YWCA Early Child Development and Education and YWCA Propel Braddock Hills are Now Accepting Enrollments for Pennsylvania Pre-K Counts for 2021-2022 School Year

Pittsburgh—YWCA Homewood-Brushton Early Child Development and Education is now accepting applications to enroll eligible families and their children in its free Pennsylvania Pre-K Counts early childhood education program.

A state-funded initiative that enables school districts, Head Start providers, child care centers and nursery schools to deliver high-quality pre-kindergarten to three- and four-year-old children, Pennsylvania Pre-K Counts is available at no cost to eligible families. Children must be between age three and the entry age for kindergarten and living in families earning up to 300 percent of the poverty level (family of four with gross income of $79,500). Children may also be impacted by other risk factors, such as English Language Learners, family in the child welfare system, or having disabilities or developmental delays.

Pennsylvania Pre-K Counts classrooms are all required to have qualified teachers with the education and expertise to teach young children, small class sizes, a curriculum aligned with the Pennsylvania Early Learning standards, regular assessment of children’s progress and program performance reports. For example, the percentage of four-year olds with proficient academic and social skills tripled to 82 percent after participating in PA Pre-K Counts programs in 2014-15.

YWCA Homewood-Brushton Early Child Development and Education is a Keystone STARS 4 facility and is licensed by the Department of Public Welfare. The YWCA Homewood-Brushton Early Child Development and Education provides a rich learning environment with curricula that are developmentally appropriate to each child’s individual needs. Learning and exploring are hands-on and are facilitated through interest areas. Our program is designed to enhance children’s development in the following areas: creativity, self-expression, decision making, problem solving, responsibility, independence and reasoning. The curriculum is based on the observations of children and their interests and will be accomplished through a vehicle of quality adult interactions and the play experiences of the child. We further believe that a high-quality early childhood program incorporates safe and nurturing environments that promote physical, social, emotional, and cognitive development of children and a genuine response to the needs of families.

Our curriculum is cross-walked with the Pennsylvania Early Learning Standards and learning outcomes are based on the following areas: Language and Literacy, Mathematical Thinking, Scientific Thinking, Social Studies, The Arts, Physical Development and Health.

There are 48 full-time and no part-time slots available for Pennsylvania Pre-K Counts with the YWCA Homewood-Brushton Early Child Development and Education.

There are 18 full-time and no part time slots available for Pennsylvania Pre-K Counts at the YWCA Propel Braddock Hills location.

Available slots are all expected to fill quickly and there will be a waiting list, so families are encouraged to sign up as soon as possible. Families interested in enrolling their children in Pennsylvania Pre-K Counts should contact 412.361.6433 to discuss the application process and to arrange a visit to tour the facility and experience a quality early childhood classroom in action. Enroll today!
# 2021 PA Pre-K Counts Enrollment Form

(This information is confidential to the PA Pre-K Counts program)

## Date Form Completed: ___ / ___ / ___

<table>
<thead>
<tr>
<th>MM</th>
<th>DD</th>
<th>YY</th>
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</thead>
</table>

## YWCA Homewood-Brushton

## YWCA Propel Braddock Hills School

### Last Name (Child) | First Name (Child) | Middle Initial
---|---|---

### Street Address | County

### City | State | Zip Code
---|---|---

### School District of Residence

### Home Phone | Work Phone | Email Address
---|---|---

### Child's Date of Birth | Age | Gender
---|---|---

| 2 | 3 | 4 | 5 |

| Male | Female |

*STAFF: Verify age prior to enrollment*

### Is your child able to independently use the bathroom? | Yes | No
---|---|

### Race (optional)

- [ ] Black or African American
- [ ] Asian
- [ ] Native Hawaiian or Pacific
- [ ] Not Applicable

### American Indian or Alaskan

- [ ] White
- [ ] Other

### Ethnicity (optional)

- [ ] Hispanic
- [ ] Non-Hispanic
- [ ] Not Applicable

### Primary Language

- [ ] English
- [ ] Spanish
- [ ] Other

(please specify)

### Last Name (Legal Guardian) | First Name (Legal Guardian) | Gender
---|---|---

- [ ] Male
- [ ] Female

### Relationship to Child | (Select)
---|---

- [ ] Father
- [ ] Mother
- [ ] Guardian
- [ ] Other

(please specify) | (please specify)
Role
☐ Primary Guardian
☐ Secondary Guardian
☐ Legal Guardian
☐ Other
(please specify)

