2022 Pre-K Counts Application Checklist   CHILD:_____

Please bring this form with **ALL** completed listed documents.
Upon acceptance, additional forms will need to be completed.

HOMEWOOD

_____ Pre-K Application

_____ Proof of Residence

_____ Verification of income   (*Must be 1 of the following*):

(W-2, Check Stubs (3), Tax Return, Employer letter, Foster Care Letter, SSI Letter, Zero income
letter – *must be notarized*, Child Support Letter, County Case Message, TANF Printout)

_____ Child Birth Certificate

_____ Screening Permission forms (2)

_____ Child Health History Form from **Well Child Visit** with
immunization records attached

We will need Extended Care services: ☐ YES   ☐ NO

_____ AM Slot   _____ both AM and PM

_____ PM Slot

---

* * * Office use only * * *

Parent Name_____

Parent Name_____

Child Name_____   D.O.B.___/___/_____

Date Application Received___/___/_____

Staff Signature_____

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PROPEL
SCHOOLS℠

YWCA Greater Pittsburgh - Homewood   T: 412-361-6433
Early Child Development & Education   F: 412-361-8601
6907 Frankstown Avenue   www.ywcapgh.org
Pittsburgh, PA   15208

YWCA Propel Braddock Hills
1500 Yost Boulevard, Suite 3
Pittsburgh, PA   15221

Cheryl R. Smith, M.Ed.   **Program Director**

YWCA Early Learning, Child Development & Education and YWCA Propel Braddock Hills are Now Accepting Enrollments for Pennsylvania Pre-K Counts for 2022-2023 School Year

Pittsburgh– YWCA Homewood-Brushton Early Learning, Child Development & 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 $83,250). 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 Learning, Child Development & Education is a Keystone STARS 4 facility and is licensed by the Department of Public Welfare. The YWCA Homewood-Brushton Early Learning, Child Development & 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 Learning, Child Development & 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!

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2022 PA Pre-K Counts Enrollment Form

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

Date Form Completed: _____ / _____ / _____
MM   DD   YY

☐ **YWCA Homewood-Brushton**

☐ **YWCA Propel Braddock Hills School**

Last Name (Child)	First Name (Child)	Middle Initial

Street Address		County	
City		State PA	Zip Code
School District of Residence			
Home Phone	Work Phone	Email Address	

Child's Date of Birth	Age ☐ 2 ☐ 3 ☐ 4 ☐ 5	Gender ☐ 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   ☐ American Indian or Alaskan Native
☐ Asian   ☐ White
☐ Native Hawaiian or Pacific Islander   ☐ Other
☐ Not Applicable

Ethnicity *(optional)*   **Primary Language**
☐ Hispanic   ☐ English
☐ Non-Hispanic   ☐ Spanish
☐ Not Applicable   ☐ Other _____
(please specify)

Name of Parent or Guardian completing this application	Gender ☐ Male ☐ Female

Relationship to Child   **(Select)**
☐ Father   ☐ Biological
☐ Mother   ☐ Foster
☐ Guardian   ☐ Adoptive
☐ Other _____   ☐ Other _____
(please specify)   (please specify)

1

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Role

☐ Primary Guardian   ☐ Legal Guardian

☐ Secondary Guardian   ☐ Other _____

(please specify)

List Household Members below for determination of family size *(required)*:

	Relationship to Child	Age
1	ENROLLING CHILD	
2		
3		
4		
5		
6		
7		
8		

Per PKC Statute, Regulations, and Guidance, the following members of the household are included in family size:

- Parent of the child (biological or adoptive mother or father, stepmother or stepfather, caretaker or spouse)
- A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated.
- A child who is 18 years of age or older but under 22 years of age who is enrolled in high school, a general educational development program, or a post-secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent on the income of the parent or caretaker or spouse of the parent or caretaker.
- Others supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program. *If counted toward family size, any applicable income of these persons must also be counted for eligibility purposes.*

Note: A family size value of one (1) with an income of $0 is entered when a foster child is applying for Pennsylvania Pre-K Counts.

DETERMINED FAMILY SIZE =

Employment Status of parent/guardian

☐ Employed Full-Time

☐ Employed Part-Time

☐ Unemployed

☐ Other _____

Employment Status of 2nd parent/guardian (if applicable)

☐ Employed Full-Time

☐ Employed Part-Time

☐ Unemployed

☐ Other _____

Household Income Sources *(Must check all that apply)*:

☐ Employment	☐ Self-Employment	☐ Unemployment Compensation	☐ Worker's Compensation	☐ TANF Cash payments
☐ Social Security	☐ SSI	☐ Child Support	☐ Alimony	☐ Other

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SCHOOLS

Other Child Eligibility Risk Factor Criterion *(Must check all that apply):*

☐	**Behavioral Supports:** 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.
☐	**Child Protective Services:** A child who is a foster child, a kinship care child or receiving Children and Youth services.
☐	**Education Level of Guardian:** Does not have high school diploma or GED or post-secondary degree.
☐	**English Language Learner:** A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
☐	**Individualized Education Plan (IEP):** 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.
☐	**Incarcerated Parent:** A child for whom one of the child's parents is currently in prison.
☐	**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 no risk factors.

