to improve quality. There are four (4) versions of the Self-Assessment Tool, one for each program type (Center-Based, Family Child Care Homes, Ministries, School-Based) with questions tailored for each. The Self-Assessment Tool can be completed at any time and as many times as a program’s unique needs shift and are reprioritized. The Self-Assessment Tool has been available in the state of Indiana since April 2020 and has been completed More than 600 times in the first two years (April 2020-January 2023), including completions by all four program types (homes, centers, ministries, and school-based). Our goal will be to increase participation across all four program types.

Additionally, IAN maintains the Indiana Quality Program Self-Assessment (IN-QPSA) which is an online strengths-based self-assessment tool that enables youth programs to rate their performance based on the Indiana Afterschool Standards and Specialty Standards. The IN-QPSA can help OST programs:

- Identify and understand the factors that support or inhibit top performance
- Use data to drive decisions.
- Take action and make positive changes.
- Continue to grow, learn and improve.
- Maximize positive impact for staff, youth, families and community partners.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.9.2 of the FFY 2022-2024 CCDF Plan: OECOSL uses trend data from the Paths to QUALITY system to monitor progress as outlined in section 7.9.2 of the CCDF State Plan. Programs participating at levels 2, 3 and 4 are evaluated annually by independent raters who assess a program's compliance with the quality indicators, including health and safety. Programs may choose to request a level advancement, decrease, or

maintain the same rating on an annual basis. OECOSL measures progress by reviewing the number of insufficiencies monthly. Programs receive follow-up technical assistance to support the correction of insufficiencies.

Trend data is monitored to evaluate progress over time and to help focus technical assistance needs within the system. In FFY24, the state monitored the top 5 insufficiencies per auspice to support technical assistance:

Top 5 PTQ Rating Insufficiencies for Current Year (by Description)

Displays of children's art are available at children's eye level and show that most art work is exploratory and unique to each child ¶ 182

Children's physical, cognitive, language, literacy, math, and creative development is supported ¶ 131

At least 50% caregivers, including the lead caregiver, annually participate in a minimum of 20 clock hours of educational or in-service training focused on topics relevant to early childhood ¶ 77

Children should be given several free choice periods daily. ¶ 77

Children are actively engaged throughout the day in making choices about activities and materials.- 75

OECOSL was pleased to know that the Foundations Training is no longer a top 5 insufficiency as we continued to see increases in providers taking the training online.

OECOSL has also started to track the number of referrals to technical assistance related to rating visit insufficiencies. In this FFY, there were 97 referrals to technical assistance for post rating visit support.

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

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

### 11.1 Sustainability funding to child care providers

#### 11.1.1 Sustainability funding to child care providers:

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

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

☐ Licensed center-based programs

☐ License-exempt center-based programs

☐ Licensed family child care homes

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

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

☐ Other (explain)

☒ No.

☐ N/A. Describe:

#### 11.1.2 Spending – Sustainability funding to child care providers:

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

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

☐ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☒ No

### 11.2 Data Systems Investment

### 11.2.1 Data Systems Investment:

Did the state/territory invest in data systems to support equitable access to child care (e.g., modernizing and maintaining systems; technology upgrades and data governance improvements to provide more transparent and updated information to parents; a workforce registry; updated QRIS systems; CCR&R updates; monitoring systems) from October 1, 2023 to September 30, 2024?

☒ Yes. Describe: **The state is currently working with Deloitte Consulting to design, develop, and implement a new child care system including a comprehensive family portal, provider and educator portal, case management system, learning management system and business intelligence and reporting.**

☐ No

### 11.2.2 Spending - Data Systems Investment:

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

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

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

## 11.3 Supply and Demand Analysis

### 11.3.1 Supply and Demand Analysis:

Did the state/territory conduct an analysis of supply and demand or other needs assessment to identify areas of focus to build supply or target funding from October 1, 2023 to September 30, 2024?

☒ Yes. Describe findings: **The individual agencies within the Child Care Resource and Referral Network complete an annual report that includes an analysis of the supply and**

demand for child care across all age groups within their service delivery area. This information is then used to inform key community stakeholders and drive capacity building efforts by the agency and their program engagement team. The Child Care Resource and Referral Central Office within Early Learning Indiana updated their assessment of Indiana's early learning opportunities providing the outcomes of this assessment in the "Closing the Gap" report and an interactive map in FFY23. This used a new methodology, the Early Learning Index, that attempts to both qualify and quantify child care access throughout Indiana. This method moves away from viewing access as a capacity supply and demand equation and layers in the additional components of quality, affordability, and choice. These four elements, viewed in context with one another, offer a more robust assessment of Hoosier families' ability to access early learning opportunities that suit their needs. The executive summary, report, and interactive map can be found here: <https://earlylearningin.org/closing-the-gap/> . This information will also be used by the Child Care Resource and Referral Agencies to inform community stakeholders and support capacity building efforts across the state. Starting in April of 2021, the state has asked providers to complete a monthly enrollment report that includes enrollment information compared to capacity, vacancies, and open teaching positions. OECOSL also worked with Worklife Systems our child care referral database to implement opportunity for child care programs to update vacancies and rates directly in the referral system. This information has been used in this reporting period to support the Child Care Resource and Referral Network in providing family referrals with better data about vacancies across age and drive system level changes in quality supports available.