Household (Family) Size
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8  ☐ ___

Household Income (required) check box:
☐ Less Than $5,000
☐ $5,001-$10,000
☐ $10,001-$15,000
☐ $15,001-$20,000
☐ $20,001-$25,000
☐ $25,001-$30,000
☐ $30,001-$35,000
☐ $35,001-$40,000
☐ $40,001-$45,000
☐ $45,001-$50,000
☐ $50,001-$60,000
☐ $60,001-$70,000
☐ $70,001-$100,000
☐ More Than $100,000

2021 Federal Poverty Level Guidelines

<table>
<thead>
<tr>
<th>300% Family Size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$38,640</td>
<td>$3,220</td>
<td>$743</td>
</tr>
<tr>
<td>2</td>
<td>$52,260</td>
<td>$4,355</td>
<td>$1,005</td>
</tr>
<tr>
<td>3</td>
<td>$65,880</td>
<td>$5,490</td>
<td>$1,267</td>
</tr>
<tr>
<td>4</td>
<td>$79,500</td>
<td>$6,625</td>
<td>$1,529</td>
</tr>
<tr>
<td>5</td>
<td>$93,120</td>
<td>$7,760</td>
<td>$1,791</td>
</tr>
<tr>
<td>6</td>
<td>$106,740</td>
<td>$8,895</td>
<td>$2,053</td>
</tr>
<tr>
<td>7</td>
<td>$120,360</td>
<td>$10,030</td>
<td>$2,315</td>
</tr>
<tr>
<td>8</td>
<td>$133,980</td>
<td>$11,164</td>
<td>$2,577</td>
</tr>
<tr>
<td>Each Additional</td>
<td>$13,620</td>
<td>$1,135</td>
<td>$262</td>
</tr>
</tbody>
</table>

Actual Annual Verified Gross Household (Family) Income: $______

*STAFF: Attach copies of documents used to verify income prior to enrollment.

☐ Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income. See Federal Poverty Level Guidelines relative to family size (must be verified prior to enrollment).

Please include the date and the signature of parent or guardian and the staff person to document that any family who is Head Start income eligible (100% of FPL or below) has been informed of their eligibility for Head Start.

Parent Signature ___________________________ Date ________

Staff Signature ___________________________ Date ________ or Check if not applicable

Updated January 28, 2021
### Other Child Eligibility Risk Factor Criterion (Must check all that apply):

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Behavioral Supports:</td>
<td>A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.</td>
</tr>
<tr>
<td>☐ Child Protective Services:</td>
<td>A child who is a foster child, a kinship care child or receiving Children and Youth services.</td>
</tr>
<tr>
<td>☐ Education Level of Guardian:</td>
<td>Does not have high school diploma or GED or post-secondary degree.</td>
</tr>
<tr>
<td>☐ English Language Learner:</td>
<td>A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.</td>
</tr>
<tr>
<td>☐ Individualized Education Plan (IEP):</td>
<td>A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.</td>
</tr>
<tr>
<td>☐ Incarcerated Parent:</td>
<td>A child for whom one of the child’s parents is currently in prison.</td>
</tr>
</tbody>
</table>
| ☐ Homeless: | A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:  
  A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;  
  B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;  
  C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings. |
| ☐ Migrant (Non-Immigrant)/Seasonal Student: | A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming. |
| ☐ Teen Mother: | A child whose mother was under the age of 18 when the child was born. |
| ☐ Child has None of the Risk Factors Listed |  |

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

Information from this application will be used for ongoing reporting/monitoring and assessment on a secured web-based system that is shared with the Lead Agency affiliated with this agency.

