

June 8, 2023



Greetings!

My name is Renn Renninger, and I am the Family Engagement Specialist for the Homewood-Brushton YWCA Pre-K Counts classrooms as well as the YWCA Propel Braddock Hills classroom. The Family Engagement Specialist is a new role that has been added within the program to support programs and families. We help cultivate relationships with families to build bonds and encourage and support parent engagement and participation in program activities to help strengthen the family. We help with community partnerships and establish a core network of support services and supportive resources for children and families. We also support our programs and families by assisting with the PA Pre-K Counts enrollment process and monitoring classroom attendance.

Thank you for entrusting YWCA Greater Pittsburgh in implementing a successful and effective early childhood program that fosters the educational, nutritional, social-emotional, health/mental health, physical development, and well-being of all children. I can't wait to jump right in on things and provide any assistance you will need when completing the PA PreK Counts application. Please remember that **enrollments are contingent upon the passage of the State budget AND our Grant is awarded.** At this point, enrollments will be finalized. I look forward to establishing a successful partnership!

My office is located at the YWCA Homewood Brushton Center, 6907 Frankstown Avenue, Pittsburgh, PA, 15208. Here is my contact information should you have any questions or concerns:

412-463-4238 Work Phone  
412-361-6433 Front Desk  
412-361-8601 Fax

Respectfully,

*Renn Renninger*

Renn Renninger  
Family Engagement Specialist

**Homewood-Brushton Early Learning Center**

Homewood-Brushton YWCA  
6907 Frankstown Ave  
Pittsburgh, PA, 15208  
(412) 361-6433  
(412) 361-8601 fax  
[www.ywcapgh.org](http://www.ywcapgh.org)

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

PA PKC Partner Location: \_\_\_\_\_

The following completed forms and documents are **required** to enroll your child in PA Pre-K Counts:

- PA Pre-K Counts Release of Information Form
- PA Pre-K Counts Enrollment Form – complete, signed, dated
- Copy of Child's Birth Certificate
- Proof of Income – for all household members
- Child's Health Assessment – completed by a physician
- Child's Immunizations – completed by a physician
- Two Proofs of Residency

Please complete and provide all forms and documents to Center Director.

Para asistencia con este documento en español, por favor llame a la línea número al 412-529-6463 y seleccione la opción #1

ये प्रश्नों का उत्तर देने के लिए कृपया निम्नलिखित संख्या पर 412-529-6463 पर कॉल करें और विकल्प #1 चुनें।

Kwa msaada kwa nyakati (doc ument) ili kabla Swahili, tafadhali piga mstari wa tele 412-529-6463 kama chaguzi chaaguzi la #1.

如需提供中文或中文帮助，请拨打电话 412-529-6463 按电话九号线，并选择选项 #1

محتاج مساعدة باللغة العربية - اضغط على الرقم 1

Щоб отримати допомогу по цьому документу на руській мові, будь ласка позвоніть по Додатковий номер 412-529-6463 і виберіть пункт #1.

Pittsburgh Public Schools (PPS) does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities or employment and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to the Assistant Superintendent for Student Services, Title IX Coordinator or the Section 504/ADA, Title II Coordinator at 341 S. Bellefield Avenue, Pittsburgh, PA 15213, 412-529-3850, TitleIXCoordinator@ppschools.org or 412-529-HELP (4357).

# 2023-2024 PA Pre-K Counts Enrollment Form

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

Date Form Completed: \_\_\_ / \_\_\_ / \_\_\_  
MM DD YY

Last Name (Child)	First Name (Child)	Middle Initial
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Street Address		County
City	State PA	Zip Code
School District of Residence		
Home Phone	Work Phone	Email Address

Child's Date of Birth	Age <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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*STAFF: Verify age prior to enrollment*

Is your child able to independently use the bathroom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Race (optional)</b>	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
<b>Ethnicity (optional)</b>	
<input type="checkbox"/> Hispanic	<b>Primary Language</b>
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other _____ (please specify)

Name of Parent or Guardian completing this application	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Relationship to Child</b>	<b>(Select)</b>
<input type="checkbox"/> Father	<input type="checkbox"/> Biological
<input type="checkbox"/> Mother	<input type="checkbox"/> Foster
<input type="checkbox"/> Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Other _____ (please specify)	<input type="checkbox"/> Other _____ (please specify)

<b>Role</b>	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____
(please specify)	

<b>List Household Members below for determination of family size (required):</b>		
	<i>Relationship to Child</i>	<i>Age</i>
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 =**

<b>Employment Status of parent/guardian</b>	<b>Employment Status of 2<sup>nd</sup> parent/guardian (if applicable)</b>
<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Employed Full-Time
<input type="checkbox"/> Employed Part-Time	<input type="checkbox"/> Employed Part-Time
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<b>Household Income Sources (Must check all that apply):</b>				
<input type="checkbox"/> Employment	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> TANF Cash payments
<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI	<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other

