Quality Progress Report (QPR)
For
South Dakota
FFY 2024

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

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

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

QUALITY PROGRESS REPORT

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

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

Specifically, this report will be used to:

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

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

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

How is the QPR Organized?

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

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

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

When is the QPR Due to ACF?

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

Glossary of Terms

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

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

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

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

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

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

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

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

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

Provider means the entity providing child care services.

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

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

1) Overview

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

1.1 State or Territory Child Care Provider Population

1.1.1 Total Number of Licensed Providers:

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

[x] Licensed center-based programs **413**
     [ ] Unable to provide number. Indicate reason:

Additional clarification: Based on most recent submission of the FY 2024 ACF-800 data there were 337 licensed center-based programs receiving CCDF funding. Please report the number of ALL licensed center-based programs operating in the state here, regardless of receipt of CCDF funding.
[x] Licensed family child care homes **342**
     [ ] Unable to provide number. Indicate reason:

Additional clarification: Based on most recent submission of the FY 2024 ACF-800 data there were 202 licensed family child care homes receiving CCDF funding. Please report the number of ALL licensed family child care homes operating in the state here, regardless of receipt of CCDF funding.

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

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

2.1 Lead Agency Progression of Professional Development

2.1.1 Professional Development Registry:

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

[x] Yes. If yes, describe: **The registry used to track professional development of early childhood practitioners in South Dakota is the Pathways to Professional Development Career Lattice.**

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

2.1.2 Participation in Professional Development Registry:

Are any teachers/providers required to participate?
[ ] Yes. If yes, describe:
[x] No. If no, describe: **Participation in the Career Lattice is voluntary.**

2.1.3 Number of Participants in Professional Development Registry:

Total number of participants in the registry as of September 30, 2024 **243**

2.1.4 Spending - Professional Development Registry:

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

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

[ ] CCDF quality funds
[ ] Non-CCDF funds
[ ] CARES funds

[ ] CRRSA Funds
[x] ARP Supplemental Discretionary
[ ] ARP Stabilization 10% set-aside
[ ] Unable to report. Indicate reason:

[ ] No

2.2 Workforce Development

2.2.1 Professional Development and Career Pathways Support:

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

[x] Scholarships (for formal education institutions) **133**
[ ] Financial bonus/wage supplements tied to education levels
[ ] Career advisors, mentors, coaches, or consultants
[ ] Reimbursement for training
[ ] Loans
[ ] Substitutes, leave (paid or unpaid) for professional development
[x] Other. Describe: **Thirty-nine individuals were awarded Child Development Associate (CDA) Assessment Scholarships and 5 were provided CDA Renewal Scholarships.**
[ ] N/A. Describe:

2.2.2 Spending - Professional Development and Career Pathways Support:

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

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

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

[ ] No

2.3 Child Care Provider Qualifications

2.3.1 Number of Licensed Child Care Programs Qualifications:

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

[x] Child Development Associate (CDA) **128**
[x] Associate's degree in an early childhood education field (e.g. psychology, human development, education) **48**
[x] Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **78**
[x] State child care credential **24**
[ ] State infant/toddler credential
[ ] Unable to report this data. Indicate reason:

2.3.2 Number of Licensed CCDF Child Care Programs Qualifications:

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

[x] Child Development Associate (CDA) **128**
[x] Associate's degree in an early childhood education field (e.g. psychology, human development, education) **48**
[x] Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **78**
[x] State child care credential **24**
[ ] State infant/toddler credential
[ ] Unable to report this data. Indicate reason:

2.4 Technical Assistance for Professional Development

2.4.1 Technical Assistance Topics:

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

[x] Business Practices
[x] Mental health for children
[x] Emergency Preparedness Planning

[ ] Other. Describe other technical assistance available to providers as part of the professional development system:

2.4.2 Spending - Technical Assistance for Professional Development:

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

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

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

[ ] No

2.5 Spending – Training and Professional Development

2.5.1 Spending – Training and Professional Development:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to support the <u>training and professional development</u> of the child care workforce during October 1, 2023 to September 30, 2024? $**3268653**

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

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

2.6 Progress Update

2.6.1 Progress Update – Training and Professional Development:

Supporting the training and professional development of the child care workforce

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

The ECE System conducts pre and post surveys to measure knowledge gained by providers attending the above referenced training opportunities. Pre/Post data is collected and reported on a regional level. Technical assistance outcomes are tracked utilizing a standardized data collection system that collects information from the child care provider prior to the technical assistance visit, at the end of the first onsite technical assistance visit, and at routine follow-up visits (30, 60, 90 and 120 days). This process measures behavior change as a provider progresses through the technical assistance process and puts the knowledge they have gained into practice. These forms collect information on five key measures that determine if a child care provider will do/does positively change practice. These measures are knowledge gained, confidence to put the intended action into practice, intent to put this knowledge into practice, practicing the action and if the intended action has become a habit. Technical assistance data is collected and maintained in a statewide database. It is reportable on a statewide or regional basis.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.3.2 of the FFY 2022-2024 CCDF Plan: South Dakota utilizes quality funding to support and maintain the delivery of training and technical assistance to assist providers in meeting licensing training requirements and improving program quality. The State contracts with 5 agencies known as the Early Childhood Enrichment (ECE) System to provide these services across the state to regulated child care programs as well as parents, and others involved in the day-to-day care of children.

Pre and post surveys were completed by participants in every class offered by the Early Childhood Enrichment (ECE) system to measure participant knowledge gain in the following areas: health and safety (18.7%), space and materials (20.8%), activities and experiences (15.8%), relationships and interactions (13.7%), and program management (14.4%). Overall participant data showed an average increase in knowledge of 16.5% for all classes. In addition, the ECE system measured behavior change at 30, 60, 90, and 120-day timeframes throughout the technical assistance and coaching process. Data was collected on the provider's knowledge of and confidence to put the newly learned skills into practice. Providers participating in technical assistance showed an increase in knowledge and confidence levels from the initial visit to the final visit in the following areas: health and safety (23.9% knowledge/23.7% confidence), space and materials (25.6% knowledge/23.5% confidence), activities and experiences (23.8% knowledge/28.8% confidence), relationships and interactions (30% knowledge/28.4% confidence), and program management (23.6% knowledge/23.4% confidence).