**Parent/Guardian (Signature) ___________________________ Date ____________**

**Parent/Guardian Name (Print Name) ___________________________**

**Staff Verifying Income and Risk Factors (Signature) ___________________________ Date ____________**

*Updated January 29, 2021*
Screening Permission Form

Child's Name_________________________________________ Date of Birth_____________________________________

Parent Name (Please print)_______________________________

I give permission for my child, ___________________________ to be given a developmental screening by YWCA of Greater Pittsburgh: Homewood-Brunston Center. I understand that this screening is a requirement of the Pennsylvania Pre-K Counts Program and that I will be informed of any results which indicate the need for further professional evaluation. I understand that I have the right to be present during any screening or examination. I understand that I have the right to refuse to participate in any screening or examination. If I refuse these services, I must obtain the developmental screening and provide to the Program within 30 days of the date of refusal. Otherwise, my child will be placed on the waiting list until proof of these services is obtained.

Signed_________________________________________ Date________________

Relationship to Child_________________________________________
Early Intervention Office
Screening Permission Form

Child's Name ___________________________ Date of Birth ___________________________

Parent Name (Please print) ___________________________

Address ___________________________ Zip code ___________________________

Home Phone ___________________________ Cell Phone ___________________________

Screening Location/Preschool ___________________________

To be eligible for this screening your child must be a resident of the City of Pittsburgh and also be within the ages of 2 years 9 months old to 5 years old (as of September 1). (Allegheny County residents outside of the City of Pittsburgh can contact ALIUDART Program (412-394-5736) to request a screening. Children below the age of 3 can contact The Alliance for Infants and Toddlers (412-885-6000) to request a screening).

I give permission for my child, ___________________________________________ to be given a developmental screening by the Pittsburgh Public Schools Early Intervention Program. The results of this screening will be shared with the parent/guardian and used for professional purpose only.

Signed ___________________________ Date ___________________________

Relationship to Child ___________________________

EXCELLENCE Pittsburgh Public Schools

We are an equal rights and opportunity school district | www.pgh.k12.pa.us
Request for
Income Verification and Birthdate Verification
for PA Pre-K Counts/ELRC Program Participants

Name of PA Pre-K Counts Facility: ____________________________

Parent’s/Caretaker’s Name: ________________________________

Child’s Name: ____________________________

ELRC Record Number (if known): __________________________

I give ELRC permission to release Income Verification and Birthdate Verification by providing the Eligibility Detail Page from PELICAN to my child’s PA Pre-K Counts Program.

______________________________  __________________
Parent’s/Caretaker’s Signature  Date

Revised 8.27.19
Request for Income Verification and Birthdate Verification for PA Pre-K Counties ERC Program Participants

Name of PA Pre-K County Facility:

Parent/Attorney's Name:

Child's Name:

ERC Record Number (if known):

I give ERC permission to release Income Verification and Birthdate Verification
by providing the following details from ERC Form to my child's PA Pre-K
County Program.

Date

Program Administrator's Signature
A parent of one of your students has requested assistance with child care costs for PA Pre-K Counts wrap-around care. We must verify their child's enrollment and schedule in your PA Pre-K Counts program. This form has been provided for this purpose.

It is very important that the boxed area below is filled out in its entirety. Hours must be defined as either AM or PM (e.g. 7:30 AM - 3:30 PM).

Thank you for your time and assistance. If you have any questions about the Child Care Works program or regarding how to complete this Verification of Enrollment form, please contact the Early Learning Resource Center Region 5 below.

## AN AUTHORIZED PRE-K COUNTS REPRESENTATIVE MUST COMPLETE THIS AREA

<table>
<thead>
<tr>
<th>PA Pre-K Counts Program Information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program name: _____________________</td>
<td>Contact person: ___________________</td>
</tr>
<tr>
<td>Program address: ___________________</td>
<td></td>
</tr>
<tr>
<td>County: __________________________</td>
<td>Program phone: ____________________</td>
</tr>
<tr>
<td>Parent/Child Information:</td>
<td></td>
</tr>
<tr>
<td>Child’s name: _____________________</td>
<td>Child’s date of birth: ______________</td>
</tr>
<tr>
<td>Parent’s address: __________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PA Pre-K Counts Program Schedule (specific to the child listed above):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment begin date: ______________</td>
</tr>
<tr>
<td>Daily begin time: ______________ AM/PM</td>
</tr>
</tbody>
</table>

This form provides verification from the PA Pre-K Counts Program to the ELRC5 that this child is enrolled in the above-named PA Pre-K Counts program. I affirm that all information I have given on this form is true, correct and complete to the best of my ability, knowledge and belief.

