

Iowa State Child Care Advisory Council

Michael Marshall
Secretary of Senate
State Capitol
LOCAL

Mark Brandsgard
Chief Clerk of the House
State Capitol
LOCAL

Dear Mr. Marshall and Mr. Brandsgard:

Enclosed are copies of report to the General Assembly pursuant to the directive contained in SF 2432, Sec. 16. Department of Human Services, page 6, line 24 through page 8, line 18. The State Child Care Advisory Council (SCCAC) was directed to form a workgroup and submit a report with findings and recommendations to improve the regulatory system for home-based child care providers. In particular, SCCAC was directed to explore options for the implementation of mandatory registration, voluntary licensure, and mandatory licensure. In addition, SCCAC was directed to submit findings and recommendations regarding child care provider professional development, and consumer education.

Working collaboratively with Early Childhood Iowa, Community Empowerment and other stakeholders the workgroup developed the following overarching recommendations, to be phased in over a three – ten year period:

- Iowa should move from a registration-based regulatory system to a licensure system for home-based child care. All persons, providing child care on a regular basis in a home setting for more than one child unrelated to the provider should be subject to licensure. This would include the implementation of annual inspections of home-based child care providers.
- A quality workforce should require a core set of pre-licensing training requirements as well as on-going professional development requirements that support the development of children.
- Adequate child care assistance reimbursement rates should be established to create greater access to quality child care for low income families, and reward providers who demonstrate higher quality of care.
- Build on and expand current efforts to educate parents, policy makers, private enterprises and the general public about the importance of the first five years of a child's life and the benefits of having a quality early care, health and education system.

The State Child Care Advisory Council was honored to study the issues and provide recommendations to better assure children in home-based child care are in safe and nurturing environments.

If you have any questions regarding this report please feel free to contact me or the Council's key Department of Human Services liaison, Jeffrey Anderson.

Sincerely,



Barbara Grundleger
Vice-Chair
State Child Care Advisory Council

**Report to the Governor and the
General Assembly**

**Home-Based Child Care Study Report
and
Recommendations
for
Revising the Regulatory System
As Directed in
Senate File 2432**

**Prepared by the
Iowa State Child Care Advisory
Council**

December 15, 2008

Iowa State Child Care Advisory Council

Home-Based Child Care Study Report and Recommendations to the Governor and the Iowa General Assembly

Genesis of this Study:

Legislation was introduced during the 2007 Legislative session to make the registration of child care homes mandatory should a provider be caring for three or more children. A legislative interim committee conducted meetings during the summer and fall of 2007 to learn about the Iowa's current regulatory system, professional development and supports for regulated and non-regulated child care in homes. The committee was also provided the most recent research on these issues from state and national bodies including the National Association of Child Care Resource and Referral Agencies (NACCRRRA), the National Conference of State Legislators (NCSL), and Iowa State University.

The legislative interim committee issued a set of recommendations, which included the establishment of a workgroup to address these key issues:

- the possible implementation of a mandatory system of registration (of home-based child care providers) or a voluntary licensure system;
- planning for the phase-in and costs for additional inspection visits, increased expense for state child care assistance slots, state child care reimbursement strategies to reward quality;
- professional development of child care providers for improving the workforce, while insuring articulation between other programs and services serving young children and their families;
- enhancing community engagement to support early childhood needs within a coordinated system.

A copy of the Interim Committee final report and Recommendations are found in ATTACHMENT A.

Senate File 2432 directed the Iowa State Child Care Advisory Council (SCCAC) to be the workgroup to conduct the study and deliver a report to the legislature on or before December 15, 2008. See ATTACHMENT B.

How the SCCAC conducted the study and completed the report:

SCCAC agreed to a workgroup structure based on the Early Childhood Iowa (ECI) Component Workgroup structure to divide the work. The workgroups formed were Governance, Quality Services and Programs, Professional Development, Public Engagement, and Accountability for Results.

The goal was for workgroup to be co-chaired by a SCCAC member and ECI Component Workgroup member to better assure cross fertilization of work between the two bodies. SCCAC members, child care providers and early childhood stakeholders made up the membership of each workgroup based on expertise and/or interest. Department of Human Services child care policy experts provided direct support to each workgroup. See ATTACHMENT C for a complete list of workgroup members.

Each workgroup was given a sub-set of the issues from SF 2432 to address including recommendations for phased-in implementation. The Department of Human Services

provided the cost analysis. Each workgroup established its own internal assignments, process and schedule for completing the work.

Ms. Rae Anderson, of the National Child Care Information Center or NCCIC, provided at no cost to the Council group facilitation services, formats for collection and analyzing information, and upon request from the workgroups, national research and state-by-state comparison information on the issues.

Opportunities for all the workgroups to come together to compare the results of their work were provided on a monthly basis.

The SCCAC, through the workgroups grounded its recommendations in the following principles needed to create a system of home-based child care:

- the need for adequate regulatory rules, staff, and processes to assure safe and nurturing environments for children;
- the need for expanded professional development opportunities for home based child care providers, so they can provide high quality, developmentally appropriate services to children while guiding their physical, cognitive and social\emotional development.
- the need for fair compensation (livable wage) as well as additional incentives and benefits for those home based providers who offer high quality care to children living in low-income families; and
- the need for consumer and public education to understand the importance of well regulated and quality child care, regardless of whether home- or center-based care.

The groups framed their work in the broader context of a system of home-based child care that is defined by four overarching goals.

For each of these goals, the workgroups provided actions to accomplish the recommendations. The actions are arranged by phases, each of which could be 1 to 3 years in duration. The actions may begin in *different years*, depending upon legislation needed or funding, but progress logically from the development phase to the implementation.

It should be noted that some of the recommendations, including background checks, licensing fees and fines, and child care assistance rates, may also be applied to licensed child care centers and preschools.

Home-based child care is a necessary and most used type of child care in Iowa to meet the needs of families. Home-based child care provides unique benefits because children are cared for in a familiar, nurturing environment with a consistent caregiver. The caregiver to child ratio is often much lower than center-based care and children benefit from being in more intimate and mixed aged group settings, often with siblings. Home based child care is extremely popular due to offering families flexible hours, convenient locations, all in a nurturing home atmosphere.

**Goals to evolve home-based child care to provide safe,
nurturing and higher quality care**

Goal 1: Establish an enhanced regulatory system for home-based child care to assure all children are in safe, high quality and developmentally appropriate settings.

Iowa needs to move from a registration-based regulatory system to a licensure system for home-based child care. All persons, providing child care on a regular basis in a home setting for more than one child unrelated to the provider should be subject to licensure. This regulatory system must first have the resources to monitor and enforce standards consistently to assure children are provided care in a safe and nurturing environment. Persons who care for up to five children related to the provider on a regular basis in a home setting would be exempt from licensure, but may voluntarily choose to seek licensure.

