Child Care and Development Fund (CCDF) Plan
For

Iowa
FFY 2014-2015

PART 1
ADMINISTRATION

1.1 Contact Information

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto.(658D, 658E)

1.1.1 Who is the Lead Agency designated to administer the CCDF program? Identify the Lead Agency and Lead Agency's Chief Executive Officer designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals and disallowance notifications to the designated contact identified here. (658D(a), §98.10)

Effective Date: 01-OCT-13

Name of Lead Agency: Iowa Department of Human Services
Address of Lead Agency: Hoover State Office Building, 1305 E. Walnut, 5th Floor, Des Moines, IA 50319-0114
Name and Title of the Lead Agency's Chief Executive Officer: Charles M. Palmer, Director
Phone Number: 515-281-5452
Fax Number: 515-281-4980
E-Mail Address: cpalmer1@dhs.state.ia.us
Web Address for Lead Agency (if any): www.dhs.iowa.gov

1.1.2 Who is the CCDF administrator? Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. **If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.** (§§98.16(a) and (c)(1))

a) Contact Information for CCDF Administrator:

Effective Date: 01-OCT-13

Name of CCDF Administrator: Chad Dahm

Title of CCDF Administrator: Chief, Bureau of Child Care

Address of CCDF Administrator: Division of ACFS, Hoover State Office Building, 1305 E. Walnut, 5th Floor, Des Moines, IA 50319-0114

Phone Number: 515-281-6177

Fax Number: 515-281-6248

E-Mail Address: cdahm@dhs.state.ia.us

Phone Number for CCDF program information
(for the public) (if any): 515-281-0429

Web Address for CCDF program
(for the public) (if any): www.dhs.iowa.gov

Web Address for CCDF program policy manual
(if any): www.dhs.iowa.gov

Web Address for CCDF program administrative rules
(if any): www.dhs.iowa.gov

b) Contact Information for CCDF Co-Administrator (if applicable):

Name of CCDF Co-Administrator:

Title of CCDF Co-Administrator:

Address of CCDF Co-Administrator:

Phone Number:

Fax Number:

E-Mail Address:

Description of the role of the Co-Administrator:

1.2 Estimated Funding

1.2.1 What is your expected level of funding for the first year of the FY 2014 - FY 2015 plan period?

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2013 through September 30, 2014. (§98.13(a)).

FY 2014 Federal CCDF allocation (Discretionary, Mandatory and Matching): $ $44,994,363
Federal TANF Transfer to CCDF: $ $25,732,687
Direct Federal TANF Spending on Child Care: $ 0
State CCDF Maintenance-of-Effort Funds: $ $5,078,586
State Matching Funds: $ $11,635,444

Reminder - Lead Agencies are reminded that not more than 5 percent of the aggregate CCDF funds, including federal funds and required State Matching funds, shall be expended on administration costs (§98.52) once all FY2014 funds have been liquidated. State Maintenance-of-Effort funds are not subject to this limitation.

1.2.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF Matching and maintenance-of-effort (MOE) requirements described in 98.53(e) and 98.53(h)? Check all that apply.
Territories not required to meet CCDF Matching and MOE requirements should mark

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☐ N/A here

Note: The Lead Agency must check at least public and/or private funds as matching, even if pre-kindergarten (pre-k) funds also will be used.

☑ Public funds to meet the CCDF Matching Fund requirement. Public funds may include any general revenue funds, county or other local public funds, State/Territory-specific funds (tobacco tax, lottery), or any other public funds.
If checked, identify source of funds:

state general revenue funds

If known, identify the estimated amount of public funds the Lead Agency will receive:
$58,153,358

☐ Private Donated Funds to meet the CCDF Matching Fund requirement. Only private received by the designated entities or by the Lead Agency may be counted for match purposes. (98.53(f))

If checked, are those funds:
☐ donated directly to the State?
☐ donated to a separate entity(ies) designated to receive private donated funds?

If checked, identify the number of entities designated to receive private donated funds and provide name, address, contact and type:

If known, identify the estimated amount of private donated funds the Lead Agency will receive:

☐ State expenditures for Pre-K programs to meet the CCDF Matching Funds requirement.

