



Office of Child Care: Administration for Children and Families

OMB Control No: 0970-0490

Expiration Date: 1/31/2020

# **Preschool Development Grant Birth through Five Renewal Grant Performance Progress Report**

## **About this Performance Progress Report**

The purpose of the Performance Progress Report (PPR) is to help the Administration for Children and Families (ACF) in consultation with the Department of Education (ED) assess the progress of Preschool Development Grant Birth through Five (PDG B-5) Renewal Grantees. This PPR is tailored to the specific goals and objectives of the PDG B-5 Renewal Grants and will allow ACF to collect useful information from grantees in a uniform and systematic manner. This PPR will be collected annually and supplement the standard ACF required PPR.

## **Time Burden**

This data collection is expected to require an average of 3 hours per response.

## **Instructions**

The Performance Progress Report is collected on an annual basis and is to be submitted by 1/31.

For more information about program reporting requirements, refer to Funding Opportunity Announcement (FOA) HHS-2019-ACF-OCC-TP-1567.

## **Compliance**

Responses will be kept private to the extent permitted by law.

**THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13):** Public reporting burden for this collection of information is estimated to average 3 hours per response, including time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Preschool Development Grant Birth through Five (PDG B-5) Renewal Grantees are engaged in a wide array of grant activities, have varied programs in their mixed delivery systems (MDS), and have differing data capacities and capabilities. In addition, each grantee is working toward achieving unique goals and objectives. There may be questions in this progress report that are not directly applicable to each grantee or that each grantee may not have the requisite information/data to currently answer. If you do not respond to a question, describe why it has been left blank and describe any planned activities that will enable completion of a response to the question in future performance progress reports.**

**Section A:**

A.1

Complete the table to provide the following information regarding the programs in your state’s PDG B-5 MDS.

- i. PDG B-5 MDS Program Name: Provide the names of all programs that are included in your state’s PDG B-5 MDS.
- ii. Lead Agency/Department: Provide the name of the primary state agency or department that administers and oversees each program in the state’s PDG B-5 MDS.
- iii. Lead Office/ Division/ Bureau: Identify the office, sub-office, division, bureau, etc. for each program in the state’s PDG B-5 MDS.

A.2

Describe recent or ongoing efforts to streamline the administrative governance of programs in your state’s PDG B-5 MDS. Describe progress since last reporting period and planned activities for the next reporting period.

A.3

Does your state have any working groups comprised of PDG B-5 MDS program representatives that meet specifically about the PDG B-5 initiative?

If “Yes”, fill out the information in Table A.3.1. If “No”, proceed to Question A.4.

A.3.1

If answered “Yes” to Question A.3, complete the table to provide the following information:

- i. Participating PDG B-5 MDS Programs: Indicate the number of representatives that participate in the working group from each PDG B-5 MDS program.
- i. Meeting Frequency: Indicate how often (i.e., weekly, bi-weekly, monthly, quarterly, yearly) this working group meets or provide an alternative category by indicating ‘Other’.
- ii. Working Group Goals and Objectives: Describe the goals and objectives of this working group.

A.4

Does your state have other active councils or working groups that support efforts to coordinate programs within its PDG B-5 MDS (e.g., children’s cabinets, early learning advisory groups)?

If “Yes”, fill out the information in Table A.4.1. If “No”, proceed to Question A.5.

A.4.1

If answered “Yes” to Question A.4, complete the table to provide the following details for each active council or entity:

- ii. Council/Entity Name: Provide the name of the active council or entity.

- iii. Council/Entity Description: Describe the goal council/entity and whether coordination amongst PDG B-5 MDS programs is an explicit focus.
- iv. Council/Entity Goals and Objectives: Describe the goals and objectives of this council/entity.
- v. Participating PDG B-5 MDS Programs: Identify all PDG B-5 MDS programs and the # of representatives from each on the council or entity.

A.5

Does your state have external partners that support state efforts to coordinate programs within your state’s PDG B-5 MDS?