Goal 2: Improve the quality of the home-based child care workforce and home child care environments that reflect the diversity of Iowa's families.

Increasing workforce quality requires a core set of pre-service requirements as well as on-going professional development requirements that support the development of children. Those requirements should be delivered in the context of an early care and education professional development system and integrated within a larger system of early care, health and education professional development system. The Iowa voluntary child care quality rating system (QRS) should be maintained to assist and reward child care providers in continuous program quality improvement.

Goal 3: Provide fair, just compensation, benefits and incentives to home-based child care providers to promote high quality home-based child care is available to children living in low-income families.

Adequate child care assistance (CCA) reimbursement rates should be established to create greater access to quality home-based child care for low income families, and reward providers who demonstrate higher quality of care. Child Care Assistance rates should be based on the most recent market rate survey and should include adequate rates for providing care to children with special needs.

Goal 4: Coordinate public engagement efforts with Early Childhood Iowa

Build on and expand current efforts to educate parents, policy makers, private enterprises and the general public about the importance of the first five years of a child's life and the benefits of having a high quality system of home-based child care.

Recommendations, Rationale, and Actions for Attaining the Goals

Goal 1: Establish an enhanced regulatory system for home-based child care to assure all children are in safe, high quality and developmentally appropriate settings.

G1-A Recommendations: Licensure

- License all home-based child care providers who provide care for more than one unrelated child. Licensing should follow the current categories for child development homes.
- Establish a license exempt category for those providing care on a regular basis for up to five children related to the provider.
- Provide funding for DHS to employ a program manager and support staff dedicated to home-based child care regulatory management

Rationale for Recommendations:

- *Home-based child care is the most common form of child care (53% according to one survey). Families who use home-based child care also use it, on average, more hours than any other form of child care (Larson, Kathlene, et al. (2005)), Child Care, Parents, and Work: The Economic Role of Child Care in Iowa, Ames, IA: Iowa State University Extension.).*
- *Forty-five other states have a lower threshold for requiring home-based child care regulation than Iowa's 6 children or more (NCCIC).*
- *Iowa's child care regulatory system was ranked 46th by the National Association of Child Care Resource & Referral Agencies (NACCRRA), in the report "Leaving Children to Chance: NACCRRA's Ranking of State Standards and Oversight of Small Family Child Care Homes (2008)", primarily due to lack of staff and no pre-registration visits or education/training requirements.*

G1-B Recommendations: Inspections

- Require pre-licensing visits to all child development homes seeking licensure and annual inspections both conducted by DHS.
- Provide funding for 75 -100 dedicated DHS staff to conduct pre-licensure visits and annual inspections of licensed of the approximately 5,500 home-based child care providers.

Rationale for Recommendations:

- *In the report, "The 2005 Child Care Licensing Study: Final Report", the average ratio of regulatory staff to child care facilities is 130:1 nationally. In the report, Iowa is reported to have the highest regulatory staff caseload in the country (591:1). The report bundles centers and homes together. (National Association for Regulatory Administration (NARA) and NCCIC, December 2006)*
- *DHS does not have dedicated regulatory staff to enforce existing regulations for home-based child care. Currently the state requires DHS to perform spot checks of 20% of registered homes and that is primarily accomplished by investigating complaints. In comparison, Arizona requires two annual visits and Arkansas requires three annual visits (NCSL presentation to interim committee).*

- *For eligible families to access the military child care assistance program, annual inspections of child care facilities are required. (NACCRRRA, Military Child Care Assistance Program)*
- *Most children in child care are not in settings that are subject to regulatory oversight that ensures their safety and security. (DHS presentation to Home-Based Child Care Committee, July 31, 2007).*

G1-C Recommendations: Background Checks

- Require federal background checks every four years for all home-based providers, residents of that household age 14 years and older and anyone else who may have access to the children. These may be completed every four years, as long as the provider has consistently been in business with no complaints filed.
- Federal background checks should also be conducted for all regulatory staff and consultants who enter the home.
- Establish a licensing fee (\$25-50) that is fair but meaningful to help defray costs of the background checks and inspections.
- Child care corrective action plans for non-compliance should include fines for higher risk factors; should increase in amount according to risk factors for children, for repeat violations and the refusal to become compliant; fines are due even if the provider is no longer licensed to provide services. *Rationale for*

Recommendations:

- *NCCIC reports (September 2007) that seven states require federal criminal history record checks or fingerprint record checks for all licensed child care centers. Such procedures, for both home-based child care and centers, would assist in identifying those who have committed crimes in other states, that may prohibit their ability to provide child care in Iowa under current law.*
- *Researchers have worked from the premise that an effective licensing system, having the characteristics that experts consider important, is critical for the State to successfully meet its statutory mandate to protect children in out of home care and to effectively enforce the law and licensing regulations. The components of an effective system include:*
 - *fair and uniform implementation and enforcement of rules;*
 - *updated, clear, measurable, research based rules;*
 - *strong provider support programs and services;*
 - *good consumer education on "what is licensing" and the roles of all parties in that process;*
 - *Full collaboration and coordination with other parts of the regulatory and non-regulatory early care and education system.*

(National Association of Regulatory Agencies 2005 Licensing Studies Program Survey)

G1-D Recommendation: Technology

- Encourage child care providers to make use of the new web-based Child Care Management Information System (Kindertrack) being piloted in the Fall of 2008 and scheduled for full implementation by the end of SFY 2009.

Rationale for Recommendations:

- *Kindertrack is a 'one-stop shop' for providers to find information on registration with the state as well as to provide on-line ability to:*
 - *Apply for Licensure as a Child Development Home*
 - *Find information regarding child care provider requirements*

Actions for Phasing in the Goal 1 Recommendations:

Action	Agency or Organization responsible for implementation	Comments
Phase 1		
Develop language for licensing child development homes and a licensed exempt home-based category for implementation at least one year after establishment of policy	DHS	Language developed collaboratively by DHS, SCCAC and the child care union.
Hire a Central Office Home-Based Child Care Program Manager and support staff	DHS	Position would require funding amounting to \$92,411 (\$77,496 state; \$14,915 federal).
Hire and train 75 -100 dedicated child development home regulatory staff to conduct inspections	DHS	Requires legislative action and state funding share of \$5.4 – 7.2M.
Implement federal background check for newly regulated providers, license exempt provider who receive CCA, as well as regulatory staff and consultants	DHS	Requires legislative action and additional costs amounting to \$24.00 per record check.
Study the use of graduated sanction and fines for non-compliance for both home and center- based child care	DHS, SCCAC	Provide recommendations to the Director of Human Services.
Maintenance for Kindertrack and Training Registry. Designated staff to process requests and address needs of the system, parents, providers, and DHS staff.	DHS	Requires funding amounting to yet to be determined.
Phase 2:		
Establish policies for licensing child development homes and a licensed exempt home-based category for implantation at least one year after establishment of policy		Requires legislative action.
Conduct all pre-licensure visits for new and renewal applications	DHS	Requires legislative action and funding as noted in Phase 1.
Conduct annual visits/inspections for 50% of home-based child care providers	DHS	Requires legislative action and funding as noted in Phase 1.
Implement federal and state background checks to all regulated providers and their household members as part of application and renewals.	DHS	Requires legislative action and funding as noted in Phase 1.
Implement graduated sanctions	DHS	Requires legislative action based upon recommendation of study conducted in Phase 1.
Phase 3:		
Fully implement new regulatory directives for home-based providers, including 20 hours of pre-licensing training	DHS	(See Goal 2 for pre-licensing training discussion.)
Conduct annual visits/inspections for remaining 50% of home-based child care providers. 100% of visits/inspections to be completed thereafter annually.	DHS	Cost of annual visits to be determined and sought based upon experience of Phases 1 and 2.

Goal 2: Improve the quality of the home-based child care workforce and home child care environments that reflect the diversity of Iowa's families.

G2-A Recommendation: Coordinated Professional Development

- Establish a Center for Early Care, Health and Education (or Early Childhood Professional Development in Iowa, to include 1-2 employees, with on-going funding to support participation by Early Childhood Iowa (ECI) partner agencies, with the addition of child care providers (union and non-union) and parents.

Rationale for Recommendation:

The Center would be the hub for coordination and planning of all efforts of early childhood professional development from the state agencies, AEAs, ISU Extension, IAEEYC/TEACH, child care resource and referral, state institutions, Head Start, and others who are requesting training approval status from DHS (including practitioner training opportunities, train-the-trainer activities, conferences, education; and support for license exempt child care providers, potential support for front line family support workers, etc.)

G2-B Recommendation: Pre-Licensing Training

- Increase training requirements, including 20 hours of pre-licensing training, such as CPR/ First Aid, Mandatory Abuse Reporting Training (MART), SIDS, car seats, shaken baby syndrome, and medication.

(See ATTACHMENT D for Matrix of Training Requirements)

Rationale for Recommendation:

- *A quality, educated workforce is a critical first step to ensuring quality care for children, to support the vision that "Every child, beginning at birth, is healthy and successful."*
- *Iowa does not require pre-service requirements. The 2007 NACCRRRA study, "Leaving Children to Chance", states, "Given that children spend so many hours a week in family child care homes, often with a lone provider, 40 hours of basic pre-service training should be required in child development, child abuse prevention, learning activities, health and safety, child guidance, and basic business practices."*
- *Busting the Myths about the Child Care Workforce (The North Carolina Institute For Early Childhood Professional Development, November 2007) documents need for quality workforce, including formal education.*
- *The seminal work From Neurons to Neighborhoods, a study of early childhood development by the National Research Council and the Institute of Medicine, finds that "both formal education levels and recent, specialized training in child development have been found quite consistently to be associated with high-quality interactions and children's development in center-based, family day care and even in in-home sitter arrangements" (Shonkoff and Phillips, 2000)*

G2-C Recommendations: Supporting Advanced Education

- Provide state funding to expand the enrollment capacity of T.E.A.C.H. Early Childhood Iowa to provide scholarships for the child care workforce to earn Child Development Associate (CDA) credential, as well as 2 and 4 year college degrees in early childhood studies.

- Implement a program, such as North Carolina's WAGES program, to increase the salaries of child care providers as they work toward 2 and 4 year college degrees in early childhood studies.
- Implement mandatory credentialing system of child care providers, all consultants, and regulatory personnel serving home-based child care providers.
- Ensure training is available statewide (offered consistently in standardized formats) for achieving and maintaining a CDA credential that is aligned with DHS regulations, DHS Quality Rating System, and possible credentialing systems
- Ensure equal access to for-credit and not-for-credit educational opportunities for all providers (including diverse and rural providers) in both on-line and traditional classroom settings
- Expand educational opportunities that provide Continuing Education Units (CEU's) so providers may maintain their CDA credential.
- Develop cultural competency training as this is a necessary skill for home-based child care providers.
- Recruit child care providers from Iowa's diverse communities and provide training, technical assistance and consultation to the providers so all families have access to high quality providers from culturally congruent backgrounds.
- Collaboratively develop an evaluation system for early childhood professional development with all partners involved in the provision of training and professional development.

Rationale for Recommendations:

- *Many child care providers welcome the opportunity to increase their knowledge; become more effective in their classrooms; and earn college credits, credentials, and degrees. The primary deterrent to childcare providers going back to school is barriers to access, including the cost of education; the time to take courses and balance work and family; and the time, places, and format in which classes are offered. (Busting the Myths about the Child Care Workforce)*
- *In the 2007-2008 school year, 441 child care providers were active in the T.E.A.C.H. Early Childhood® IOWA program, seeking degrees or CDA credentials by enrolling in 3767.5 college credit hours at 14 community colleges and 8 four-year colleges in Iowa. Of these participants, 156 were regulated family child care home providers. (T.E.A.C.H. Early Childhood® IOWA Executive Summary, 2008). Iowa's child care workforce is estimated at 17,000. Only 23% of family child providers report holding an associate's degree or higher, with 7% reporting CDA credentials (Benefits, Rewards, & Support: Incentives to Build Quality and Reduce Turnover in the Iowa Child Care Workforce, Iowa State University, 2006). In Iowa, 70% of the home-based child care provider workforce without CDAs or an early childhood degree could represent 8,400 providers. With the current funding levels, T.E.A.C.H. participation represents only 2% of the family child care providers without CDAs or an associate's degree or higher who are currently working to attain a degree in early childhood education.*
- *"When child care providers are earning more money and receiving better benefits, they will remain in their classrooms [programs]. Data from the Child Care WAGES® Project annual evaluation indicates that teachers [providers] with degrees do not leave their child care classrooms [programs]"*

at a faster rate than those without degrees. In FY '06 - '07, 16.7 percent of WAGE\$ participants with two- or four-year degrees left their classrooms [programs], while 18.8 percent of WAGE\$® participants without degrees left. (Child Care Services Association. 2007, October. The Early Childhood Workforce: Making the case for education. Chapel Hill, N.C.)

G2-D Recommendation: Technology

- Require all licensed providers to use the new web-based Child Care *training registry* by providers.