Funding from CCDF quality funds was utilized to provide full scholarships for Child Development Associate (CDA) training through the SD Early Childhood Enrichment offices. In addition, full scholarships were also provided to support the CDA Assessment or Renewal Fees assessed by the Council for Professional Recognition. During FFY 24, 130 child providers received a CDA training, assessment, or renewal scholarship. In addition, under the ARPA Discretionary funding, 47 scholarships were awarded to students pursuing an associate degree in early childhood at 3 South Dakota colleges and universities.

Child Care Services has contracted with the Devereux Center for Resilient Children to provide 4 webinars once per month from February to May 2024 on the topic of resiliency. An average of 48 participants attended each live webinar opportunity. Recordings of each webinar are available to child care providers to access through the SD Early Childhood Enrichment System. In addition to this webinar series, on October 21 and 22, 2023, Angie Wendt with the Devereux Center for Resilient Children provided presentations titled Building Resilience and Healing from Trauma in Early Childhood Settings for child care providers in Rapid City and Brookings.

In Fall 2024, the South Dakota Core Knowledge and Competencies (SD CKC's) for Early Childhood and School Age Educators was released to support the state's system work by creating a core body of knowledge, skills, and values for adults who work with children. This initiative's work brought a wide array of state professionals serving children to the table to create the SD CKC's to support practitioners serving infants up to school age. The SD CKC's guide self-reflection and professional growth by describing what early childhood and school-age care educators need to know, understand, and be able to do at all levels of professional practice. The intent of this voluntary tool is to establish common language for educators caring for children, regardless of their background or profession status, to set goals for growth and development. South Dakota's Core Competencies are divided into eight areas of knowledge and skills. The areas identify the knowledge and skills needed for early childhood educators to work with young children, families, community resources, and other professionals.

Child Care Services worked with the SD QRIS Collaborative, the Early Childhood Enrichment (ECE) Coordinators, SD Department of Education, Head Start Collaboration Office, and child care providers to revise the current Pathways to Professional Development Career Lattice into the SD Pathways Career Ladder. The original Career

Lattice was launched in February 2004 to recognize the child care workforce and encourage staff retention. The Pathways relaunch in late Fall 2024 will focus on educators in state registered family childcare, licensed childcare centers, and licensed school-age programs, who work exclusively with children throughout their work hours. By fostering professional growth among educators, the Pathways Career Ladder serves as a valuable resource for these educators to explore their professional development journey, while also recognizing their dedication to continuing education in working with children from birth to age 12.

The South Dakota Child Care Director 360 Support Program was developed as a partnership between the South Dakota Office of Licensing and Accreditation and Early Childhood Enrichment (ECE) Programs. Child care directors have various responsibilities, from staff management to policy implementation and everything in between. The 360 Support Program is a professionally guided program over the course of 12 months that provides tools, technical assistance, education, and support to child care directors. In FFY 24 the program was expanded to be administered in western South Dakota. In FFY 24, 20 directors received individualized, customized support on the topics of health and safety, business practices, best practices, child development, and professionalism.

3) Improving early learning and development guidelines

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

3.1 Early Learning and Development Guidelines

3.1.1 Spending - Early Learning and Development Guidelines:

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

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

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

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on improving upon the development or implementation of early learning and development guidelines? $**24805**

    [ ] Unable to report total amount spent. Indicate reason

Optional: Use this space to tell us any additional information about how funds were spent that is not capture in the item already reported:

[ ] No

3.2 Progress Update

3.2.1 Progress Update - Early Learning and Development Guidelines:

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

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

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

The ELDG training series provides an overview of the ELDG document and provides suggestions for how providers can utilize the document in their early childhood classrooms. The State will track the number of providers that participate in the State's Early Learning and Development Guidelines (ELDG) Training Series. In addition, the State will utilize data from Early Childhood Enrichment class pre and post surveys to measure knowledge gained of providers and measure progress and quality improvement.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.4.3 of the FFY 2022-2024 CCDF Plan:

The Early Learning Guidelines 4-course series is delivered via an online, on-demand platform to increase access to the series. In addition, information from the early learning and development guidelines is woven into other training offered to providers. During FFY24, these additional offerings provided 28 hours of in-person and 142 hours of e-learning courses reaching 215 unduplicated providers from 75 programs with information on South Dakota's Early Learning Guidelines. In partnership with the South Dakota Head Start Collaboration Office located within the state Department of Education and a small workgroup, the SD Early Learning Guidelines document was revised in FFY 23 and printed in October 2024.

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

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

4.1 Quality rating and improvement system status

4.1.1 QRIS or other system of quality improvement status:

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

[ ] The lead agency QRIS is operating state- or territory-wide.
- General description of QRIS:
- How many tiers/levels? [insert number of tiers below as required and describe each tier and check off which are high quality]
  - Tier/Level 1:
    - [ ] High Quality
  - Tier/Level 2:
    - [ ] High Quality
  - Tier/Level 3:
    - [ ] High Quality
  - Tier/Level 4:
    - [ ] High Quality
  - Tier/Level 5:
    - [ ] High Quality
  - Tier/Level 6:
    - [ ] High Quality
  - Tier/Level 7:
    - [ ] High Quality
  - Tier/Level 8:
    - [ ] High Quality
  - Tier/Level 9:
    - [ ] High Quality
  - Tier/Level 10:
    - [ ] High Quality

- Total number of licensed child care centers meeting high quality definition:
- Total number of licensed family child care homes meeting high quality definition:

- Total number of CCDF providers meeting high quality definition:
- Total number of children served by providers meeting high quality definition:

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

- General description of pilot QRIS (e.g., in a few localities, or only a few levels): **The South Dakota Quality Recognition and Information System (QRIS) pilot launched in FFY 2023 to support, develop, implement, and evaluate quality criteria and measures that will assist supporting child care and school-age programs in quality improvement. The pilot included three specific frameworks that included quality benchmarks, and self-assessment coupled with the Environmental Rating Scale feedback. The QRIS pilot utilizes a quality framework with three main components: quality practices, workforce, and professional development. The QRIS pilot was intentionally built with coaching on continuous quality improvements, with professional development, and quality improvement grants. Seventeen family daycare homes, 5 group family daycares, 15 child care centers, and 7 school-age programs participated in the QRIS Pilot. Data and information from the QRIS pilot collected on current SD child care programs will be used to better inform policy decisions which impact efforts to strengthen quality child care.**
- Which localities if not state/territory-wide? **An application to participate in the QRIS pilot was distributed to all state registered and licensed child care programs. Programs were selected to participate based on being on good standing with licensing and demographics to ensure that pilot included a representative sampling of programs in urban and rural areas.**
- How many tiers/levels? **4** [insert number of tiers below as required and describe each tier and check off which are high quality
    - Tier/Level 1: **This level represents the beginning stages of understanding quality and meeting basic requirements.**
    [ ] High Quality
    - Tier/Level 2: **This level represents the beginning stages of understanding quality, with more indicators or evidence of quality present in the program.**
    [ ] High Quality

- Tier/Level 3: **This level represents high quality across three main components.**
  [x] High Quality
- Tier/Level 4: **This level represents consistently attaining high quality across the indicators in the three main components.**
  [x] High Quality
- Tier/Level 5:
  [ ] High Quality
- Tier/Level 6:
  [ ] High Quality
- Tier/Level 7:
  [ ] High Quality
- Tier/Level 8:
  [ ] High Quality
- Tier/Level 9:
  [ ] High Quality
- Tier/Level 10:
  [ ] High Quality

- Total number of licensed child care centers meeting high quality definition: **0**
- Total number of licensed family child care homes meeting high quality definition: **1**
- Total number of CCDF providers meeting high quality definition: **1**
- Total number of children served by providers meeting high quality definition: **12**

[ ] The lead agency is operating another system of quality improvement.
- General description of other system:
- Describe assessment scores, accreditation, or other metrics associated with this system:
- Describe how "high quality" is defined in this system?
- Total number of licensed child care centers meeting high quality definition:
- Total number of licensed family child care homes meeting high quality definition:

- Total number of CCDF providers meeting high quality definition:
- Total number of children served by providers meeting high quality definition:

[ ] The lead agency does not have a QRIS or other system of quality improvement.
- Do you have a definition of high quality care?
  [ ] Yes, define:

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

[ ] No

4.1.2 Spending - Quality rating and improvement system status:

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

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

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

[ ] No

4.2 Quality Rating and Improvement Systems participation

4.2.1 QRIS or other system of quality improvement participation:

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

[x] Licensed child care centers
[x] Licensed family child care homes
[ ] License-exempt providers
[x] Programs serving children who receive CCDF subsidy
[ ] Early Head Start programs
[ ] Head Start programs
[ ] State Prekindergarten or preschool programs

[ ] Local district-supported Prekindergarten programs

[x] Programs serving infants and toddlers

[x] Programs serving school-age children

[x] Faith-based settings

[ ] Tribally operated programs

[ ] Other. Describe:

4.3   Quality Rating and Improvement Systems Benefits

4.3.1   Quality Rating and Improvement Systems Benefits:

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

[x] One-time grants, awards or bonuses
   o   Licensed child care centers **28**
   o   Licensed family child care homes **17**

[ ] On-going or periodic quality stipends
   o   Licensed child care centers
   o   Licensed family child care homes

[ ] Higher CCDF subsidy rates (including tiered rating)
   o   Licensed child care centers
   o   Licensed family child care homes

[x] Ongoing technical assistance to facilitate participation in QRIS or improve quality of programs already participating in QRIS (or some other technical assistance tied to QRIS)

[ ] Other. Describe

4.3.2   Spending - Quality Rating and Improvement Systems Benefits:

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

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

   [x] CCDF quality funds
   [ ] Non-CCDF funds
   [ ] CARES funds
   [ ] CRRSA Funds
   [x] ARP Supplemental Discretionary
   [ ] ARP Stabilization 10% set-aside

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[ ] Unable to report. Indicate reason:

[ ] No

4.4 Spending – Quality Rating and Improvement Systems

4.4.1 Spending – Quality Rating and Improvement Systems:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) related to **QRIS or other quality rating systems** during October 1, 2023 to September 30, 2024? $**1204637**

[ ] Unable to report total amount spent. Indicate reason

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

4.5 Progress Update

4.5.1 Progress Update – Quality Rating and Improvement Systems:

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

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

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

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.3.6 of the FFY 2022-2024 CCDF Plan: **In FFY 24, the South Dakota Department of Social Services continued to work with the South Dakota State University (SDSU) Quality Collaborative to pilot South Dakota's Quality Recognition and Information System (SD-QRIS). The SD-QRIS pilot determined the quality criteria and measures that will be used to assist in supporting child care and school-age care quality improvement and assist parents in selecting quality child care. In September 2024, the SDSU Quality Collaborative completed the pilot and provided recommendations to DSS for full-scale implementation of the QRIS, titled Quality Care South Dakota. Within the timeframe of the pilot, 3 family child care homes, 2 child care centers and 2 school-age programs were able**

to achieve a level 1 designation. One of these family child care homes was also able to work through levels 2, 3, and 4 to receive the level 4 designation. Outcomes from the pilot included improvement in ERS scores shows the impact of the QRIS supports, such as one-on-one coaching, professional development, and grants. Ninety percent of participants who participated in the pilot stated they would like to participate in the future QRIS implementation.

The unique and strong component of each framework is a strengths-based four-level system as a Continuous Quality Improvement (CQI) plan, wherein the emphasis is on creating a culture of quality enhancement. The pilot and the CQI plan will address quality in the following types of child care programs: registered Family Child Care (FCC) providers, licensed Child Care Centers (CCC), and licensed Out of School Time (OST). In FFY 24, separate from the QRIS Pilot contract, Child Care Services provided funding to support 2 FTEs in the Early Childhood Enrichment (ECE) system as QRIS coaches to support programs in the QRIS pilot.