If the above-named child is withdrawn from my Pre-K Counts Program before the program end date, I will notify the ELRC5 listed below in writing (email, letter, fax, etc.) immediately.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title/Position</th>
<th>Date</th>
</tr>
</thead>
</table>

## PA Pre-K Counts and Child Care Works Information Release:

The ____________________________ authorizes and requests the PA Pre-K Counts program disclose to the ELRC5 all information contained in this form to verify my child's enrollment in PA Pre-K Counts and the Child Care Works program.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

## EARLY LEARNING RESOURCE CENTER for REGION 5
(Serving Allegheny County)
Main Office:
ELRC Region 5
304 Wood Street, STE 400
Pittsburgh, PA 15222-1928

Phone: 412.350.3577
Toll-Free: 1.888.340.3572
Fax: 412.350.3575
### Child Health Report

(55 PA Code §§3270.131, 3280.131 and 3290.131)

**Child’s Name:**

**Parent/Guardian:**

**Date of Birth:**

**Home Phone:**

**Address:**

**Child Care Facility Name:**

**Facility Phone:**

**County:**

**Work Phone:**

☐ I authorize the child care staff and my child’s health professional to communicate directly if needed to clarify information on this form about my child.

**Parent’s Signature:**

---

**Do Not Omit Any Information**

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

**Health History and Medical Information Pertinent to Routine Child Care and Diagnosis/Treatment in Emergency (Describe, If Any):**

- None

**Describe All Medication and Any Special Diet the Child Receives and the Reason for Medication and Special Diet. All Medications a Child Receives Should Be Documented in the Event the Child Requires Emergency Medical Care. Attach Additional Sheets If Necessary:**

- None

**Child’s Allergies (Describe, If Any):**

- None

**List Any Health Problems or Special Needs and Recommended Treatment/Services. Attach Additional Sheets If Necessary to Describe the Plan for Care That Should Be Followed for the Child, Including Indication of Special Training Required for Staff, Equipment and Provision for Emergencies:**

- None

**In Your Assessment, Is the Child Able to Participate in Child Care and Does the Child Appear to Be Free From Contagious or Communicable Diseases?**

- Yes ☐ No ☐

☐ If No, Please Explain Your Answer:

---

**Has the Child Received All Age Appropriate Screenings Listed in the Routine Preventive Health Care Services Currently Recommended by the American Academy of Pediatrics? (See Schedule at [www.aap.org](http://www.aap.org))**

- Yes ☐ No ☐

**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**

**Vision (subjective until age 3)**

**Hearing (subjective until age 4)**

**Lead**

---

**Record Dates of Immunizations Below or Attach a Photocopy of the Child’s Immunization Record**

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep-B</td>
<td></td>
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<tr>
<td>Rotavirus</td>
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<td>DTP/DTP1D</td>
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<td>Hib</td>
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<tr>
<td>Pneumococcal</td>
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<tr>
<td>Polio</td>
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<tr>
<td>Influenza</td>
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<tr>
<td>MMR</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>Hep-A</td>
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</tr>
<tr>
<td>Meningococcal</td>
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<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

**Medical Care Provider:**

**Signature of Physician, CRNP or Physician’s Assistant:**

**Address:**

**Title:**

**Phone:**

**License Number:**

**Date Form Signed:**
CHILD HEALTH RECORD:

CHILD’S NAME: ___________________________  SEX: ________________  BIRTHDATE: ____________
HEAD START CENTER: ______________________  PHONE: __________________

ADDRESS: ________________________________

1. IS THE CHILD NOW RECEIVING:
   - Topical Fluoride Application? Yes/No/Unknown
   - Fluoridated water? Yes/No/Unknown
   - Fluoride Supplement diet? Yes/No/Unknown

   (tablets, liquid, ______)

2. DOES THE CHILD HAVE ANY TROUBLE WITH TEETH, GUMS, OR MOUTH THAN THE PARENT KNOWS ABOUT?

3. CHILD (____ HAS, ____ HAS NOT) PREVIOUSLY SEEN A DENTIST.
   - Dentist’s name: ___________________________
   - Date last visit: ___________________________

4. CHILD (____ IS, ____ IS NOT) UNDER A PHYSICIAN'S CARE.
   - Physician’s name: ________________________
   - Type: ___________________________