Rationale for Recommendation:

- *The training registry is designed to assist providers in managing their training requirements including:*
 - *Roster of classes available across the State*
 - *Enroll in classes and training opportunities*
 - *Maintain a record of classes completed to meet regulatory requirements.*

Actions for Phasing in the Goal 2 Recommendations:

Action	Agency or Organization responsible for implementation	Comments
Phase 1:		
Study the feasibility of establishing a Center for Early Care and Education, including whether is public or private entity and cost proposal.	ECI; Empowerment	Report findings to the ECI state agency liaisons and the Iowa Community Empowerment Board.
Increase capacity of T.E.A.C.H. Early Childhood Iowa scholarship program.	DHS; Department of Education	Requires funding.
Develop implementation plan for mandatory credentialing of child development home providers.	DHS; ECI; Empowerment	May require legislation and funding.
Develop and implement mandatory credentialing of all consultants and regulatory personnel serving child development homes.	DHS; ECI; Empowerment	Requires funding.
Increase training requirements.	DHS	Requires collaborative effort with child care union.
Develop and make recommendations, including a cost analysis for Evaluating the Professional Development System.	ECI	Requires funding.
Study the impact of a salary improvement system, such as the WAGES program and make recommendations for implementation.	DHS; Ia AEYC; ECI	Recommendation made to Legislature; DHS; Empowerment
Phase 2:		
Establish, if feasible, an Early Care and Education Center.	TBA	Requires funding.
Implement WAGES Program.	DHE and Ia AEYC	Requires funding.
Implement mandatory credentialing of child care providers.	ECI; DHS	Requires funding.
Implement standardized, consistent training state-wide to satisfy education hours for CDA credential.	DHS; Community Colleges	Requires funding.
Phase 3:		
Review licensing regulations in relation to credentialing.	DHS	May require legislation.

Goal 3: Provide fair, just compensation, benefits and incentives to home-based child care providers to promote high quality home-based child care is available to children living in low-income families.

G3-A Recommendations: CCA Reimbursement Rate

- Increase state funding for child care assistance (CCA) rates for both home-based and center based child care to the most current market rate survey at the 75th percentile or above.
- Apply consistent methods for collecting data for the child care market survey.
- Conduct a study by DHS and SCCAC and make specific recommendations to gradually introduce a tiered reimbursement system to target providers involved in the child care quality rating (QRS) system and/or the WAGES\$ program.

Rationale for Recommendations:

- *The federal child care bureau recommends states reimburse child care providers at the 75th percentile, based on the child care market rate survey allowing families access to 3 out of 4 child care providers or slots in the market(45 CFR 98.43(b)(2)). Iowa currently does reimburse at the 75th percentile of the 2004 market rate survey*
- *Nineteen states have a differential, or tiered reimbursement rate for providers who meet standards above the basic licensing requirements to encourage child care providers to improve the quality of care for children living in low income families. (State Child Care Subsidies: Trends in Rate Ceilings and Family Fees, NCCIC, May 2005)*

G3-B Recommendation: CCA Eligibility

- Gradually increase state funding to raise CCA family eligibility to 200% of the federal poverty level.

Rationale for Recommendation:

- *The current eligibility ceiling to receive CCA is at 145% of poverty.*
- *Federal laws would allow for the use of Child Care and Development Fund (CCDF) for assistance up to a ceiling of 185% of poverty. Funding for eligibility above 185% of poverty would be the responsibility of the state.*
- *Federal CCDF amounts have not increased in several years and are not believed to increase in the near future. Additional state investments would be needed to increase the eligibility without invoking a waiting list.*

G3-C Recommendations: CCA Payment

- Encourage child care providers who are reimbursed through the CCA program to make use of the new web-based Child Care Management Information System (Kindertrack) being piloted in the Fall of 2008 and scheduled for full implementation by the end of SFY 2009.
- Streamline CCA application and payment system reimbursement systems
- Study the ability of Kindertrack in implementing an Electronic Benefit Transfer or debit card payment option for home-based providers.

Rationale for Recommendation:

- *Kindertrack is a 'one-stop shop' for providers to find information on registration with the state as well as provide on-line ability to:*
 - *Apply to be a CCA provider*
 - *Bill the state for CCA, review their case file, and view payment status information*

- *NCCIC reports on 7 states with automated payment systems using Electronic Benefit Transfer (EBT) and swipe cards to transfer funds to recipients and providers. In Kansas, eligible families receive benefits on an EBT Vision card. Parents pay providers through an electronic transfer of funds activated by the card.*
- *Iowa's child support system has already implemented a successful debit card system, Relia Card, as an option for recipients. This could be another reimbursement option for home-based child care providers who may already choose to receive a check or have reimbursements made through automatic deposit.*

G3-D Recommendation: Health Care Coverage

- *Legislature should review and consider the recommendations of the joint study to be conducted by DHS and the AFSCME – Child Care Providers Together union on health care insurance and its potential to be offered as a benefit to providers who offer care to children living in low income families.*

Rationale for the recommendation:

By providing fair compensation and benefits such as affordable health insurance, the industry becomes more professionalized and better able to recruit and retain quality home-based child care providers.

Actions for Phasing in the Goal 3 Recommendations:

Action	Agency or Organization responsible for implementation	Comments
Phase 1:		
Increase family CCA eligibility from 145% to 155% federal poverty level.	DSH	Requires legislation and funding. Estimated cost is \$8.4 M above current state funding at 145%.
Study the capability of the new Kindertrack system to support the use of EBT or a debit card methodologies.	DHS	Develop a cost analysis of system changes needed to implement the methodologies.
Phase 2:		
Increase family CCA eligibility from 155% to 165% federal poverty level.	DHS	Requires legislation and funding. Estimated cost is \$8.4 M above state funding at 155%, in Phase 1.
Implement the CCA reimbursement rate based on the 'current' market rate survey.	DHS	Requires legislation and funding. Depending on which year it is implemented to determine the 'current' market rate and the costs.
Conduct a study of tiered reimbursement tied to the quality rating system and/or WAGES\$.	SCCAC	Report to the Director of DHS.
Implement, if feasible, EBT or debit card payment options.	DHS	May require funding, based on the study.
Phase 3:		
Implement tiered reimbursement system linked to the quality rating system and/or WAGES\$.	DHS	May require funding based on study.
Increase CCA eligibility from 165% to 175% federal poverty level. (Increase by 10% in each subsequent year until the state is funding a 200% federal poverty level.)	DHS	Requires legislation and funding. Estimated cost is \$10.2 M above state funding at 165%, in Phase 2.
Explore other uses of EBT or debit card methodologies to cover additional payments such as quality rating system achievement bonuses, WAGES\$, etc.	DHS	Report to the Director of DHS. May require additional funding based on study.