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

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

5.1 Infant/Toddler Specialists

5.1.1 Infant/Toddler Specialists:

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

[x] Yes
- Number of specialists available to all providers **5**
- Number of specialists available to providers serving children who receive CCDF **5**
- Number of specialists available specifically trained to support family child care providers **5**
- Number of providers served **2402**
- Total number of children reached **16087**

[ ] No, there are no infant/toddler specialists in the state/territory.
[ ] N/A. Describe:

5.1.2 Infant/Toddler Specialists Supports Provided:

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

[x] Relationship-caregiving practices (or quality caregiving/developmentally appropriate practices)
[x] On-site and virtual coaching
[x] Health and safety practices
[x] Individualized professional development consultation (e.g., opportunities for or awareness on career growth opportunities, degreed/credential programs)
[x] Group professional development
[x] Family engagement and partnerships
[ ] Part C early intervention services
[ ] Mental health of babies, toddlers, and families
[ ] Mental health of providers
[ ] Behavioral Health

[ ] Other. Describe

5.1.3 Spending – Infant/Toddler Specialists:

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

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

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

[ ] No

5.2 Staffed Family Child Care Networks

5.2.1 Number and Description of Staffed Family Child Care Networks:

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

[ ] Number of staffed family child care networks:
    o   Describe what the network/hub provides to participating family child care providers:
[x] No staffed family child care networks operate in state/territory

5.2.2 Spending - Staffed Family Child Care Networks:

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

[ ] Yes, if so which funding source(s) were used?
       [ ] CCDF quality funds
       [ ] Non-CCDF funds
       [ ] CARES funds

[ ] CRRSA Funds
[ ] ARP Supplemental Discretionary
[ ] ARP Stabilization 10% set-aside
[ ] Unable to report. Indicate reason:

[x] No

5.3 Spending - Programs and services for infants and toddlers

5.3.1 Spending - Programs and services for infants and toddlers:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside), above and beyond to the 3% infant and toddler set-aside, to <u>improve the supply and quality of child care programs and services for infants and toddlers</u> during October 1, 2023 to September 30, 2024? $**73581**

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

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

5.4 Progress Update

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

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

Measurable indicators of progress the state/territory reported in section 7.4.2 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
The ECE System utilizes pre and post surveys to measure knowledge gained by providers attending infant/toddler specific training. In FFY 2020, overall providers showed a 20.7% increase in knowledge in infant and toddler classes. Technical assistance outcomes are tracked utilizing a standardized data collection system that collects information from the child care provider prior to the technical assistance visit, at the end of the first on- site technical assistance visit, and at routine follow-up visits (30, 60, 90 and 120 days). This process measures behavior change as a provider progresses through the technical assistance process and puts the knowledge they have gained into practice. These forms collect information on the five key measures that determine if a child care provider will/does positively change practice. These measures are knowledge gained, confidence to put the intended action into practice, intent to

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put this knowledge into practice, practicing the action and if the intended action has become a habit. In FFY 2020, 185 providers in 118 programs received on-site technical assistance from the ECE System. Providers participating in infant and toddler specific technical assistance through the ECE System showed an increase in knowledge and confidence levels from the initial visit to the final visit in the following areas: health and safety (28.5% knowledge/24.3% confidence), space and materials (25.6% knowledge/13.6% confidence), activities and experiences (31.3% knowledge/51.8% confidence), relationships and interactions (34.4% knowledge/49.4% confidence), and program management (14.4% knowledge/21.5% confidence).The measures for the infant toddler health and safety grants will be provider observations of improved quality environments for infants and toddlers. In FFY 20, 55 centers and 50 registered family child care programs received an infant toddler mini grant. The measures for the quality framework will be completion of an assessment that measures progress of achievement in the levels. The state QRIS is still being drafted so no current baseline measures are available. The measurable indicator of progress for mental health consultation is that children remain in the most appropriate environment while services and strategies are provided to improve areas of delay and provide continuity and consistency of care.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.4.2 of the FFY 2022-2024 CCDF Plan: Five agencies that comprise the SD Early Childhood Enrichment (ECE) System provided 1,933 hours of infant/toddler specific training in FFY 2024 reaching 2,718 child care providers in 700 programs. Each agency collected pre and post data to measure the knowledge gain of providers attending infant/toddler specific training. The data is reported in the following areas: health and safety (17.7%), space and materials (19%), activities and experiences (15.9%), and relationships and interactions (11.6%). Overall providers showed a 15.2% increase in knowledge in infant and toddler classes. In addition, the ECE System measured behavior change at 30, 60, 90 and 120-day timeframes throughout the technical assistance process. Data was collected on the provider's knowledge and confidence gain in putting the new skills into practices. In FFY 2024, 157 providers in 80 programs received on-site technical assistance from the ECE System. Providers participating in infant and toddler specific technical assistance through the ECE System showed an increase in knowledge and confidence levels from the initial visit to the final visit in the following areas: health and safety (30% knowledge/20% confidence), space and materials (27.9% knowledge/28.1% confidence), activities and experiences (25.4% knowledge/30.9% confidence), relationships and interactions (18.8% knowledge/22.9% confidence), and program management (11.1% knowledge/25% confidence).

In addition, 27 individuals completed training through on-demand infant toddler training opportunities. These 4-class training series include the Infant Toddler Entry Level, Infant

Toddler Quality Practices, and Infant Toddler Foundations for Social Wellness and Emotional Wellness. The average knowledge gain of participants that completed these series was 27%.

Child Care Services provided Infant and Toddler Mini-Grants to state registered and licensed child care programs with infant toddler classrooms to enhance infant and toddler care environments. Funds are used to purchase high quality items to support the development of infants and toddlers. In FFY 2024, grants were awarded to 28 state registered family child care providers and 57 centers. While most mini grants were funded under CCDF dollars, ARP Discretionary dollars were used to support the grants to 5 state registered family child care providers and 19 centers of the 85 total awards.