☐ No

### 11.3.2 Spending - Supply and Demand Analysis:

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

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

☒ CCDF quality funds

☐ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:



☐ No

#### **11.4 Supply and Demand Initiatives**

##### **11.4.1 Supply and Demand Initiatives:**

Did the state/territory implement initiatives designed to address supply and demand issues related to child care deserts and/or vulnerable populations (such as infants and toddlers, children with disabilities, English language learners, and children who need child care during non-traditional hours) during October 1, 2023 to September 30, 2024? Check all that apply.

☒ Child care deserts

☒ Infants/toddlers

☐ Children with disabilities

☐ English language learners

☐ Children who need child care during non-traditional hours

☐ Other. Describe:

##### **11.4.2 Spending - Supply and Demand Initiatives:**

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

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

☒ CCDF quality funds

☒ Non-CCDF funds

☐ CARES funds

☐ CRRSA Funds

☐ ARP Supplemental Discretionary

☐ ARP Stabilization 10% set-aside

☐ Unable to report. Indicate reason:

☐ No

#### **11.5 Provider Compensation and Benefits**

##### **11.5.1 Spending - Provider Compensation and Benefits:**

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

- ☐ Financial bonuses (not tied to education levels)
- ☐ Salary enhancements/wage supplements
- ☐ Health insurance coverage
- ☐ Dental insurance coverage
- ☐ Retirement benefits
- ☐ Loan Forgiveness programs
- ☒ Mental Health/Wellness programs **358**
- ☐ Start up funds
- ☐ Other. Describe:
- ☐ N/A. Describe:

#### **11.5.2 Spending - Provider Compensation and Benefits:**

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

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

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

☐ No

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

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

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on other activities to improve the quality of child care services during October 1, 2023 to September 30, 2024? **\$9019959**

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

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

## 11.7 Progress Update

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

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

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

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

**In addition to the above noted program monitoring indicators, Indiana’s state-funded pre-K pilot program, On My Way Pre-K, has expanded the enrollment of low-income four year-old children in high-quality early childhood settings in all counties. Children enrolled in this program will now have an opportunity to both attend pre-K and be better prepared for kindergarten. This program requires services through a mixed delivery system which includes public schools and licensed or registered child care providers who have achieved a Level 3 or Level 4 in PTQ. Accredited private schools are also eligible to participate in the On My Way Pre-K program. Approved programs are monitored and rated yearly through our PTQ system. The pre-K program have expanded the number of high quality Level 3 and Level 4 programs in Indiana and, as a result, have also increased the number of quality slots in Indiana for all children. The program requires teachers to complete a pre and post KRI (Kindergarten Readiness Indicator) for each child funded by the grant. Many programs have been trained to implement the assessment and have completed them for the 2020-21 school year.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.10.2 of the 2022-2024 CCDF Plan: **As outlined in section 7.10.1 of Indiana’s CCDF State plan, OECOSL set goals related to On My Way Pre-K child enrollment. In the 2024-2025 school year, OECOSL saw steady numbers of enrollment with 6,018 (813 limited eligibility and 5205 regular children served. Average grant costs were \$10690 per child (\$11,440 regular and \$5,870 limited eligibly).**

**In addition to continuing to support On My Way Pre-K, OECOSL supported the Governor initiated Employer-Sponsored Child Care Fund which provided seed funding for employers and**

local communities to expand employer-subsidized child care benefits to address growing local child care needs. Through the effort, the state hopes to increase child care access and support for working Hoosier families. Eligible applicants requested funding to expand or implement child care benefits through several support category options, empowering them to choose what is most appropriate for their business or local employer community. Of the 85 grants awarded, 41 were awarded for the creation onsite or near site child care programs.

OECOSL continued to partner with Spark Learning Lab and Kids Count Therapy to pilot cohort opportunities. These cohorts were focused on mental health and challenging behaviors in a and expanded from the original three counties to nine counties throughout Indiana. 154 different providers participated in these cohorts with a potential impact on 11,896 children. OECOSL is engaging with Indiana University to evaluate the success of all mental health programs and supports and engaging in continuous quality improvement as the evaluation unfolds in phases. In addition to the cohort opportunities, OECOSL continued partnerships with SPARK Learning Lab to provide Learn the Signs Act Early trainings which offer professional develop opportunities on a wide range of developmental and mental health topics.

The Building Wellness program was also launched in partnership with SPARK Learning Lab and ComPsych. Through this shared employee assistance program, child care employees and program owners had access to free short-term counseling, legal and financial consultation, work-life assistance and crisis intervention services.

## 12) Annual Report

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

### 12.1 Annual Report and Changes

#### 12.1.1 Annual Report:

Describe the annual review and assessment of serious injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible. **All serious injuries and deaths are investigated by a licensing consultant. The consultant visits the home or facility and coordinates with the Department of Child Services and police (when those agencies are involved) to investigate the incident. When the licensing team has a confirmed harmful injury or death of a child, they take steps to move forward with an enforcement against that child care providers license or registration and CCDF to ensure that child care provider is aware of the severity of the incident. Negative enforcement always follows the discovery of noncompliance. The type of negative enforcement strategy to be employed is determined in part by the degree and extent of noncompliance with the rules and the risks to the children being impacted by the noncompliance.**

**A home/facility is cited for any violations of laws and regulations that govern that location. Follow up visits are made to ensure compliance of any citations. Reports are generated based upon any fatalities or serious injuries that are analyzed by OECOSL for patterns that then inform policy changes.**

#### 12.1.2 Annual Report Changes:

Describe any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on the annual review and assessment. **OECOSL has aligned the background check consent with the timeline for completed background checks. Professionals now need to have an updated consent completed every three years with their background check including fingerprinting. Previously, professionals completed their consent yearly and fingerprinting every three years.**