5. CHILD (____ IS, ____ IS NOT) RECEIVING MEDICATION.
   - Allergies: ___________ YES NO ___________
   - Liver Dis.: ___________ YES NO ___________
   - Asthma: ___________ YES NO ___________
   - Rheumatic Fever: ___________ YES NO ___________
   - Bleeding: ___________ YES NO ___________
   - Sickle Cell Dis.: ___________ YES NO ___________
   - Diabetes: ___________ YES NO ___________
   - Other (List Below): ___________ YES NO ___________
   - Epilepsy: ___________ YES NO ___________
   - Heart/Vascular Dis.: ___________ YES NO ___________

6. CHILD IS REPORTED TO HAVE (Give details or attach Health History, Form 2A).

   7. SOURCE OF REIMBURSEMENT OR SERVICES
      - □ EPSDT/Medicaid
      - □ Federal, State, or local Agency
      - □ Head Start
      - □ In-kind Provider
      - □ Parents/Guardians
      - □ Other (3rd Party)

8. PRIORITY GROUP
   - □ A. Needs Attention Immediately
   - □ B. Needs Attention Soon
   - □ C. Needs Routine Care

9. ORAL CONDITIONS BEFORE TREATMENT: missing (X), decayed (□□), or filled (□); indicate restorations you perform in item 10.

10. EXAMINATION AND TREATMENT RECORD (List recommended services in order).

<table>
<thead>
<tr>
<th>Tooth #</th>
<th>Surfaces</th>
<th>Description of Work</th>
<th>Treatment Approved</th>
<th>Date Service Performed</th>
<th>A.D.A. Procedure Number</th>
<th>Actual Charges (Fee)</th>
</tr>
</thead>
</table>

11. DENTAL NEEDS (Check one or more and return 3 copies to Head Start after first visit).
    - □ A. TREATMENT (restoration, pulp therapy, extraction)
    - □ B. CLEANING
    - □ C. FLUORIDE
    - □ D. OTHER
    - □ E. NO PROBLEMS

    Approximate number of visits ____________________________  Approximate cost ____________________________

12. CHILD ORAL HEALTH SUMMARY (Complete and return 2 copies to Head Start after final visit).
    All planned treatment (____ is, ____ is not) complete. If not, explain here, as well as items checked.

    □ a. Routine recall visits  □ c. Dietary problem(s)  □ e. Harmful oral habits
    □ b. Special home emphasis, oral hygiene  □ d. Developmental problem(s)  □ f. Needs fluoride supplement

I certify that I have completed the service(s) listed in Part II, Item 10, and that itemized charges do not exceed my usual and customary fees.

Signature ____________________________  Date ____________________________

INTERVIEWER: GO TO FORM 6
Zero Income Declaration Letter

Name (Parent/Guardian)  

Name (Child)  

Program Name  

Program Year  

I am signing this letter to declare that I currently do not have any income from any source. My financial support comes from (please describe):  

☐ I agree to notify the above program about changes in my income within 30 days of the change.  

☐ I certify that the information submitted is accurate and true to the best of my knowledge. I understand that by completing, signing, and dating this form, I declare I have no household income and that the information I am providing is correct. I understand that providing false information may result in denial of services.  

Parent Signature  

Date  

Reviewer Signature  

Date
In Pennsylvania, the Office of Child Development and Early Learning (OCDEL) provides funding to a variety of statewide early education programs including: Early Intervention Programs for Infants, Toddlers and Preschoolers, Head Start Supplemental Assistance Programs, Keystone STARS for regulated child care programs, and Pennsylvania Pre-K Counts programs.

Electronic data systems are needed to maintain individual child records and to collect data for improving early childhood programs. OCDEL and your local program use this data to make sure that early childhood programs are of high quality and will enhance the development of young children.

What is the Early Learning Network (ELN)?

The Early Learning Network (ELN) is Pennsylvania's electronic data system for gathering information on early childhood programs and for studying the development of children in those programs. ELN combines information about the program including the quality and experience of the staff, with information on your child's development over time. This information is then used to build and maintain high quality early childhood programs.

Pennsylvania's early childhood programs benefit from information in ELN. The information in ELN will be used to maintain a high level of quality across all early childhood programs, to provide information on the types of programs that work best for children, and to ensure that OCDEL is accountable for state funding that is invested in early childhood programs.