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

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

6.1 Spending – Child Care Resource and Referral Services

6.1.1 Spending – Child Care Resource and Referral Services:

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

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

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

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

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

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

[x] No

6.2 Progress Update

6.2.1 Progress Update – Child Care Resource and Referral Services:

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

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

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

Child Care Services contracts with 5 agencies known as Early Child Enrichment (ECE) offices to provide training and technical assistance to state registered and licensed child care providers to meet licensing requirements as well as improve program quality. However, the activities performed by these agencies do not align with the federal definition of a Child Care Resource & Referral (CCR&R) agency. The ECE System partners with CCS to provide services to child care providers and families that address other quality activities outlined in this plan thus measurable outcomes are reported under the other quality funding areas.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.5.2 of the FFY 2022-2024 CCDF Plan:

South Dakota did not identify this area as a quality activity in the FFY 2022-2024 State Plan.

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

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

7.1 Complaints about providers

7.1.1 Number of Complaints about providers:

How many complaints were received regarding providers during October 1, 2023 to September 30, 2024? **324**

7.1.2 Spending - Complaints about providers:

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

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

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

[x] No

7.2 Licensing Staff

7.2.1 Number of Licensing Staff:

How many licensing staff positions were there in the state or territory during October 1, 2023 to September 30, 2024? Number of staff **15**

7.2.2 Spending – Licensing Staff:

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

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

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

[x] No

7.3 Health and Safety Standards Coaching and Technical Assistance

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

How many child care programs received coaching or technical assistance to improve their understanding and adherence to CCDF health and safety standards as a result of an inspection or violation during October 1, 2023 to September 30, 2024? **14**

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

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

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

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

[ ] No

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

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

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on <u>facilitating compliance with lead agency requirements for inspections, monitoring, health and safety standards and training, and lead agency licensing standards</u> during October 1, 2023 to September 30, 2024? $**1411496**

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

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **Health and Safety Grants are made available to state registered and licensed child care providers to assist them in coming into compliance with state regulations.**

Contract with a vendor to assist South Dakota in developing new policy manuals, handbooks, videos and other resources to support the implementation of the new licensing regulations that went into effect in July 2023.

7.5 Progress Update

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

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

Measurable indicators of progress the state/territory reported in section 7.6.3 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
During training opportunities, the ECE system conducts pre and post surveys to measure knowledge of providers gained. Technical assistance outcomes are tracked utilizing a standardized data collection system, based on behavior change theory, that collects information from the child care provider prior to the technical assistance visit, at the end of the first onsite technical assistance visit, and at routine follow-up visits (30,60,90, and 120 days). This process measures behavior changes as providers progress through the technical assistance process and put the knowledge they have gained through training into practice. These forms collect information on the five key measures that determine if a child care provider will/does positively change practice. These measures are knowledge gained, confidence to put the intended action into practice, intent to put this knowledge into practice, practicing the action and if the intended action has become a habit. Data from the pre/post surveys and technical assistance outcome tracking are utilized to revise course content and in the development of additional technical assistance supports. The measurable indicator of quality for the Health and
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Safety grants is to increase the number of programs that come into compliance with state regulations and improve the health and safety of children in care.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.6.3 of the FFY 2022-2024 CCDF Plan: Pre and post surveys were completed by participants in every class offered by the Early Childhood Enrichment (ECE) system to measure participant knowledge gain in the following areas: health and safety, space and materials, activities and experiences, relationships and interactions and program management. Overall participants showed an average increase in knowledge of 16.6% for all classes provided to assist compliance with state registration and licensing standards.

In addition, the ECE system measured behavior change at 30, 60, 90, and 120 timeframes throughout the technical assistance process. Data was collected on the provider's knowledge of and confidence to put the new skill into practice. Overall participants reported an average increase in knowledge of 21.5% after receiving technical assistance to support compliance with state registration and licensing standards.

Access to training on the federally required health and safety training topics is provided by the Early Childhood Enrichment (ECE) System's online, on-demand Orientation to Early Childhood and School-Age Care Series. In FFY 2024, 3,504 child care providers accessed the orientation training. Module 2 was released in December 2020 to enable providers to meet the ongoing training requirement in the same health and safety topic areas. During FFY 2024, 597 providers accessed the Module 2 training courses.

Funding from CCDF quality funds were used to contract with the state Early Childhood Enrichment (ECE) system to provide free certified CPR training to state registered and licensed child care providers. In FFY 24, 1,267 child care providers received free certified CPR training.

In FFY 24, 67 health and safety grants to meet licensing compliance were awarded to programs.

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

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

8.1 Evaluation and assessment of center-based programs

8.1.1 Evaluation and assessment of center-based programs:

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

[x] QRIS
[ ] CLASS
[x] ERS
[ ] FCCERS
[x] ITERS
[ ] State evaluation tool. Describe
[ ] Core Knowledge and Competency Framework
[ ] Other. Describe
[ ] Do not evaluate and assess quality and effective practice

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

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

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

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

[ ] No

8.2 Evaluation and assessment of family child care programs

8.2.1 Evaluation and assessment of family child care programs:

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

[x] QRIS
[ ] CLASS
[ ] ERS
[x] FCCERS
[ ] ITERS
[ ] State evaluation tool. Describe
[ ] Core Knowledge and Competency Framework
[ ] Other. Describe
[ ] Do not evaluate and assess quality and effective practice

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

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

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

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

[ ] No

8.3 Spending - Evaluation and assessment of child care programs

8.3.1 Spending - Evaluation and assessment of child care programs:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on <u>evaluating and assessing the quality of child care programs, practice, or child development</u> during October 1, 2023 to September 30, 2024? $**23520**

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

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **Expenditures in this area include the conducting of pre and post Environmental Rating Scale observations as part of the Quality Recognition and Information System (QRIS) pilot. The Environmental Rating Scales are being used in the QRIS pilot to evaluate quality to support programs in continuous quality improvement efforts. In addition, some expenditures associated with ECE staff Environmental Rating Scale observations to support the QRIS pilot included time that was already included as part of the work paid under the Early Childhood Enrichment (ECE) contracts for training, technical assistance, and coaching reported in Section 2.0. Funding for this work reported here is also included in total spending for the QRIS pilot in Section 4.0 as this funding was included under the contract for the pilot.**

8.4 Progress Update

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

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

Measurable indicators of progress the state/territory reported in section 7.7.2 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
N/A

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.7.2 of the FFY 2022-2024 CCDF Plan:
South Dakota did not identify this area as a quality activity in the FFY 2022-2024 State Plan.