Goal 4: Coordinate public engagement efforts with Early Childhood Iowa

G4-A Recommendations: Coordinated Efforts

- Support current efforts with the ECI public engagement component workgroup to diligently raise awareness concerning the importance of the first five years of a child's life through:
 - Fund and implement a public awareness campaign and products to broaden public will for Iowa's Early Care Health, and Education System
 - Partnering with community, government, and business entities to foster commitment to Iowa's Early Care, Health, and Education System
 - Keeping stakeholders and policy-makers informed about legislative activities
 - Uniting and expanding the work being done on the national, state and local levels to improve services for young children and their families.
 - Raise Awareness - Providing important information about how young children learn, particularly the importance of the first three years of life, using existing materials and products. Educate consumers – Provide access to parents, grandparents and caregivers to materials on the importance of quality child care.
- Expand current public awareness efforts to educate the public on the child care voluntary child care rating system (QRS) for child development homes, licensed child care centers and preschools, and child care programs that are operated by school districts.
- Educate the public in the use of the new web-based Child Care Information System (Kindertrack) to view:
 - A listing of all registered and licensed child care providers
 - Training completed by individual providers
 - Provider regulatory status including any complaints that have been investigated by DHS

Rationale for the recommendations:

- *Parents and caregivers of young children understand that the early years are important, yet many aren't sure how to encourage early learning, or feel they don't have time to do what it takes to help their child succeed in school. Many communities are concerned about children coming to school unprepared, but aren't coming together to give parents more choices and children more opportunities. In response, United Way of America is partnering with the Ad Council, Civitas and Families and Work Institute to create Born Learning, an innovative public engagement campaign that helps parents, caregivers and communities create quality early learning opportunities for young children.*
- *The QRS was developed to raise the quality of child care in Iowa, to increase the number of children in high-quality child care settings, and to educate parents about quality in child care.*

Actions for Phasing in the Goal 4 Recommendations:

Phase 1, 2 and 3:

Action	Agency or Organization responsible for implementation	Comments
<ul style="list-style-type: none">• Support efforts of the ECI public engagement component workgroup.	DHS; ECI	On-going process and requires funding amount to be determined.
<ul style="list-style-type: none">• Providing easy, fun action steps that parents, grandparents and caregivers may use every day on the importance of quality child care.	DHS; ECI; Empowerment	Use the same information for distribution, including web-based distribution.
<ul style="list-style-type: none">• Expand the current public awareness efforts to educate consumers and the general public on the benefits of child care providers participating in the quality rating system.	DHS	Continue with current vendor to assure consistency of messages.
<ul style="list-style-type: none">• Educate the public, consumers and child care providers in the use of the new web-based Kindertrack system to access information about child care.	DHS; Child Care Resource and Referral; Empowerment	Provides a one-stop shop for accurate information about child care regulations, choosing quality child care and information about child care providers.

ATTACHMENT A

FINAL REPORT

Home-based Child Care Study Committee

January 2008

MEMBERS

Senator Keith A. Kreiman, Co-chairperson
Senator Staci Appel
Senator Daryl Beall
Senator Dave Mulder
Senator James A. Seymour
Representative Mary Mascher, Co-chairperson
Representative Mary Gaskill
Representative Dave Heaton
Representative Janet Petersen
Representative Jodi Tymeson

AUTHORIZATION AND APPOINTMENT

The Home-based Child Care Study Committee was created by the Legislative Council for the 2007 Legislative Interim and charged to consider options for increasing the number of home-based child care providers who are subject to registration. Not more than \$100,000 was authorized for the costs of research, pilot projects, and other testing of options. The Committee did not utilize the funding authorization. The Committee was initially authorized for two meeting days and requested and received approval to hold a third meeting day.

The meetings were held on July 31, October 10, and November 21, 2007.

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I. July 31, 2007, Meeting

Overview. At this initial meeting, the Home-based Child Care Study Committee organized and elected Senator Kreiman and Representative Mascher as co-chairpersons. The primary focus was to learn how the current system of home-based child care operates. Testimony was provided by staff from the National Conference of State Legislatures (NCSL); Department of Human Services (DHS); Office of Community Empowerment and local representatives of the community empowerment initiative; child care resource and referral agencies; and local staff under contract to work with the child care Quality Rating System, Child and Family Policy Center, and Iowa Policy Project.

National Conference of State Legislators. Ms. Steffanie Clothier, NCSL Program Director of the Children and Families Program, summarized materials provided by NCSL and the National Child Care Information Center (NCCIC) and related approaches used in other states. She indicated that almost half of states license child care provided to three or fewer children while Iowa requires registration when a provider cares for six or more children at one time. Only five states set the threshold higher than six children. The three main challenges for home-based child care providers are lack of professional support and training, isolation, and insufficient earnings and benefits. She

highlighted approaches used in various states to address these challenges and improve quality.

Department of Human Services. Mr. Jeff Anderson, DHS Bureau Chief, was joined by other DHS staff and local contractors in describing the regulatory structure for child care, subsidies for low-income families provided by the State Child Care Assistance (CCA) Program, and the recently implemented child care Quality Rating System. The department regulates 1,500 licensed child care centers and preschools and 5,373 registered child development homes with an overall capacity of 143,150 children. The number of unregistered providers is unknown. Full-time staff are not assigned to the regulation of home-based child care as is the case for center-based child care. Instead, DHS field staff has a percentage of their time assigned to home-based child care regulatory activities. Other than criminal and child abuse record checks performed by DHS and certain training requirements, most health and safety requirements are self-applied by providers. Approximately 20 percent of providers receive a spot check visit from DHS staff, typically in response to a complaint. Child development homes are categorized into "A," "B," and "C" categories, with the "C" category denoting the greatest degree of provider qualifications and physical capacity.

State Child Care Assistance Program. This DHS program provides subsidies for child care provided to children from families with low incomes whose parents are engaged in work and training programs, seeking employment, employed with low compensation, or are absent or otherwise unable to provide care due to a physical or mental health reason. In FY 2007-2008, \$112 million in state and federal funding is budgeted for the program which provides subsidies on a sliding scale based upon family income for care provided to 41,000 children per year. Based upon law enacted in the 2007 Legislative Session, providers can now elect payment twice per month instead of once per month. Initial information indicates DHS has greatly improved the payment system. Capacity for an electronic payment card should be available next.

Quality Rating System. Ms. Mary Janssen from the Child Care Resource and Referral Agency in Waterloo explained how the agency staff works with registered child development homes and licensed centers to support Iowa's voluntary child care Quality Rating System. There are five levels of child care facility ratings supported by child care home and nurse consultants and other specialists. These consultants work closely with providers to improve quality rating scores. Since initial implementation in February 2006, 458 homes have received a quality rating. Providers receive a cash incentive for receiving a rating and cash grants are available for needed physical improvements.