If checked, provide the estimated percentage of Matching Fund requirement that will be met with pre-k expenditures (not to exceed 30%):

If percentage is more than 10% of the Matching fund requirement, describe how the State will coordinate its pre-k and child care services:

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for Matching Funds requirement:

Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents:

☐ State expenditures for Pre-K programs to meet the CCDF Maintenance of Effort (MOE) requirements.

If checked,

☐ The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.53(h)(1).

Estimated percentage of MOE Fund requirement that will be met with pre-k expenditures (not to exceed 20%):

If percentage is more than 10% of the MOE fund requirement, describe how the State will coordinate its pre-k and child care services to expand the availability of child care:

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for MOE Fund requirement:

 Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents:

1.2.3 Describe the activities for which quality funds (including targeted quality funds for infants and toddlers, school-age children, and resource and referral) will be used in FY 2014 - 2015. Note: Funding estimate is limited to FY 2014 In as much detail possible, list the activities that will be funded, the estimated amount of CCDF quality funds that will be used for each activity, and how these activities relate to the Lead Agency's overall goal of improving the quality of child care for low-income children.

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Estimated Amount of CCDF Quality Funds For FY 2014	Activity (Lead Agency should include description of quality activities that cover FY 2014 and also information about activities for FY 2015, if available)	Purpose	Projected Impact and Anticipated Results (if possible)
Infant/Toddler Targeted Fund $1,015,059	TEACH Program for Infant and Toddler Care and Child Care Consultant support through Child Care Resource and Referral First Children's Finance New Staff Orientation I-Consult training and credentialing Environment Rating Scale (ERS) training ERS assessments	Provider scholarships Training and technical assistance for providers. Support for programs in improving their business. Provides orientation training for new staff in child care centers. Training and mentoring for Child Care Consultants. Training for child care providers on ERS tools. ERS assessments for programs wishing to earn a Level 5 in the Quality Rating System (QRS)	Providers with higher education provide better quality care Training and technical assistance supports providers in improving quality of care. Programs with strong administrative structures support higher quality, consistent care. Less staff turnover and better trained staff leads to more consistent care. Credentialed consultants and mentors assist providers in improving the quality of care. Quality training supports providers in improving quality of care ERS assessments for programs wishing to earn a Level 5 in the QRS

School-Age/Child Care Resource and Referral Targeted Funds $171,412	Child Care Resource and Referral Iowa School Age Care Alliance New Staff Orientation I-Consult training and credentialing ERS assessments	Quality School Age Care training for providers Support for annual conference Provides orientation training for new staff in child care centers. Training and mentoring for Child Care Consultants. ERS assessments for programs wishing to earn a Level 5 in the Quality Rating System (QRS)	Training supports provides in improving quality of care. Conference provides targeted training and support to school age providers. Less staff turnover and better trained staff leads to more consistent care. Credentialed consultants and mentors assist providers in improving the quality of care. ERS assessments for programs wishing to earn a Level 5 in the QRS
Quality Expansion Targeted Funds $1,752,713	TEACH Child Care Resource and Referral First Children's Finance Quality Rating System support New Staff Orientation I-Consult training and credentialing Environment Rating Scale (ERS) training ERS assessments ServSafe training and certification Mandatory Reporter and Universal precautions training	Provider scholarships Child care referrals for parents, training and technical assistance for providers, community support Support for programs in improving their business. Provides support to programs working to improve quality. Provides orientation training for new staff in child care centers. Training and mentoring for Child Care Consultants. Training for child care providers on ERS tools. ERS assessments for programs wishing to earn a Level 5 in the Quality Rating System (QRS) Training and certification for providers on safe food handling and preparation Training for providers on Mandatory Reporting of child abuse and Universal Precautions	Providers with higher education provide better quality care Referrals assist parents in choosing quality care, training and technical assistance supports providers in improving quality of care, community support assists businesses with supporting employees. Programs with strong administrative structures support higher quality, consistent care. Programs that have completed additional training and met more stringent health and safety and environmental criteria provide higher quality care. Less staff turnover and better trained staff leads to more consistent care. Credentialed consultants and mentors assist providers in improving the quality of care. Quality training supports providers in improving quality of care ERS assessments for programs wishing to earn a Level 5 in the QRS Improved food safety in child care Improved health and safety in child care