As part of the state Quality Recognition and Information System (QRIS) pilot, DSS adopted Environmental Rating Scale (ERS), including the Infant/Toddler Environment Rating Scale. Third Edition (ITERS-3), Early Childhood Environment Rating Scale, Third Edition (ECERS-3), the School-Age Care Environment Rating Scale, Updated (SACERS-U), and Family Child Care Environment Rating Scale, Third Edition (FCCERS-3). During this reporting period, DSS had two full-time coaches contracted to conduct these external observations along with additional staff located in the SD Early Childhood Enrichment (ECE) System to support the QRIS pilot implementation as needed. Through the Quality Recognition and Information System (QRIS) pilot, each program has an initial and post external Environmental Rating Scale (ERS)

observation completed in 1 classroom per age-group or setting. The feedback from the observations is shared with the director and the leadership team to inform the program's continuous quality improvement (CQI) process. At part of this meeting, information on LearnERS software is also given to providers and staff in the pilot.

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

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

9.1 Accreditation Support

9.1.1 Accreditation Support:

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

[ ] Yes, providers were supported in their pursuit of accreditation
  a. Licensed center-based programs
  b. License-exempt center-based programs
  c. Licensed family child care homes
  d. License-exempt family child care homes (care in providers' home)
  e. Programs serving children who receive CCDF subsidy

[x] No lead agency support given to providers in their pursuit of accreditation.
[ ] N/A. Describe:

9.1.2 Spending – Accreditation Support:

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

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

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

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

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

Optional: Use this space to tell us any additional information about how funds were spent
[x] No

9.2 Progress Update

9.2.1 Progress Update – Accreditation Support:

Supporting providers in the voluntary pursuit of accreditation.

Measurable indicators of progress the state/territory reported in section 7.8.2 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
N/A

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.8.2 of the FFY 2022-2024 CCDF Plan:
South Dakota did not identify this area as a quality activity in the FFY 2022-2024 State Plan.

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

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

10.1 High-Quality Program Standards

10.1.1 High-Quality Program Standards:

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

[x] QRIS, check which indicators the lead agency has established:
    [x] Health, nutrition, and safety of child care settings
    [x] Physical activity and physical development in child care settings
    [ ] Mental health of children
    [x] Learning environment and curriculum
    [ ] Ratios and group size
    [ ] Staff/provider qualifications and professional development
    [ ] Teacher/provider-child relationships
    [ ] Teacher/provider instructional practices
    [ ] Family partnerships and family strengthening
    [ ] Other. Describe:
[ ] Early Learning Guidelines
[ ] State Framework. Describe
[ ]Core Knowledge and Competencies
[x] Other. Describe **Through funding from the South Dakota Department of Health, the state Early Childhood Enrichment (ECE) system provided fitCare training and technical assistance and the Physical Activity Technical Assistance (PATA) program to support the development or revision of a program physical activity policy.**
[ ] N/A – did not help provider develop or adopt high quality program standards

10.1.2 Spending - High-Quality Program Standards:

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

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

> [x] CCDF quality funds
> [x] Non-CCDF funds
> [ ] CARES funds
> [ ] CRRSA Funds
> [x] ARP Supplemental Discretionary
> [ ] ARP Stabilization 10% set-aside
> [ ] Unable to report. Indicate reason:
>
> What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to **support providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development** during October 1, 2023 to September 30, 2024? $**82976**
>
> [ ] Unable to report total amount spent. Indicate reason:
>
> *Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

[ ] No

10.2 Progress Update

10.2.1 Progress Update - High-Quality Program Standards:

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

Measurable indicators of progress the state/territory reported in section 7.9.2 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
Safe Sleep Policy training: The performance measure for the safe sleep policy training is a reduction in the number of instances of non-compliance of safe sleep practices by child care licensing in infant classrooms. In FFY 20, there were 20 citations for non-compliance with safe sleep practices. fitCare and Early Learning and Development Guidelines: The ECE System conducts pre and post surveys to measure knowledge of providers gained attending specific training series. In FFY 20, participant knowledge gain in the each of the following fitCare pillars was recorded: Recharge (5.7%), Mood (32.6%), Move (14.7%), and Food (7%). Technical assistance outcomes are tracked utilizing a standardized data collection system that collects

information from the child care provider prior to the technical assistance visit, at the end of the first onsite technical assistance visit, and at routine follow-up visits (30,60,90, and 120 days). This process measures behavior change as provider's progress through the technical assistance process and put the knowledge they have gained into practice. These forms collect information on the five key measures that determine if a child care provider will/does positively change practice. These measures are knowledge gained, confidence to put the intended action into practice, intent to put this knowledge into practice, practicing the action and if the intended action has become a habit. In FFY 20, providers participating in technical assistance showed an increase in knowledge and confidence levels from the initial visit to the final visit in the area of Move (50% knowledge/48% confidence). Social Emotional Foundations Project: The measure of progress for this project is that the interventions provided by the ECE agencies and the local community mental health agency result in the child being able to remain in their current child care setting. In FFY 20, of the 81 children referred to the program, 42 remained in care, 23 are active cases and 28 were referred to community mental health or play therapists for additional support. Physical Activity Technical Assistance (PATA): Program progress in the PATA program is measured through 4 stages of involvement including (action with the director, action with staff, action with parents and maintenance). Successful completion of the program is documented as entering the maintenance stage of the program. To be considered in the maintenance stage, a program must have completed their program physical activity, supported their staff in obtaining the knowledge and skills needed to implement the policy and formally inserted the policy into their parent and staff handbook. CCS will track the number of programs in the maintenance stage along with the number of staff reached and children impacted through this program. In FFY 20, 30 programs (impacting 2,526 children and 591 providers) were actively working toward implementing a program physical activity policy. One program during this period fully implemented their policy and entered the maintenance phase of the program. In addition, during the federal fiscal year, the program provided support to another 23 programs (impacting 1,709 children and 460 providers) who had previously entered the maintenance phase of the program to ensure continued program wide implementation of the policy.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.9.2 of the FFY 2022-2024 CCDF Plan: The Early Childhood Enrichment (ECE) System collaborates with the state Department of Health to administer the fitCare program. The goal of the fitCare program is to help child care providers develop and maintain a healthy environment. The four pillars of fitCare are Recharge, Mood, Move and Food. In FFY 24, 74 individuals participated in at least one class in the 4-class series. Pre and post data were tracked to measure participant knowledge gain and increases were noted in the following areas: Recharge (1.9%), Move (3.1%) and Food (10%). Thirty-one child care providers participated in fitCare technical assistance following the completion of