If “Yes”, fill out the information in Table A.5.1. If “No”, proceed to Question A.6

A.5.1

If answered “Yes” to Question A.5, complete the table to provide a detailed description of each external partnership:

- i. External Partner Name: Provide the name of the external partner.
- ii. External Partner Category: Select the category (i.e., local government, tribal authority, foundation, non-profit organization, business) that best describes the external partner or provide an alternative category name by indicating ‘Other’.
- iii. Coordination with PDG B-5 MDS Programs: Identify all PDG B-5 MDS programs associated with this partnership.
- iv. Is there a formal partnership agreement/MOU: Answer yes or no.
- v. Partnership Goals and Objectives: Describe the goals and objectives of this partnership.

A.6

Describe recent or ongoing efforts to better coordinate programs in your state’s PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

A.7

Describe how your state’s Head Start Collaboration Office is engaged in PDG B-5 activities and otherwise supports state efforts to coordinate programs in your PDG B-5 MDS.

A.8

Complete the table to describe the following terms as defined by your state for the PDG B-5 initiative:

- Quality Early Childhood Care and Education
  - Availability
  - Vulnerable or Underserved
  - Children in Rural Areas
  - Low-Income Children/Families
- i. Does the state have a PDG B-5 definition for this term: Fill in yes or no to indicate whether the state has an established definition for each term that is specific to PDG B-5.
  - ii. Definition or Coding: Describe how the state defines each term listed.
  - iii. Which of your state’s PDG B-5 MDS programs use this definition: Identify all of your state’s PDG B-5 MDS programs that utilize the definition.

A.9

Describe recent or ongoing efforts to standardize definitions across programs in your state’s PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

## **Section B:**

B.1. Complete the tables below.

B.1.1. Type of Services Provided: Identify the type of services provided by each program in your state's PDG B-5 MDS.

B.1.2 Funding and Expenditures:

- i. **Funding Fiscal Year:** Insert the most recent Fiscal Year used as reference for the funding data that will be provided in this table.
- ii. **Expenditure Fiscal Year:** Indicate the most recent Fiscal Year used as reference for the expenditure data that will be provided in this table.
- iii. **PDG B-5 MDS Program Name:** All PDG B-5 MDS programs identified in question A.1 are listed automatically in the table.
- iv. **Types of Funding Sources:** Indicate whether the program is funded by federal, state, county/local, and/or private funds (indicate all that apply).
- v. **Federal Funding Sources:** If "Federal" was selected as a funding source in the previous column, indicate which federal funding sources apply to the PDG B-5 MDS program entered in the corresponding row.

Federal funding sources may include:

- **CACFP:** Child and Adult Care Food Program
- **CCDF/CCDBG:** Child Care Development Fund/Child Care Development Block Grant
- **CHIP:** Child Health Insurance Program
- Head Start/Early Head Start
- **IDEA Part B Sec. 619:** In reference to IDEA Part B, Section 619, also known as Preschool Grants for Children with Disabilities
- **IDEA Part C:** Also known as Early Intervention for Infants and Toddlers with Disabilities
- **Medicaid**
- **MIECHV:** Maternal, Infant, and Early Childhood Home Visiting program
- **PDG B-5:** Preschool Development Grant Birth through Five Initial or Renewal Grant
- **SNAP:** Supplemental Nutritional Assistance Program
- **TANF:** Temporary Assistance for Needy Families
- **Title I:** Title I Grants to Local Education Agencies
- **Title IV-E:** Foster Care Title IV-E
- **WIA:** Workforce Innovation Act
- **WIC:** Special Supplemental Nutrition Program for Women, Infants, and Children
- **Other:** Funding streams other than those mentioned above. Provide the name of the federal funding stream.

If "Federal" was not selected, move to the next column.

- i. **Federal Funding:** Provide the total amount of federal funding for each program. (Format: \$1,425,572)
- ii. **State Funding:** Provide the total amount of state funding for each program. (Format: \$1,425,572)
- iii. **Other Funding:** Provide the total amount of funding for each program that does not come from state or federal sources. (Format: \$1,425,572)
- iv. **Total Funding:** Sum of Federal Funding, State Funding, and Other Funding columns.
- v. **Total Expenditures:** Provide the total expenditure for each program across all funding sources. (Format: \$1,425,572)
- vi. **Service Delivery Expenditures:** Provide the total expenditure for each program associated with service delivery. For the purposes of this form, service delivery is defined as non-overhead expenditures. (Format: \$1,425,572)

vii. Overhead Expenditures: The difference between Total Expenditures and Service Delivery Expenditures.