Community Empowerment. Ms. Shanell Wagler, State Empowerment Facilitator, was joined by Ms. Diane Foss and Ms. Amanda McCandless, from Harrison, Monona, and Shelby Counties, and Ms. Chris Kivett-Berry and Ms. Kristi Tisl, from Linn County, in describing local efforts to support child care quality in their areas. Members of the Committee discussed at length with these presenters the strengths and weaknesses of the current system.

Child Care Resource and Referral (CCR&R) Agencies. Ms. Cathy Wheatcraft, Director, CCR&R of Central Iowa, and Ms. MariLynn Pierce, CCR&R of Northeast Iowa, provided an overview of the CCR&R role in the system and recommendations and options for changing the overall system. There are five CCR&R agencies under contract with DHS to provide resource and referral services to parents, child care providers, and communities. The options discussed addressed minimum health and safety requirements and quality and ranged from reducing the maximum number of children who can be cared for by an unregistered provider to increasing the number of staff working to support quality child care.

Child and Family Policy Center. Ms. Sheila Hansen and Ms. Tiffany Smith, Child and Family Policy Center in Des Moines, discussed the importance of quality early childhood programs in promoting the healthy development of children and identified the financial aspects affecting parents. Policy considerations offered include increasing the basic income eligibility for CCA from 145 to 200 percent of the federal poverty level; increasing CCA reimbursement to the current market rate; supporting family, friend, and neighbor child care; and supporting the recently enacted voluntary preschool program for four-year-old children (2007 Iowa Acts, ch. 148 (H.F. 877); 2007 Code Supplement, ch. 256C)

Iowa Policy Project Report. Ms. Kristi Lohmeier, Iowa Policy Project in Mount Vernon, discussed a recently issued report titled "Bridging the Gaps in Iowa" relating to working families not having sufficient resources to meet their needs and obligations. She highlighted the report findings that relate to child care: that Iowa is more restrictive on income eligibility for CCA than all but nine other states and over half of low-income Iowans remain below a basic family budget even with work supports such as child care subsidies.

II. October 10, 2007, Meeting

Overview. At the second meeting, testimony was provided by researchers from Iowa State University (ISU), the executive director of the National Association of Child Care Resource and Referral Agencies (NACCRRA), DHS, field staff involved with regulation of home-based child care, and a panel of registered child development home providers and parents.

Iowa State University. Ms. Kathlene Larson, Research Coordinator for the Community Development – Data Information & Analysis Laboratory (CD-DIAL), and Ms. Susan Hegland, Ph.D., Associate Professor, College of Human Services, both at ISU, discussed findings from research relating to home-based child care in Iowa. Their presentation included the following information concerning home-based or family child care:

- Average provider education is slightly beyond high school with providers averaging a net profit of \$5,259, which translates to \$2.02 per hour on a 50-hour workweek.
- They estimate the home-based provider turnover rate is between 20-40 percent and outlined the benefits of reducing that rate, suggesting that individual and program-level incentives can be used.
- Little information is available concerning unregistered providers, but the available information suggests that quality is likely to be lower than for registered providers.
- The top two reasons given for closing home-based child care businesses were insufficient pay and the challenges of juggling a home-run business and family needs.
- They stressed the public policy benefits of increasing the numbers of quality child development homes; of offering choices to parents while meeting parent expectations for a safe environment; the current voluntary registration system with little monitoring is confusing and frustrating; and recommended balancing any improvements made using a combination of incentives, regulation, and monitoring rather than one or another.

Iowa Empowerment Business Initiative. Ms. Wagler and Ms. Beth Jones of the Iowa Empowerment Office discussed upcoming plans to increase business involvement in child care and other forms of early care. Among the models being considered are the matching approach used with the Vision Iowa and Grow Iowa Values Funds. Various statewide businesses have indicated interest in being "messengers" for the effort.

Parent Expectations Concerning Child Care. Ms. Linda Smith, Executive Director, NACCRRA, presented from Arlington, Virginia, via telephone concerning recent research. Her presentation included the following:

- Nationally, the quality levels in child care are low, most settings are unlicensed and not inspected, wages are low, providers typically have little or no advanced training, and there are usually no provider background screenings.
- Parents want choices and view themselves as responsible for child care but feel government and communities can help them. Parental first impressions are made on cost, cleanliness, and location, but parents also emphasized interactions, learning, individualized attention, and beliefs that child care is regularly inspected and providers are trained.

- NACCRRRA believes that high turnover among providers is due to lack of preparation as much as low wages; at least 40 hours of training is recommended before a home-based child care business commences.

- Self-certification by providers and lack of enforcement are indicators of a weak system, and military child care subsidies are not available to providers without regular regulation.

Regulatory Staff. DHS staff Mr. Larry Hansen, Social Worker, Polk County, and Ms. Ellen Picray, Social Work Supervisor, Kossuth County, discussed the regulatory processes used in their areas. Mr. Hansen is assigned full-time to child care regulation and makes random visits and Ms. Picray's office responds primarily to complaints using staff normally assigned to child welfare. Most problems are not serious enough to warrant revocation and prohibition against providing child care, but can involve follow-up visits. Dedicated staff should be used for this regulatory function.

Child Development Home and Parent Panel. This panel was organized and moderated by Ms. Robin Clark-Bennett, American Federation of State, County, and Municipal Employees (AFSCME). Child development home provider panelists included Ms. Vicki Harris, Fort Dodge; Ms. Brenda Smith, Stanhope; Ms. Jill Dodds, Coralville; and Mr. Matt Tapscott and Ms. Kathleen Brown of Des Moines. The parents, Ms. Heather Daughbaugh, Ms. Georgette Longnecker, and Ms. Melissa Cook, were all from the Des Moines area.

The testimony included the following:

- Home-based child care provides care in Iowa for approximately 100,000 children, making it the most frequently used option among those available.
- Many advantages of family child care were highlighted including continuity of care, small numbers, a loving and caring environment, and flexible scheduling.
- Presenters strongly recommended requiring more providers to register, viewing registration as the first threshold for routine inspection. Currently, highly committed registered providers can receive as many as six separate inspections while unregistered providers are not inspected at all.
- Other recommendations made for stabilizing and improving home-based child care were: create access to health insurance for providers; improve reimbursement and administration of the subsidized CCA Program; and use quality improvement funding to create a meaningful career ladder with provider involvement. In discussion it was noted that the assistance program has a statewide rate schedule that may reimburse at adequate levels for rural areas but can be inadequate for certain urban areas.

Discussion. Members discussed recommendations made during the evening and in the prior meeting and asked legislative and executive branch staff to perform fiscal analysis of a lengthy list of items for the next meeting when recommendations would be discussed.

III. November 21, 2007, Meeting

Overview. At the third and final meeting, the Committee received follow-up information about testimony and questions raised at previous meetings, discussed cost projections about potential recommendations, and tentatively approved recommendations to the General Assembly.