Quality Funds (not including Targeted Funds) $ 7,168,776	Record checks Child Care Wrap Around Grants Healthy Child Care Iowa Child Care Resource and Referral	Completing record checks for child care personnel Providing wrap around care for children enrolled in high quality early childhood programs Training and consultation in health and safety Child care referrals for parents, training and technical assistance for providers, community support	Reducing risk to children in care. Increase in continuity of care. Improved health and safety in child care. Referrals assist parents in choosing quality care, training and technical assistance supports providers in improving quality of care, community support assists businesses with supporting employees

1.2.4 Will the Lead Agency distribute quality funds to counties or local entities?

Note: This question is to obtain information on whether the Lead Agency retains decision making responsibilities regarding the quality dollars at the State/Territory level or if funds are distributed to local entities

Does the State maintain decisions at the State level, or are funds distributed to locals that have some decisions on how funds are spent.

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☑ No, the Lead Agency will not distribute any quality funds directly to local entities
☐ Yes, all quality funds will be distributed to local entities
☐ Yes, the Lead Agency will distribute a portion of quality funds directly to local entities.

Estimated amount or percentage to be distributed to localities

☐ Other.

Describe:

1.3 CCDF Program Integrity and Accountability

Program integrity is defined to include efforts that ensure effective internal controls over the administration of CCDF funds. The Lead Agency is responsible for monitoring programs and services, ensuring compliance with the rules of the program, promulgating rules and regulations to govern the overall administration of the plan and oversee the expenditure of funds by sub-grantees and contractors. (§ 98.11(b)) Accountability

measures should address administrative error, which includes unintentional agency error, **as well as address** program violations, both unintentional and intentional, that may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

1.3.1. Describe the strategies the Lead Agency will utilize to ensure effective internal controls are in place. The **description** of internal controls may include, but is not limited to a description of processes to ensure sound fiscal management, to identify areas of risk or to establish regular evaluation of control activities.

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Describe:

a) Fiscal

The budget for child care is based on the projected child care caseloads, anticipated administrative expenditures, and targeted expenditures. The projected revenues are based on the most current federal funding information available and the amount of state funds appropriated.

Expenditures are charged through either cost allocation or directly to the assigned unit in the State's Accounting System (I/3), which allows expenditures to be segregated by activity and funding type. The Department's cost allocation plan serves as the primary control for assuring allowable administrative expenditures are charged to the correct federal funding sources. The expenditures for child care cases are charged through the State's child care system, known as KinderTrack.   KinderTrack tracks eligibility and assistance levels for child care.

The I/3 system produces monthly reports of expenditures and revenues detailing budget to actual comparisons. With each payment assigned to a specific unit, monthly reports separate data used to support mandatory, matching, maintenance of effort, or targeted funds.

The budget analyst for the child care program prepares the fiscal report (ACF-696) on a quarterly basis using data obtained from cost allocation reports and the I/3 system. The ACF-696 CCDF Financial Report is reconciled both to the I/3 system and the federal payment management system.

b) Data

The KinderTrack system allows for much richer information regarding eligibility and payment for services. All eligibility for direct child care services paid by pooled CCDF funds is administered via this system, as are payments for those services. The Lead Agency continues to dedicate resources to a data analyst staff position who has responsibility to provide information and reports to internal and external stakeholders and to the public.

c) Error Rate

The Lead Agency will conduct ongoing quality control reviews of cases with respect to eligibility determination and authorizations. Lead Agency data analyst and quality control staff will compile and report error rate information, update the corrective action plan, and ensure that any error findings lead to an opportunity for learning and system improvement. The Lead Agency will continue to produce the ACF-400, ACF-401 and ACF-402 reports on the designated reporting schedule.

1.3.2. Describe the processes the Lead Agency will use to monitor all sub-recipients. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. (98.11 (a) (3))

Definition: A sub-recipient (including a sub-contractor and or sub-grantee) is a non-Federal entity that expends Federal awards (contract or grant) received from another entity to carry out a Federal program, but does not include a vendor nor does it include an individual who is a beneficiary of such a program. OMB Circular A-133 Section 210 provides additional information on the characteristics of a **sub-recipient and vendor** (http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2010). The description of monitoring may include, but is not limited to, a discussion of written agreements, fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified, and establishing performance indicators or measures related to improper payments.