As of Date: Enter an “as of date” for the data entered in Table B.1.1 above. (Format: October 15, 2019)

### B.1.3

Data entered in this table pertain to the number of children served by each program in your state’s PDG B-5 MDS.

***If data is not available, indicate “UN” for unavailable. If data do not apply, indicate “NA” for not applicable.***

- i. PDG B-5 MDS Program Name: All PDG B-5 MDS programs identified in question A.1 are listed automatically in the table.
- ii. Total Children Served, across all ages: Provide the total number of children, across all ages, served by each PDG B-5 MDS program.
- iii. Total B-5 Children Served: Provide the total number of children ages B-5 served by each program.
- iv. Vulnerable or Underserved B-5 Children Served: Provide the total number of children ages B-5 who fall under the state’s PDG B-5 definition of vulnerable or underserved and are served by the program.
- v. Low Income B-5 Children Served: Provide the total number of children ages B-5 who fall under the state’s PDG B-5 definition of low income and are served by the program.
- vi. Rural B-5 Children Served: Provide the total number of children ages B-5 who fall under the state’s PDG B-5 definition of children in rural areas that are served by the program.
- vii. Ages 0 -1: Provide the total number of children served by the program under the age of 1.
- viii. Age 1: Age 1 consists of children that have turned 1 and are under the age of 2.
- ix. Age 2: Age 2 consists of children that have turned 2 and are under the age of 3.
- x. Age 3: Age 3 consists of children that have turned 3 and are under the age of 4.
- xi. Age 4: Age 4 consists of children that have turned 4 and are under the age of 5.
- xii. Age 5: Age 5 consists of children that have turned 5 but are under the age of 6.
- xiii. As of Date: Enter an “as of date” for the data entered in Table B.1.2 above. (Format: October 15, 2019)

#### B.1.3.1

***If data is not available, indicate “UN” for unavailable. If data do not apply, indicate “NA” for not applicable.***

If the state is able to provide distinct (unduplicated) counts of children served across the PDG B-5 MDS, enter those counts for each column.

### B.1.4

***If data is not available, indicate “UN” for unavailable. If data do not apply, indicate “NA” for not applicable.***

Data entered in this table pertain to the number of families served by each program in your state’s PDG B-5 MDS.

- i. PDG B-5 MDS Program Name: Identify all the programs in your state’s PDG B-5 MDS.
- ii. Total Families Served, include families with children of all ages: Provide the total number of families served by each program.
- iii. Total B-5 Families Served: Provide the total number of families with children ages B-5 served by each program.
- iv. Vulnerable or Underserved B-5 Families Served: Provide the total number of families with children ages B-5 who fall under the state’s PDG B-5 definition of vulnerable or underserved and are served by the program.
- v. Low Income B-5 Families Served: Provide the total number of families with children ages B-5 who fall under the state’s PDG B-5 definition of low income and are served by the program.
- vi. Rural B-5 Families Served: Provide the total number of families with children ages B-5 who fall under the state’s PDG B-5 definition of children in rural areas that are served by the program.
- vii. As of Date: Enter an “as of date” for the data entered in Table B.1.3 above. (Format: October 15, 2019)

#### B.1.4.1

***If data is not available, indicate “UN” for unavailable. If data do not apply, indicate “NA” for not applicable.***

If the state is able to provide distinct (unduplicated) counts of families served across the PDG B-5 MDS, enter those counts for each column. If not, proceed to Question B.1.5.

B.1.5

If you were unable to provide any of the data in the questions above (B.1.1-B.1.3) due to data capacity limitations, describe barriers to providing data and plans to improve data capacity in order to report this information in future reporting periods.