fitCare training. During this reporting timeframe, providers participating in technical assistance showed an increase in knowledge and confidence levels from the initial visit to the final visit in the area of Recharge (22.2% knowledge/22.2% confidence), Mood (18.8% knowledge/18.8% confidence), Move (25.8% knowledge/28.1% confidence), and Food (36.8% knowledge/36.8% confidence).

Sanford Children's CHILD Services in southeastern South Dakota also collaborates with the state Department of Health office to administer the Physical Activity Technical Assistance (PATA) program. The PATA program works with child care programs to evaluate and promote best practices within their program physical activity policy. Eleven programs participated in the Physical Activity program in federal fiscal year 2024. Sixty-eight programs have participated in the programs since it was launched. In addition, 2 programs that had completed the program were contacted to determine if additional supports were needed to continue to implement their program's physical activity policy. In FFY24, the main challenge that continued to impact program participation in the PATA program was the time investment of the directors and staff. Directors report it is difficult to get teachers on board with implementing a new policy. Another challenge making sure the environment is set up for new policy implementation.

The goal of the Foundations project is to assist programs in accessing technical assistance, coaching, and training to increase the early childhood provider's ability to manage difficult behaviors to prevent and/or limit expulsion and suspension practices in the early childhood setting. Currently the project provides services in two regional ECE service areas, Rapid City (western), and Sioux Falls (southeastern). In FFY 24, 110 children exhibiting challenging behaviors in 56 programs received support through the program. Of the 110 children referred to the program, 79 remained in care. Also, twenty-three children were referred to community mental health or play therapists for additional support. Fifteen children were expelled from the child care program after seeking assistance.

The SD ECE Resource Hub was launched in April of 2024 to provide a new way for childcare and school-age care educators in South Dakota to find information to support their businesses and classrooms. Features and benefits of South Dakota ECE Resources include thousands of practical and customizable resources, including sample policies, procedures, handbooks, forms, job descriptions, and interview guides, a business toolkit, and learning activities and resources. South Dakota ECE Resources is available to educators currently working in a state-registered or licensed childcare or school age program at no cost. During FFY 24, 241 child care providers had registered and accessed resources.

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

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

11.1 Sustainability funding to child care providers

11.1.1 Sustainability funding to child care providers:

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

[ ] Yes. If yes, describe and check which types of providers were eligible and number served.
    [ ] Licensed center-based programs
    [ ] License-exempt center-based programs
    [ ] Licensed family child care homes
    [ ] License-exempt family child care homes (care in providers' home)
    [ ] In-home (care in the child's own home)
    [ ] Other (explain)
[x] No.
[ ] N/A.   Describe:

11.1.2 Spending – Sustainability funding to child care providers:

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

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

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

[x] No

11.2 Data Systems Investment

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11.2.1 Data Systems Investment:

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

[x] Yes. Describe: **The Office of Licensing & Accreditation utilized funding to implement a new database system for storing information related to licensed child care providers. This system features a public-facing constituent portal that allows users to:**

**Search for child care providers,
View inspection results, corrective actions, and license certificate information,
Submit complaints, and
Initiate inquiries.**

All state-licensed child care providers have access to this online system, which aims to enhance efficiency in receiving and submitting information and streamline overall communication with the licensing team.

The Child Care Assistance program utilized funding for a modernized benefit eligibility and enrollment system (BEES). BEES will allow families to apply for Child Care Assistance through a secure portal, report changes in circumstances, and view eligibility information about their case. It also allows child care providers to request reimbursement, report changes, and view notices. During this timeframe, the following work was done:

**Contract negotiations with the chosen vendor;
Project kick-off;
Requirements validation; and
System design and development.**
[ ] No

11.2.2 Spending - Data Systems Investment:

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

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

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

[ ] No

11.3 Supply and Demand Analysis

11.3.1 Supply and Demand Analysis:

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

[x] Yes. Describe findings: **South Dakota contracted with a vendor to complete a Child Care Workforce study in FFY 2024. The Department of Social Services commissioned this project to identify strategies to empower local communities to improve the recruitment and retention of the child care workforce in South Dakota. The study provided comprehensive data to empower South Dakota stakeholders to build a sustainable child care workforce that meets the needs of children and families, supports parents to enter and stay in the workforce, and contributes to South Dakota's strong economy.**
[ ] No

11.3.2 Spending - Supply and Demand Analysis:

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

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

[ ] CCDF quality funds
[ ] Non-CCDF funds
[ ] CARES funds
[ ] CRRSA Funds
[x] ARP Supplemental Discretionary
[ ] ARP Stabilization 10% set-aside

[ ] Unable to report. Indicate reason:

[ ] No

11.4 Supply and Demand Initiatives

11.4.1 Supply and Demand Initiatives:

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

[ ] Child care deserts
[ ] Infants/toddlers
[ ] Children with disabilities
[ ] English language learners
[ ] Children who need child care during non-traditional hours
[x] Other. Describe: **South Dakota utilized funding to target underserved populations, family day care, and rural communities to build child care capacity.**