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

<input type="checkbox"/>	<b>Behavioral Supports:</b> 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.
<input type="checkbox"/>	<b>Child Protective Services:</b> A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	<b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	<b>English Language Learner:</b> A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
<input type="checkbox"/>	<b>Individualized Education Plan (IEP):</b> 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.
<input type="checkbox"/>	<b>Incarcerated Parent:</b> A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<p><b>Homeless:</b> A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <p>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;</p> <p>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;</p> <p>C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<input type="checkbox"/>	<b>Migrant (Non-Immigrant)/Seasonal Student:</b> 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.
<input type="checkbox"/>	<b>Teen Mother:</b> A child whose mother was under the age of 18 when the child was born.
<input type="checkbox"/>	<b>Other (please note):</b>
<input type="checkbox"/>	<b>None of these Risk Factors</b>

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.

This enrollment application and supporting documents will be used for enrollment processing and ongoing reporting/monitoring that is shared with the Lead Agency, Pittsburgh Public Schools, affiliated with this agency. As required by Pennsylvania Pre-K Counts, enrollment information will be entered in the Early Learning Network (ELN), Pennsylvania's secure electronic data system for gathering information on early childhood programs.

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print Name)



**FOR OFFICE USE ONLY**

**Income Verification**

**2023 Federal Poverty Level Guidelines**

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$14,580	\$43,740
2	\$19,720	\$59,160
3	\$24,860	\$74,580
4	\$30,000	\$90,000
5	\$35,140	\$105,420
6	\$40,280	\$120,840
7	\$45,420	\$136,260
8	\$50,560	\$151,680
Each Additional	+\$5,140	+\$15,420 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.*

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**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 \_\_\_\_\_

# 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



# CHILD HEALTH REPORT

(85 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:
<input type="checkbox"/> 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**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/ID						
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:

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

**CHILD HEALTH RECORD:**

**FORM 5, DENTAL HEALTH**

**(COMPLETE AT INTERVIEW)**

CHILD'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 HEAD START CENTER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

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

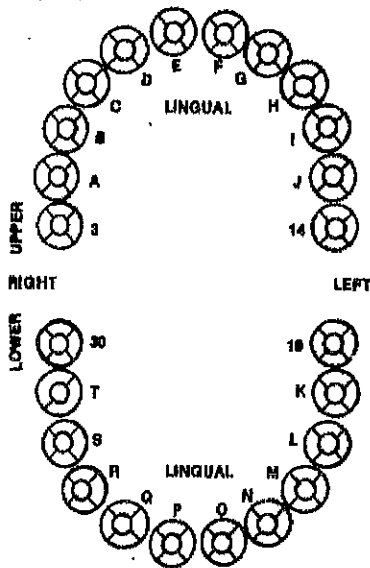
Head Start  
 In-kind Provider  
 Parents/Guardians  
 Other (3rd Party)

8. PRIORITY GROUP

A. Needs Attention Immediately  
 B. Needs Attention Soon  
 C. Needs Routine Care

**PART I. TO BE COMPLETED BY HEAD START STAFF**

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).

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     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**

**PART II. TO BE COMPLETED BY DENTAL CARE PROVIDER**



# 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 - 24 P.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](mailto:ra-eln@pa.gov)



Find a Head Start job near you or anywhere in the U.S.

## Head Start Approach

Head Start programs support children's growth from birth to age 5 through services that support early learning and development, health, and family well-being. Head Start staff actively engage parents, recognizing family participation throughout the program as key to strong child outcomes.

Head Start services are available at no cost to children ages birth to 5 in eligible families. Head Start preschool services work with families with children ages 3 to 5. Early Head Start services work with families with children ages birth to 3, and many also serve expectant families. Many programs operate both Head Start preschool and Early Head Start services. Programs deliver child development services in center-based, home-based, or family child care settings. All

Head Start programs continually work toward our mission for eligible children and families to receive high-quality services in safe and healthy settings that prepare children for school and life.

Does my family qualify?

## Services for Children and Families

Head Start programs are helping children get ready to succeed in school and in life through learning experiences tailored to their changing needs and abilities.