B.2

Describe recent or ongoing efforts to serve more children and families in your state’s PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

B.3

Describe recent or ongoing efforts (including policies or incentives) to align funding, regulatory standards, or other regulatory requirements across your state’s PDG B-5 MDS programs. Describe progress since the last reporting period and planned activities for the next reporting period.

B.4

Describe recent or ongoing efforts across PDG B-5 MDS programs to engage unlisted, unregistered, unlicensed, or informal care providers. Describe progress since the last reporting period and planned activities for the next reporting period.

B.5

Do you have external partners that support state efforts to reach unlisted, unregistered, unlicensed, or informal care providers. If “Yes”, fill out the information in Table B.5.1. If “No”, proceed to Question B.6.

B.5.1

If selected “Yes” in Question B.5, provide the following information:

- i. External Partner Name: Provide the name of the external partner.
- ii. External Partner Category: Select the category of external partner (i.e., non-profit, business, tribal authority, local government, or provide indicate ‘Other’).
- iii. Coordination with PDG B-5 MDS Programs: Identify all PDG B-5 MDS programs associated with this partnership.
- iv. Partnership Goals and Objectives: Describe the goals and objectives of each partnership.

B.6

***If data is not available, indicate “UN” for unavailable. If data do not apply, indicate “NA” for not applicable.***

For Table B.6, provide the below information on registered ECE providers and slots to the extent possible.

- i. PDG B-5 MDS Program Name: Identify all the programs that offer ECE services in your state’s PDG B-5 MDS.
- ii. Who is included in your definition of “Registered Providers”?: Define registered provider, as it is defined by your state.
- iii. Total Number of Providers: Provide the total number of registered ECE providers associated with each PDG B-5 MDS program that offers ECE services.
- iv. Total Number of Center-Based Providers: Provide the total number of ECE center-based providers for each PDG B-5 MDS program that offers ECE services.
- v. Total Number of Home-Based Providers: Provide the total number of ECE home-based providers for each PDG B-5 MDS program.

- vi. Total Number of Slots: Provide the total number of provider slots for each PDG B-5 MDS program that offers ECE services.
- vii. Total Number of Center-Based Slots: Provide the total number of center-based provider slots for each PDG B-5 MDS program that offers ECE services.
- viii. Total Number of Home-Based Slots: Provide the total number of home-based provider slots for each PDG B-5 MDS program that offers ECE services.
- ix. As of Date: Enter an “as of date” for the data entered in Table B.4 above. (Format: October 15, 2019)

B.6.1

***If data is not available, indicate “UN” for unavailable. If data do not apply, indicate “NA” for not applicable.***

If the state is able to provide distinct counts of providers and slots across the PDG B-5 MDS programs that offer ECE services, provide the information below. If not, proceed to Question B.6.2.

B.6.2

If you were unable to provide any of the data in the questions above (B.6 or B.6.2) due to data capacity limitations, describe barriers to providing data and plans to improve data capacity in order to report this information in future reporting periods.

**Section C:**

C.1

Are any vulnerable and/or underserved populations prioritized for enrollment in your state’s PDG B-5 MDS programs? If “Yes”, fill out the information in Table C.1.1. If “No”, proceed to Question C.2

C.1.1

If “Yes” to C.1, fill out the information in Table C.1.1.

- i. PDG B-5 MDS Program Name: Identify the program in your state’s PDG B-5 MDS.
- ii. Prioritized Population(s): Name or describe the prioritized population(s) for the program listed in the corresponding row.
- iii. Prioritization Description: Describe how the listed populations are prioritized.

C.2

Describe recent or ongoing efforts to serve more vulnerable and/or underserved children and families in your state’s PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

**Section D:**

D.1

***If data is not available, indicate “UN” for unavailable. If data do not apply, indicate “NA” for not applicable.***

For Table D.1, detail which of your state’s PDG B-5 MDS programs that offer ECE services are included in the state’s QRIS and licensing system. Provide the following information:

- i. PDG B-5 MDS Program Name: Identify the programs in your state’s PDG B-5 MDS that offer ECE services.
- ii. Included in state QRIS System: Indicate whether the PDG B-5 MDS program listed in the corresponding row is included in the State QRIS System.
- iii. Included in state licensing system: Indicate whether the PDG B-5 MDS program listed in the corresponding row participates in the state licensing system.