Early Childhood Iowa (ECI) Policy Brief. Ms. Alicia Lewis, Children and Families of Iowa, Inc., represented ECI's Quality Services and Programs Subcommittee in discussing a policy brief recently issued by the subcommittee. The brief lists areas of agreement among parents, providers, policymakers, and researchers concerning nine aspects of Iowa's child care system involving needs, shortcomings, and quality; identifies what is known about each aspect; and indicates what needs to be done to address each aspect according to the subcommittee. She was asked to prioritize what needs to be done and identified exploring a move to a system of licensing regulation for child care centers and home-based child care providers: until licensing is implemented, begin by maintaining a database of all child care providers for public health and community emergency notification purposes; and increasing on-site inspections of child care providers by DHS.

Association of Federal, State, County, and Municipal Employees. Ms. Clark-Bennett, AFSCME Council 61, was joined by three registered child care home providers who are AFSCME members, Ms. Kathleen Brown, Ms. Terry LaBelle, and Ms. Kay Strahorn, in

discussing recommendations and suggestions offered to the Committee to improve the home-based system. They identified new incentives to keep quality providers engaged, measures to improve the checklist used by DHS to assess home-based providers, and ways to enhance training and other measures to support quality providers in remaining with the system for longer periods. Members asked for conjectures as to why providers do not register. The presenters said reasons heard include fear of the system, disinterest in being told what to do, lack of time, rewards are not worth the effort, and unwillingness to “go back to school” for training.

Healthy Child Care Iowa. Ms. Sally Clausen, Department of Public Health (DPH), described how the system of child care nurse consultants operates and is funded. The approximately 33 full-time equivalent positions are primarily funded by federal Title V and grants through the Community Empowerment Initiative. Among other consultations, the nurse consultants are very significant in working with child care quality ratings.

Potential Recommendations — Fiscal Projections. Ms. Lisa Burk, Legislative Services Agency, Fiscal Services Division, and Mr. Jeff Anderson, Child Care Program Manager, DHS, discussed information they developed in response to the Committee's requests for fiscal projections for potential recommendations identified by the Committee during its October meeting.

Recommendations. Both the House Democrats and Republicans distributed lists of recommendations. The meeting was recessed for party caucuses. Following the caucuses, the Democratic proposal was revised orally with the understanding that members would have a chance to review and express their approval or disapproval of a written report following the meeting. After that, the approved recommendations would be drafted as proposed legislation and submitted to the General Assembly on behalf of the Committee. The proposal was approved unanimously.

IV. Recommendations

1. Corporal Punishment. Elimination of corporal punishment in nonregistered child care homes with the exception of family members dealing with their own children. (Corporal punishment is already prohibited by rule in registered child development homes and licensed child care centers.)

2. Signage in Provider Homes. Posting in all provider homes:

- Stating that the provider is or is not registered, with the exception of family members who only take care of children within their own family.
- Stating that corporal punishment is not allowed in nonregistered child care homes (include exception for family members dealing with their own children).

3. Sex Offenders. Prevent registered sex offenders from interacting with children in licensed, registered, or nonregistered child care providers.

- Make it an aggravated misdemeanor for a licensed, registered, or nonregistered child care provider to allow a registered sex offender to be in the center or home or on the provider's property during the hours in which children are in attendance.
- Make it illegal for a person who is a registered sex offender to be in the center or home or on the property of a licensed, registered, or nonregistered provider during the hours in which children are in attendance except to drop off or pick up a family member who attends the child care provider.
- Exceptions:

__ The person is transporting a minor who is a child of the person to or from the child care provider.

The person is attending a parent-teacher conference regarding a minor who is a child of the person.

__ The person has been summoned to discuss the academic or social progress of a minor who is a child of the person.

__ The person is voting at the building in which the child care provider is located during the hours designated to vote.

If the person intends to be present for any other reason not enumerated above, the person shall first notify the administrative offices of the child care provider that the person intends to be

present on the real property comprising the child care provider, and the person shall receive written permission from the child care provider prior to entering onto the real property comprising the child care provider.

4. Establish a Workgroup

- Provide up to \$100,000 for the Department of Human Services, working in partnership with the Departments of Education, Human Rights, and Public Health and the Iowa Empowerment Board, to jointly establish a workgroup to address possible implementation of a mandatory system of registration for child care providers or a voluntary licensure system.
- The workgroup membership shall include representatives of the state child care advisory council and representatives of registered and nonregistered providers.
- The workgroup shall submit a report with findings and recommendations to the Governor and General Assembly on or before December 15, 2008, regarding issues addressed by the workgroup.
- The workgroup shall address the implementation issues associated with a mandatory change in child care. The issues considered shall include but are not limited to planning for the phase-in of and costs for additional inspection visits of child development homes, increased expense for state child care assistance slots, state child care assistance reimbursement methodologies to reward quality, and other implementation issues.
- The workgroup shall cooperate with early childhood stakeholders and the private sector in addressing the many publicly supported programs and services directed to early childhood and issues involved with redirecting the programs and services to be part of a cohesive child care system.
- The issues addressed shall include professional development of workers, improving the workforce, ensuring articulation between programs, meeting the needs of both children and parents, enhancing community engagement to support early childhood, and other efforts to address early childhood needs with a coordinated system.

In addition, the workgroup should explore the following issues:

- Use of the Internet to provide information to child care providers, opportunity to register online, and training information.
- Creation of a database of all providers.
- Streamline and coordinate inspections of in-home child care providers.
- Providing health care insurance for providers and their workers.
- Educating the public on the advantages of using a registered child care provider.
- Developing possible sanctions for violations at child care facilities short of closing them down.
- Requiring a state and federal fingerprint background check for all licensed and registered child care providers, as well as nonregistered providers caring for kids on the state child care program.
- Provide additional opportunities/resources for child care providers and instruct Iowa State University Extension, child care resource and referral agencies, and community colleges to expand continuing education opportunities at times the providers are not providing care.
- Implementation of an electronic benefit transfer program to pay for state child care assistance.

ATTACHMENT B

Senate File 2432

For costs associated with the child care workgroup

6 19 established pursuant to this paragraph, notwithstanding

6 20 section 8.57, subsection 6, paragraph "c":

6 21 \$ 30,000

6 22 (1) (a) The state child care advisory council established

6 23 pursuant to section 237A.21 shall serve as a workgroup to

6 24 address implementation of the provisions of this lettered

6 25 paragraph and the issues identified in this lettered

6 26 paragraph.

6 27 (b) The workgroup shall submit a report to the governor

6 28 and general assembly with findings and recommendations on or

6 29 before December 15, 2008. In addition to addressing the other

6 30 issues listed in this lettered paragraph, the report shall

6 31 provide options for revising the regulatory system for

6 32 home-based child care providers. The options provided shall

6 33 include but are not limited to mandatory registration,

6 34 voluntary licensure, and mandatory licensure.