### Early Learning and Development

Our programs are:





- Building strong relationships as the foundational driver for early learning
- Engaging families in their child's learning and recognizing parents as a child's first and most influential teacher
- Implementing effective practices to promote children's growth in five key domains approaches to learning, social and emotional development, language and literacy, cognition, and physical development
- Encouraging learning through play, creative expression, and guided activities with schedules and lesson plans that include the cultural and language heritage of each child and family in relevant ways
- Creating welcoming learning environments in indoor and outdoor settings that are well-organized and safe
- Conducting ongoing screenings and assessments to ensure each child is making progress, and collaborating with parents and community agencies when further assessment is needed
- Supporting the full inclusion of children with disabilities and building on their strengths

## **Health and Wellness**

Our programs are:

- Engaging all children in both indoor and outdoor physical activity
- Serving breakfast, lunch, and snacks that are healthy and nutritious
- Ensuring children receive medical, dental, hearing, vision, and behavioral screening
- Making sure children brush their teeth after meals and promoting oral health and hygiene
- Helping families understand and support their child's health and behavioral health needs
- Assisting with mental health services for children and families, as needed
- Building resilience to help children and families heal from traumatic experiences or events and overwhelming situations

## **Family Well-being**

Our programs are:

- " Providing parenting support and strategies
- Supporting parental health and links to community services during pregnancy
- Connecting families to community and federal assistance
- " Assisting families in identifying and reaching their goals and dreams, including those related to finances and economic mobility housing, employment, and education
- Providing a career pathway in early care and education - *about 25% of program staff are former Head Start parents!*

## **Family Engagement**

Our programs are:

- Inviting parents to share information and insights about their child
- Celebrating the role of fathers and male caregivers through father engagement
- Engaging parents as their child's lifelong advocate
- Welcoming parents to offer ways to improve children and families' experiences in the program, including through leadership roles on the Policy Council
- Supporting child and family transitions when the child is ready for the next step, to Head Start, kindergarten, or another early childhood program

## **Meeting Community Needs**

To reach the children and families who need Head Start services the most, programs are designed according to community needs. Directly funded at the local level, Head Start programs tailor their programs as appropriate for families in the designated service area. These programs may be provided in different settings and hours according to the needs indicated by their community assessment.

### **Federal-to-Local Funding Model**

The federal government funds Head Start programs through the U.S. Department of Health and Human Services, Administration for Children and Families. Across the country, school districts, nonprofit and for-profit groups, faith-based institutions, tribal councils, and other organizations qualify to become a Head Start recipient and receive federal funding. The federal-to-local model allows local leaders to create a Head Start experience that is responsive to the unique and specific needs of their community. Many programs are combining funding from federal, state, and local sources to maximize service delivery and continuity. Head Start Collaboration Offices facilitate partnerships between Head Start agencies and other state entities that provide services to benefit low-income children and their families.

Migrant and Seasonal Head Start (MSHS) programs serve children ages birth to 5 from families engaged in agricultural work, either seasonally or across geographic regions. American Indian and Alaska Native (AIAN) Head Start programs serve children from federally recognized tribes and others in their communities.

Head Start programs either provide transportation services or assist families to arrange transportation of children to program activities.

## **Eligibility and Enrollment**

Head Start services are for children from birth to compulsory school age, as well as pregnant people and expectant families. Eligible participants include children whose families meet the federal low-income guidelines - that is, whose incomes are at or below the federal poverty guidelines or who participate in Temporary Assistance for Needy Families, Supplemental Security Income, or Supplemental Nutrition Assistance Program public assistance services. Other eligible participants include children who are in the foster care system or experiencing homelessness. Programs may also accept a limited number of children who do not meet any of those eligibility criteria.

MSSH programs have specific eligibility requirements for the children of farmworkers. AIAN Head Start programs enroll tribal children from reservations or nearby areas. All programs enroll children with disabilities and welcome children who speak a language other than English at home.

As there are generally more eligible children than is supported by program funding, each program maintains a waiting list according to their selection criteria for when a spot becomes available.

## **Program Settings**

Head Start services are delivered in a variety of settings, sometimes referred to as "options." This consistent, supportive setting is designed to foster strong relationships between program staff, families, and children. The selection of settings offered by any Head Start program is determined by its assessment of community needs.

- Center-based services are located in child development centers. More than half of Head Start children are enrolled in center-based services, five days per week, for at least six hours per day.
- Home-based services are mostly delivered in a family's own home, along with planned group socialization activities. More than a third of children enrolled in Early Head Start programs receive home-based services.
- Family child care services are located in a family-based child care setting.
- Locally-designed services are often delivered through some combination of the above settings, depending on the needs of the community.

# Outcomes

Since 1965, Head Start programs have reached 40 million children and their families. Children who enrolled in Head Start programs are more likely to graduate from high school and attend college, have improved social, emotional, and behavioral development, and are better prepared to be parents themselves than similar children who did not attend the program. Children enrolled in Early Head Start programs have significantly fewer child welfare encounters related to sexual or physical abuse between the ages of 5 and 9 than those who don't attend.

Research consistently shows a broad pattern of impacts for children at the end of their Head Start enrollment. While these benefits may appear to diminish in the early grades, economic benefits emerge as children become adults. The Head Start program's two-generation design - coupled with research-based, high-quality comprehensive services - has the power to change the trajectory for children's outcomes.

## Read more:

[Programs](#)

*Last Updated: March 14, 2023*