D.2

Indicate whether the state has an early childhood workforce registry. If “Yes”, fill out the information in Table D.2.1. If “No”, proceed to Question D.3.

D.2.1

If “Yes” to D.2., identify which of your state’s PDG B-5 MDS programs participate in the state early childhood workforce registry.

D.3

Does your state have early learning standards? If “Yes”, proceed to question D.3.1. and D.3.2 If “No”, proceed to Question D.4

D.3.1

If “Yes” to D.3., for what ages?

D.3.2

If “Yes” to D.3., indicate which of your state’s PDG B-5 MDS programs use the early learning standards and describe how they use them (e.g., quality improvement initiatives, curricula selection, professional development and training, or other: describe).

D.4

Does your state have a competency framework that articulates the competencies (i.e., knowledge, skills, or other attributes) essential to the practice of teaching and caregiving for children B-5. If “Yes”, fill out the information in Table D.4.1. If “No”, proceed to Question D.5.

D.4.1

If “Yes” to D.4., indicate which of your state’s PDG B-5 MDS programs use the competency framework and how they use the competency framework (i.e., professional development and training, credentialing, quality improvement initiatives, or other: describe).

D.5

Describe recent or ongoing efforts to improve the quality of your state’s PDG B-5 MDS programs. Describe progress since the last reporting period and planned activities for the next reporting period

## **Section E:**

E.1

Identify the programs in your state’s PDG B-5 MDS that have providers featured or listed in your state child care consumer education website.

E.2

Does your state have a family engagement framework detailing how families are engaged across PDG B-5 MDS programs?

E.2.1

If “Yes” to E.1., fill out Table E.2.1 to indicate which programs in your state’s PDG B-5 MDS use the family engagement framework. If “No”, proceed to Question E.3.

E.3

Does your state have a Kindergarten Readiness Assessment (KRA)? If “Yes”, fill out the information in Table E.3.1. If “No”, proceed to Question E.4.



E.3.1

If “Yes” to E.3., describe whether and how the KRA aligns with your state’s early learning standards.

E.4

Describe recent or ongoing efforts to support collaboration between your state’s PDG B-5 MDS programs and elementary schools. Describe progress since the last reporting period and planned activities for the next reporting period.

## **Section F:**

F.1

Does your state have centralized or consolidated application processes established across programs in your PDG B-5 MDS? If “Yes”, fill out the information in Table F.1.1. If “No”, proceed to Question F.1.2.

F.1.1

If “Yes” to F.1, fill out the information in Table F.1.1.

- i. PDG B-5 MDS Program Name: Identify the PDG B-5 MDS programs included in a centralized or consolidated application process.
- ii. Description of the application process: Provide a brief description of the centralized or consolidated application process.

F.1.2

If “No” to F.1., is there a plan/roadmap to create centralized or consolidated application processes across your state’s PDG B-5 MDS programs?

F.1.3

Describe progress since the last reporting period and planned activities for the next reporting period. Include any plans the state has to enhance, expand, or improve previously consolidated application processes across your state’s PDG B-5 MDS programs.

F.2

Do any programs in your state’s PDG B-5 MDS share common eligibility requirements? If “Yes”, proceed to Question F.2.1. If “No”, proceed to Question F.3.

F.2.1

If “Yes” to F.2, describe common eligibility requirements and identify the programs they apply to. Describe progress since the last reporting period and planned activities for the next reporting period.

F.3

1. Describe recent or ongoing efforts to improve resource efficiency in your state’s PDG B-5 MDS programs. Describe efficiencies resulting from (1) resource sharing, (2) coordination of services, and (3) reduction in duplication of services. In addition, describe other approaches to improve resource efficiency. Describe progress since the last reporting period and planned activities for the next reporting period.

## **Section G:**

G.1

Describe governance of administrative data for each PDG B-5 MDS program. Include a description of the groups involved and their roles and responsibilities.