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Describe:

The Department does not contract out direct services for the Child Care Assistance program or licensing/monitoring. Contracts are issued for quality improvement efforts. The following describes the monitoring process for these contracts:

- Contracts include written information about the monitoring procedure, which includes any planned, ongoing, or periodic activity that measures and ensures contractor compliance with the terms, conditions, and requirements of the contract. Monitoring activities include, but are not limited to, periodic contractor reporting, invoice reviews, and periodic contact with the contractor.
- Fiscal monitoring includes a review of the contractor's invoices and supporting documentation. Monitoring includes verifying that services were delivered as detailed in the contract, invoices are accurate, billings are consistent with contract requirements, and total payments are within the limits set by the contract.
- Specific performance measures are included in contracts and clearly identify the purpose of the contract, the services/activities that are the basis for the contract and the contract parameters. Reporting requirements and target and performance thresholds are also included in contracts.

1.3.3. Describe the activities the Lead Agency will have in place to identify program violations and administrative error to ensure program integrity using the chart below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to **areas identified through the Error Rate Review** process (98.100). Check which activities, if any, the Lead Agency has chosen to conduct.

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Type of Activity	Identify Program Violations	Identify Administrative Error
Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid))	☑	☑
Share/match data from other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))	☑	☑
Run system reports that flag errors (include types)	☐	☐
Review of attendance or billing records	☑	☑
Audit provider records	☐	☐
Conduct quality control or quality assurance reviews	☑	☑
Conduct on-site visits to providers or sub-recipients to review attendance or enrollment documents	☐	☐
Conduct supervisory staff reviews	☐	☐
Conduct data mining to identify trends	☐	☐
Train staff on policy and/or audits	☐	☑
Other. Describe	☐	☐
None	☐	☐

For any option the Lead Agency checked in the chart above other than none, please describe:

- The Quality Control Bureau conducts monthly case reviews in the non-federal review years, which are comparable in scope and volume to the required federal Error Rate Reviews, to identify administrative error.
- The Statistical Research Analyst selects monthly random case samples for review and helps calculate the error rate for federal reporting.
- The Quality Control Bureau coordinates updates to the ongoing CCA Corrective Action Plan.
- Child care staff review and process the attendance records submitted by providers for payment. Staff are required to send the provider a letter if the attendance they submit exceeds the authorized number of units approved for the child. The letter informs the provider of the overbilling, and that they will only be paid the authorized amount. Reports are being developed to help staff identify over/under authorizations and billing discrepancies.
- The Income Maintenance Training Academy conducts policy/procedure training on child care assistance as well as child care system training for staff on a regular basis.

If the Lead Agency checked none, please describe what measures the Lead Agency has or plans to put in place to address program integrity:

NA

1.3.4. What strategies will the Lead Agency use to investigate and collect improper payments due to program violations or administrative error? Check and describe in the chart below which strategies, if any, the Lead Agency will use for each of the following areas: Unintentional program violations (UPV), intentional program violations (IPV) and/or fraud, and administrative error as defined in your State/Territory. **The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud (98.60(i)).**

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Strategy	UPV	IPV and/or Fraud	Administrative Error
Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: $	☐	☐	☐
Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement). Describe: below	☑	☑	☑
Recover through repayment plans	☑	☑	☑
Reduce payments in the subsequent months	☐	☐	☐
Recover through State/Territory tax intercepts	☑	☑	☑
Recover through other means. Describe:	☐	☐	☐

Establish a unit to investigate and collect improper payments. Describe composition of unit:	☐	☐	☐
Other. Describe:	☐	☐	☐
None	☐	☐	☐

For any option the Lead Agency checked in the chart above other than none, please describe:

Referrals are made to the Department of Inspections and Appeals (DIA) for assistance in conducting investigations into possible fraud by child care providers or families receiving Child Care Assistance. When a claim is established for an overpayment, it is entered into the Overpayment Recovery System by DHS staff. DIA uses the data in this system to collect overpayments through repayment plans. When the debtor fails to enter into or follow the repayment plan, recovery can be made through the State of Iowa tax offset program.