11.4.2 Spending - Supply and Demand Initiatives:

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

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

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

[ ] No

11.5 Provider Compensation and Benefits

11.5.1 Spending - Provider Compensation and Benefits:

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

[ ] Financial bonuses (not tied to education levels)
[ ] Salary enhancements/wage supplements
[ ] Health insurance coverage
[ ] Dental insurance coverage
[ ] Retirement benefits
[ ] Loan Forgiveness programs
[x] Mental Health/Wellness programs **68**
[ ] Start up funds
[ ] Other. Describe:
[ ] N/A. Describe:

11.5.2 Spending - Provider Compensation and Benefits:

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

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

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

[ ] No

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

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

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on <u>other activities to improve the quality of child care services</u> during October 1, 2023 to September 30, 2024? $**25235675**

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

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

11.7 Progress Update

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

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

Measurable indicators of progress the state/territory reported in section 7.10.1 of the 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
N/A

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.10.2 of the 2022-2024 CCDF Plan: **Child Care Services contracted with Worthy Well Empowered from November 2023 ▯ May 2024 to continue to deliver training in the Trauma Resource Institute's Community Resiliency Model (CRM). During this period, 335 child care providers participated in one of 22 training opportunities. As part of the contract, Worthy Well Empowered created a 52-week Community Resiliency Model Resiliency Pause booklet was created to be shared with child care programs across the state. The CRM Resiliency Pause booklet provides a template that directors can use to walk through the Resiliency Pause with their staff each week. In FFY 24, six trainers in the ECE System completed the CRM Trainer Certification process to continue to build capacity within system.**

In late August 2023, the Department of Social Services launched the Child Care Provider Mental Health Voucher program. Through the program, individuals working in state licensed and registered childcare programs could choose from one of 17 participating mental health providers and receive up to eight mental health counseling sessions. Sessions were available in person or via telemedicine. The project managed by the DSS Division of Behavioral Health ended in August 2024, due to the ending of project funding through the American Rescue Plan Act (ARPA) Discretionary Funds. Over the course of the project, 68 vouchers were issued to child care providers to access mental health counseling services through 12 mental health agencies across South Dakota. In total, funding paid for 329 services. Individuals working in all

child care settings were served through this program. An average of 6 sessions per voucher were accessed. More than 56% of those served through the program had been working in the field 2-10 years.

To support the need for child care business training, the SD Early Childhood Enrichment (ECE) System received funding to support a Child Care Summit for South Dakota child care directors and leaders. The 3rd annual event was held on July 12-13, 2024. This year's event featured two tracks. The first will feature Jill Bella from the McCormick Center for Early Childhood Leadership and the second was as a kick off for the Strengthening Business Practice training with staff from the SD Early Childhood Enrichment (ECE) system. Debi Mathias with the BUILD Initiative was the keynote speaker. Fifty professionals from across the state walked away with ideas for improving orientation and onboarding, inclusive leadership, how to build trust with staff, budgeting, and business strategies as well as tips on building a better workplace culture.

The Department of Social Services (DSS) worked with the Governor's Office of Economic Development (GOED) to administer Community Planning and Implementation Grants to expand child care opportunities in South Dakota communities. These funds were used to develop innovative strategies and detailed plans aimed at addressing ongoing challenges that stem from the limited availability of child care resources. Twenty-eight communities received the Community Planning Grant in November 2024. In March 2024, after new application cycle, 13 communities were awarded a Community Implementation Grant in the second phase of the program. This phase provided funding for communities to implement innovative, strategic, and detailed plans that address their individual supply and demand child care challenges.

The South Dakota Workforce study conducted in FFY 2024 collected data on the state's child care workforce. In addition, the study highlighted several successful efforts by employers and community organizations to address this critical issue. These case studies highlighted the need to maintain a focus on local-level child care solutions, where communities and employers can directly respond to the unique needs of families. Throughout FFY 2024 through opportunities provided through stimulus funded grant projects, the Department of Social Services (DSS) and the Early Childhood Enrichment (ECE) System continued their commitment to working alongside local stakeholders to support the growth of child care programs and alleviate barriers to access collaborating with communities. By strengthening partnerships and ensuring resources are directed where they are most needed, these organizations aim to enhance child care access and availability at the local level. This approach ensures a more sustainable, responsive, and effective strategy for addressing the child care needs of families across the region.

Statewide child care referral services are made possible through a partnership with the South Dakota Department of Social Services, the South Dakota Early Childhood Enrichment (ECE) System, and the Helpline Center. Child Care Helpline operated by the Helpline Center provides child care referral services to families and works with providers to utilize the Provider Profile Registry going forward to update details about their child care program. In FFY 24, the Child Care Helpline supported 892 families with referrals for 463 children by providing the names of 3,741 child care programs as referrals for child care. In addition, the Child Care Helpline assisted 266 child care programs in updating their profiles on the Provider Profile Registry

12) Annual Report

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

12.1 Annual Report and Changes

12.1.1 Annual Report:

Describe the annual review and assessment of serious injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible. **The Office of Licensing and Accreditation (OLA) collects data monthly through licensing specialists, who complete a specific form containing pertinent details regarding injuries or deaths. These forms are submitted to the State Lead Licensing Specialist, who inputs the information into an Excel spreadsheet. At the end of each federal fiscal year, the compiled data is reviewed.**

An annual meeting is held, involving a team composed of OLA child care licensing staff and Child Care Services quality initiative staff. The team reviews the collected data, discusses concerns, and identifies emerging patterns. This year's meeting took place on December 11, 2024.

12.1.2 Annual Report Changes:

Describe any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on the annual review and assessment. **There were no regulatory, enforcement mechanism, or formal policy changes implemented as a result of the annual review. However, the information collected will include data regarding outdoor injuries associated with playgrounds. Specifically, the Office of Licensing & Accreditation aims to gather data on the number of injuries occurring on playgrounds with surface material compared to those without. Based on these findings, the Office of Licensing & Accreditation will advocate for additional training opportunities focused on injury prevention.**