## G.2

Describe recent or ongoing efforts to streamline data governance. Describe progress since the last reporting period and planned activities for the next reporting period.

## **Section H:**

### H.1

Does your state have an integrated data system? If “Yes”, proceed to Question H.1.1. If “No”, proceed to Question H.1.2. For the purposes of this form, an integrated data system can be defined as a system which collects, integrates, maintains, stores, and reports information from programs across multiple agencies within a state that serve children and families.

#### H.1.1

If “Yes” to H.1., what agency governs the integrated data system?

#### H.1.2

If “Yes” to H.1., provide a detailed description of your state’s integrated data system.

#### H.1.2

If “Yes” to H.1., identify which PDG B-5 MDS programs are included in the integrated data system.

#### H.1.4

Describe recent or ongoing efforts to develop or enhance your integrated data system. Describe progress since the last reporting period and planned activities for the next reporting period.

H.1.5 IF NO, are there plans to build an integrated data system as part of the PDG B-5 grant? If so, describe plans and estimated timeline.

### H.2

Describe recent or ongoing efforts to enhance or improve data coordination and sharing across programs in your state’s PDG B-5 MDS. Describe progress since the last reporting period and planned activities for the next reporting period.

### H.3

Do any programs in your state’s PDG B-5 MDS have the data capacity to track children, families, and/or service providers longitudinally (i.e., over time)? If “Yes”, proceed to Question H.3.1. If “No”, proceed to Question H.3.2.

#### H.3.1

If “Yes” to H.3., describe the capability and how these data are used to inform PDG B-5 grant activities.

#### H.3.2

Describe recent or ongoing efforts to enhance or improve longitudinal data system capabilities. Describe progress since the last reporting period and planned activities for the next reporting period.

### H.4

Does your state have the ability to track and produce distinct (unduplicated) counts of children, families, and/or ECE providers across PDG B-5 MDS programs? If “Yes”, fill out the information in Table H.4.1. If “No”, proceed to Question H.4.2.

#### H.4.1

If “Yes” to H.4, fill out the information in Table H.4.1 regarding data capabilities.

- i. Capability Level: Indicate whether your state has the capability to produce distinct (unduplicated) counts of children, families, and/or providers (indicate all that apply).
- ii. Description of capability: Provide a description of the methodology used to produce a distinct (unduplicated) count of children, families, and/or ECE providers across the PDG B-5 MDS.
- iii. Data System Name and/or Description: Provide the name or a description of the data system that provides the capability.
- iv. Description of how this information may be used to inform PDG B-5 grant activities: Detail how the state currently or plans to use this data to inform PDG B-5 grant activities.

#### H.4.2

If “No” to H.4, describe plans to develop the capability to track and produce distinct (unduplicated counts) of children, families, and/or providers across your state’s PDG B-5 MDS.

#### H.5

How does your state currently use the administrative data of programs in your state’s PDG B-5 MDS? In table H.5, indicate the uses of administrative data from PDG B-5 MDS programs.

- i. Data Uses: Indicate the PDG B-5 MDS program that use administrative data for the following purposes:
  - Research
  - Continuous quality improvement
  - Reporting
  - Decision making
  - Other (describe)

### **Section I:**

#### I.1

##### PDG B-5 Grant Activity Status

Many PDG B-5 Renewal Grantees may be pursuing activities, goals, or objectives not mentioned in the above questions.

- i. Grant Activity, Goal, or Objective: Identify other activities, goals, and/or objectives.
- ii. Status: For each, indicate whether the activity, goal, or objective has not yet begun, is in-progress, or is complete.
- iii. Completion Date: Provide the date that your state completed or anticipates completing the listed activity/achieving the listed goal or objective (Format: October 15, 2019).
- iv. Activity Progress Details: Describe progress toward achieving goals and objectives. If applicable, attach any supporting documentation.

#### I.2

Describe recent or ongoing efforts to enhance and/or implement your state’s Program Performance Evaluation plan. Describe progress since the last reporting period and planned activities for the next reporting period.

#### I.3

Provide a description of how your Program Performance Evaluation has informed your PDG B-5 grant activities to date.