What Information is Collected in ELN?

The information collected in ELN was determined by statewide focus groups that included parents of young children, early childhood teachers, Early Intervention therapists, researchers, and administrators of early childhood programs. The focus groups reviewed the latest early childhood research to determine what information would be most helpful when making decisions about program quality.

As a family participating in a state funded early childhood program, you may find it helpful to know what data is collected about your child and family. Information collected in ELN includes:

- Program demographics (number of days open per week, number of hours per day, education, and experience of teachers or therapists, etc.);
- Family demographics (name, address, contact information, etc.);
- Child demographics (date of birth, program enrollment, etc.);
- For children in Early Intervention, your child's Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP); and
- Information on your child's progress as measured through an ongoing assessment of his/her development.

Updated 7/27/17
All of the information that you provide about your child and family will be maintained securely in ELN, following all state and federal data security requirements. Each child in ELN is given a unique identifying number, which provides security, continuity, and consistency.

As part of the process to give your child an identifying number, you may be asked for your child’s Social Security Number (SSN). Providing your child’s SSN is voluntary. Your decision to provide or not provide your child’s SSN will not impact your child’s enrollment in any OCDEL program.

ELN only asks for your child’s SSN once during the process of assigning your child a unique identifying number. By providing your child’s SSN, you help OCDEL ensure that all the data entered into ELN is as accurate as possible and that any required state or federal reporting is as accurate as possible. Your child’s SSN is never used in analyzing data.

Federal law requires OCDEL to provide the legal authority for its request for a social security number. That authority is different for each program, as follows: Infant/Toddler and Preschool Early Intervention program - 11 P.S. § 875-305; Head Start Supplemental Assistance program - 24P.S. § 15-1505-D(a); Pennsylvania Pre-K Counts – 24 P.S. §15-1513-D(1)); and Keystone STARS Child Care Centers - 62 P.S. §§ 911(a)(2), 911(b), 916, 1016, 1018.

### Who Can See My Child’s Information?

All information about your child is kept secure. All federal and state confidentiality, privacy and security requirements are honored. This means that:
- Your child’s program will have access to your child’s personally identifiable information;
- A child’s teacher or therapist will only be able to see information about the children with whom they work;
- Reports to the federal government do not identify specific children; only limited staff at the state level can see child level data and
- Information about your child will not be shared outside of your child’s program, except as permitted by law.

### How will ELN Measure My Child’s Progress?

ELN makes it possible to measure quality of early childhood programs and the impact that quality has on children’s development. It will do this by gathering information about children’s learning and development in areas such as:
- Approaches to Learning,
- Cognitive Thinking,
- Physical Development,
- Language and Literacy Development, and
- Social and Emotional Development

The United States Department of Education, Office of Special Education Programs (OSEP) requires every state to collect accountability data to determine the effectiveness of the Part C (Infant/Toddler) and Part B/619 (Preschool) Early Intervention programs. Progress for children participating in Early Intervention is determined in the following three child outcome measures:
- Positive Social Emotional Skills (including social relationships);
- Acquisition and Use of Knowledge and Skills (including early language/communication); and
- Use of Appropriate Behaviors to Meet Needs.

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Information on children's progress will be gathered using an authentic assessment tool. An authentic assessment tool is based on observations of your child in typical activities in their program. There are no formal tests, no traditional grades, and no "pass" or "fail." With these authentic assessment tools, your child's teacher will collect information about your child's development in a number of different ways. For example, your child's teacher or therapist will collect samples of your child's work, ask you what you've noticed about your child's development, and make observations during classroom activities or therapy sessions.

Teachers and therapists will observe and document your child's learning over time. In early childhood programs, information on your child's progress will be gathered several times during the year. In Early Intervention Programs, your child's progress will be gathered at the beginning and end of their participation in the Early Intervention program.

**How can Parents and Families Help?**

As a parent, you have a great deal of information about your child. Ask your child's teacher about your child's progress; talk with your child's therapist about what your child is learning and doing at home and in the community; and most importantly, ask about ways that you can help your child to learn, grow and develop.

**OCDEL values the time you spend helping us continue to shape the policies and programs that benefit children across the Commonwealth.**

For more information contact ELN
ra-eln@pa.gov

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