6 35 (c) The workgroup shall address the implementation issues

7 1 associated with a change in child care regulation to mandatory

7 2 registration or voluntary or mandatory licensure as described

7 3 in subparagraph subdivision (b). The issues considered shall

7 4 include but are not limited to planning for the phase-in of

7 5 and costs for additional inspection visits of child

7 6 development homes, increased expenses for state child care

7 7 assistance program slots, revising state child care assistance

7 8 program reimbursement methodologies to reward quality, and

7 9 other implementation issues.

7 10 (2) (a) The workgroup shall cooperate with early

7 11 childhood stakeholders and the private sector in addressing

7 12 the many publicly supported programs and services directed to

7 13 early childhood and issues involved with redirecting the

7 14 programs and services to be part of a cohesive child care

7 15 system.

7 16 (b) The issues addressed shall include professional
7 17 development of workers, improving the workforce, ensuring
7 18 articulation between programs, meeting the needs of both
7 19 children and parents, enhancing community engagement to
7 20 support early childhood, and other efforts to address early
7 21 childhood needs with a coordinated system.

7 22 (3) In addition, the workgroup shall explore other issues,
7 23 including but not limited to all of the following:

7 24 (a) Using the internet to provide information to child
7 25 care providers, capacity for providers to register with the
7 26 department of human services via the internet, and training
7 27 information.

7 28 (b) Creating a database of all child care providers.

7 29 (c) Streamlining and coordinating inspections of
7 30 home-based child care providers.

7 31 (d) Providing health care insurance for providers and
7 32 their workers.

7 33 (e) Educating the public on the advantages of using a
7 34 registered child care provider.

7 35 (f) Developing possible sanctions for violations at child
8 1 care facilities other than closing the facilities.

8 2 (g) Requiring a state and federal fingerprint-based
8 3 criminal history record check for all licensed and registered
8 4 child care providers as well as unregistered child care home
8 5 providers. Recommendations made for purposes of this
8 6 subdivision shall include but are not limited to options for
8 7 the phasing in of required fingerprint-based checks and
8 8 addressing the frequency with which such checks should be
8 9 required.

8 10 (h) Providing additional opportunities and resources for
8 11 child care providers and instructing the Iowa state university
8 12 of science and technology cooperative extension service in
8 13 agriculture and home economics, child care resource and
8 14 referral agencies, and community colleges to expand continuing
8 15 education opportunities offered at times the providers are not
8 16 providing care.

8 17 (i) Implementing an electronic benefit transfer program to
8 18 pay for state child care assistance.

ATTACHMENT C

Workgroup Membership

Governance Committee

- Jill Dodds, Registered Child Development Home Provider*
- Tom Rendon, Iowa Head Start State Collaboration Office, Iowa Department of Education*
- Robert Welsh, Citizen (Retired Clergy)
- Jane Dahlhauser, Child Care Resource and Referral
- Analisa Pearson, Iowa Department of Public Health
- Linda Wright, Iowa Department of Inspections and Appeals*

Public Engagement Committee

- Deb Scrowther, Iowa Deptment of Management, Community Empowerment
- Sheila Hansen, Child and Family Policy Center*
- Sarah Ramsey, United Way of Central Iowa
- Sue Royce, Child Care provider
- Melissa Nelson, Child and Family Policy Center
- Tiffany Smith, Child and Family Policy Center

Accountability Committee

- Shanell Wagler, Iowa Dept. of Management, Community Empowerment*
- LouAnn Mowery, Family Resource Center, Carroll*
- Laurine Price, Registered Child Development Home Provider*
- Robin Robinson, Hawkeye Area Community Action Program. Inc.

Professional Development Committee

- Barbara Grundleger, United Way of Central Iowa*
- Susan Simon, Kirkwood Community College*
- Tammy Bormann, Child Development Home provider (retired)
- Delora Hade, DMACC, Early Childhood Community College Alliance
- Kathie Readout, Head Start, Mid-Iowa Community Action Agency, Inc.*
- Barb Merrill, Iowa Association for the Education of Young Children*
- Kerry Moore Kroneman, Iowa State University Extension
- Jeanine Hough, Child Care Resource & Referral*
- Lesia Oesterriech, Iowa State University Extension*
- Brenda O'Halloran, Registered Child Development Home Provider*
- Melanie Nollsch, Kirkwood Community College, Early Childhood Iowa Community College Alliance

Quality Services and Programs Committee

- Alicia Lewis, Children and Families of Iowa*
- Gretchen Hageman, Iowa Dept of Public Health
- Tom Taylor, Citizen (Iowa Department of Human Services - Retired) *
- Sue Cooper, Skip-A-Long Child Care Center*
- Emily Brott, Child Care Resource and Referral
- Cathy Wheatcraft, Child Care Resource & Referral
- Deb Martens, Child Care Resource and Referral
- Christine Huisman, Iowa Department of Human Services (Local Office)
- Jane Dahlhauser, Child Care Resource and Referral

Iowa Department of Human Services, Staff Support to Workgroups:

- Jeffrey Anderson (General Support)
- Jody Caswell (Public Engagement)
- Erin Clancy (Accountability)
- Dawn Collins (Professional Development)
- Tami Foley (Professional Development)
- Julie Ingersoll (Governance)
- Beth Walling (Quality Services and Programs)

National Child Care Information Center, Facilitator and National Resource Support to Workgroups:

- Rae Anderson

* Denotes Council Member

ATTACHMENT D

Pre-Licensing and Professional Development Matrix

Mandatory Pre-Licensing Training	Mandatory Training within 120 days of Registration	Mandatory Additional Training within First Year	Mandatory Annual Training Second Year and Thereafter
CPR / First Aid (~8 hours)	ChildNet training – 25 hours	Health & Safety - 6 hours -topics such as curriculum, child development, etc as determined by ECI PD Component Group	16 hours continuing education including 1 hour Universal Precautions (aligns with ChildNet Certification & QRS Level II)
Mandatory Abuse Reporting Training (MART) – 2 hours			Maintain CPR / First Aid MART
Universal Precautions – 1 hour			Universal Precautions
Orientation – 9 hours <ul style="list-style-type: none"> • “Child Care – Is it the job for me” video • DHS Regulations • Health & Safety – such as medications, SIDS, car seats, shaken baby syndrome, asthma as determined by ECI PD Component Group • Child Care Handbook (ISU Ext) 			
Total Pre-Service Hours: 20 hours	Total Training within 120 days of registration: 25 hours	Total Additional Training within First Year: 6 hours	Total Annual Training Second Year and Thereafter: 16 hours + MART, CPR & First Aid and Universal Precautions