To the best of my knowledge, the information provided in this application and the associated income documentation 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)

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FOR OFFICE USE ONLY

Income Verification

2022 Federal Poverty Level Guidelines

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	$13,590	$40,770
2	$18,310	$54,930
3	$23,030	$69,090
4	$27,750	$83,250
5	$32,470	$97,410
6	$37,190	$111,570
7	$41,910	$125,730
8	$46,630	$139,890
Each Additional	+$4,720	+$14,160 for each additional family member

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

*Attach copies of documents used to verify income prior to enrollment

Family Size (per PKC guidelines): _____

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

_____
Staff Verifying Income and Risk Factors Signature   **Date**

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

- -

For Head Start Eligible families (100% of FPL or below)   ☐ **Check if not applicable**

I have been informed of my child's eligibility for Head Start and given the following:

☐ Contact information for the following Head Start location _____
☐ Application and/or assistance with referral
☐ Brochure or website with information about Head Start

My signature below indicates that I have been informed about my options but may still choose to enroll in the Pre-K Counts program.

_____
Parent/Guardian Signature   **Date**

_____
Staff Signature   **Date**

pennsylvania
PRE-K COUNTS

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-Brushton 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 _____

▲●■ Pittsburgh Public Schools
●■● Early Childhood Education
■●▼ *Carol Barone-Martin, Executive Director*

Linda Lane,
Superintendent of Schools

Early Intervention Program
Dr. Nancy Hill, Senior Program Officer

Conroy Education Center
1398 Page Street
Pittsburgh, PA 15233
(412) 323-3960 (phone)
(412) 323-3965 (fax)

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 AIU/DART 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 _____

pennsylvania
PRE-K COUNTS

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

pennsylvania
DEPARTMENT OF HUMAN SERVICES

PA Pre-K Counts & Child Care Works
Verification of Enrollment

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

PA Pre-K Counts Program Information:

Program name:_____Contact person: _____

Program address: _____

County: _____Program phone:_____

Parent/Child Information:

Child's name:_____Child's date of birth: _____

Parent's address: _____

PA Pre-K Counts Program Schedule (specific to the child listed above):

Enrollment begin date:_____Enrollment end date: _____

Daily begin time:_____AM/PM   Daily end time:_____AM/PM

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.

_____   _____   _____
Signature   Title/Position   Date

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

The parent:_____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.

_____   _____   _____
Signature   Print Name   Date

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

CD 323 7/16

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	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:

Parents may write immunization dates; health professional should verify and complete all data.

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) ☐ 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

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

CHILD'S NAME:_____ SEX:_____ BIRTHDATE:_____

HEAD START CENTER:_____ PHONE: _____

ADDRESS: _____

PART I. TO BE COMPLETED BY HEAD START STAFF (COMPLETE AT INTERVIEW)

1. IS THE CHILD NOW RECEIVING:	*If "yes," include length of time receiving fluoride*
Topical Fluoride Application?	No_____Unknown_____Yes_____
Fluoridated water?	No_____Unknown_____Yes_____
Fluoride Supplement diet? (tablets_____, liquid_____)	No_____Unknown_____Yes_____

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_____

5. CHILD (____IS, ____IS NOT) RECEIVING MEDICATION.
Type_____

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

	YES	NO		YES	NO
Allergies	___	___	Liver Dis.	___	___
Asthma	___	___	Rheumatic Fever	___	___
Bleeding	___	___	Sickle Cell Dis.	___	___
Diabetes	___	___	Other (List Below)	___	___
Epilepsy	___	___	_____		
Heart/Vascular Dis.	___	___			

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

PART II. TO BE COMPLETED BY DENTAL CARE PROVIDER

9. ORAL CONDITIONS BEFORE TREATMENT: *missing (⊗), decayed (◑), or filled (●); indicate restorations you perform in item 10.*

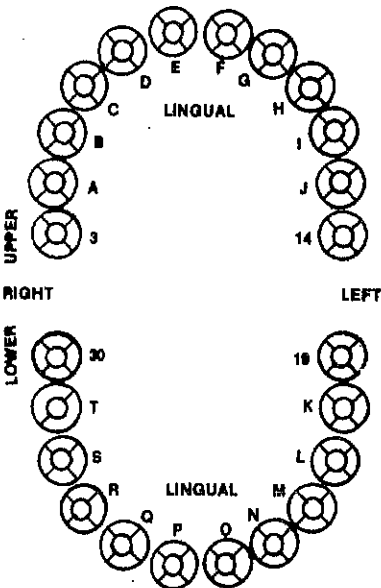10. EXAMINATION AND TREATMENT RECORD *(List recommended services in order).*

Tooth # or Letter	Surfaces	Description of Work	Treatment Approved	Date Service Performed MO. DAY YR.	A.D.A. Procedure Number	Actual Charges (Fee)

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
☐ b. Special home emphasis, oral hygiene
☐ c. Dietary problem(s)
☐ d. Developmental problem(s)
☐ e. Harmful oral habits
☐ 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

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Zero Income Declaration Letter

**PROPEL
SCHOOLS**

☐ **YWCA Homewood-Brushton**

☐ **YWCA Propel Braddock Hills School**

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

I _____

parent of _____

decline from getting my child / children

immunizations / flu shot (CIRCLE ONE)

due to personal or religious beliefs.

Parent / Guardian Signature _____

Date __ __ / __ __ / __ __ __ __

Early Learning Network:

A Guide for Parents

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.

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.

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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P E L I C A N
Early Learning Network
Pennsylvania's Enterprise to Link Information for Children Across Networks

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