1.3.5. What type of sanction, if any, will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

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☐ None
☐ Disqualify client.
 If checked, please describe, including a description of the appeal process for clients who are disqualified

☑ Disqualify provider.
If checked, please describe, including a description of the appeal process for providers who are disqualified

If a child care provider is convicted of fraudulently receiving Child Care Assistance (CCA) funds, they are subject to sanctions from the CCA program. There are three levels of sanctions that may be imposed:

• Review of the provider's claims for payment from the CCA program.
• Suspension from receipt of CCA payments for six months.
• Ineligibility to receive further CCA payments.

The type of sanction imposed on the provider depends upon the nature of the fraudulent practice. The Department's central office staff will consider the following factors in determining what type of sanction to impose:

- Prior violations or sanctions.
- Seriousness of the violation.
- Extent of the violation.
- Whether a lesser sanction will be sufficient to remedy the problem because the provider has received education or instruction and is willing to follow program rules in the future.

Department staff take the following steps when imposing a provider sanction:

1. Upon notification by the Department of Inspections and Appeals (DIA) that a provider has been convicted of fraudulently receiving CCA funds, the Department's central office staff will determine which level of CCA sanction will be imposed.

2. Once the Department's central office has determined the type of CCA provider sanction that will be imposed, the Department's child care staff for the county where the provider is located will be notified by e-mail to send the provider a *Notice of Decision: Child Care Assistance* to cancel the *Child Care Assistance Provider Agreement* and impose the sanction. The Department's central office will also send this e-mail to the state level PROMISE JOBS coordinator who will notify the appropriate PROMISE JOBS county offices.

The effective date of the *Notice of Decision: Child Care Assistance* imposing the sanction shall be the first of the month following timely and adequate notice requirements. A copy of this notice should be sent to the corresponding PROMISE JOBS county office.

If a provider attempts to reapply to receive CCA funding for child care before the sanction has ended, send the provider a *Notice of Decision: Child Care Assistance* to deny the request for a new *Child Care Assistance Provider Agreement*.

NOTE: This sanction does not affect the provider's ability to remain registered or licensed. The sanction affects only eligibility to receive CCA funding from the Department.

A provider has the right to file an appeal if they disagree with any Department decision. They do not have to pay to file an appeal

The provider must appeal in writing by doing one of the following:

- Complete an appeal electronically at https://dhssecure.dhs.state.ia.us/forms/, or
- Write a letter telling us why they think a decision is wrong, or
- Fill out an Appeal and Request for Hearing form. They can get this form at any county DHS office.

The provider then sends or takes the appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If the provider needs help filing an appeal, they may ask their county DHS office for assistance.

The provider must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect.

If they file an appeal more than 30 but less than 90 calendar days from the date of a decision, they must tell us why their appeal is being filed late. If the provider has a good reason for filing the appeal late, the Appeals Section will decide if they can get a hearing. If the provider files an appeal 90 days after the date of a decision, a hearing cannot be given.

The provider may keep continue receiving payment until an appeal is final or through the end of their certification period if they file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any payment received while the appeal is being decided may have to be paid back if the Department's action is correct.

If the applicant is granted a hearing before an administrative law judge and does not agree with the final decision of the hearing, he or she may request a rehearing. The director of the department of human services determines if a rehearing will be granted. If a director's review is requested, and the individual is dissatisfied with the final decision, the individual may file for judicial review in district court.

☑ Prosecute criminally
☐ Other.
Describe.

1.3.6 Based on responses provided from Question 14 in the most recent ACF-402 report, please describe those actions the Lead Agency has taken or plans to take to reduce identified errors in the table below. Territories not required to complete the Error Rate Review should mark
☐ N/A here

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Activities identified in ACF-402	Cause/Type of Error (if known)	Actions Taken or Planned	Completion Date (Actual or planned) (if known)

1. Continue to review CCA cases in intervening years when a federal report is not required. 2. Update Child Care Application and Review form to better elicit information about a parent¿s work or school schedule, especially if the schedule varies. 3. Eligibility workers afforded full access to the Electronic Case File (ECF) system used by TANF, SNAP, and Medicaid programs and the Data Brokering system. 4. Convey clear expectations and train workers on case file documentation. 5. Ongoing Monitoring	1. All 2. Unit determination errors may be caused by lack of information about the client¿s schedule. 3. Income calculation errors due to lack of verification. 4. Errors caused by incomplete or missing narrative documentation in the CCA case file. 5. All	1. Five Quality Control Reviewers are assigned to a total sample of 25-30 cases per month. 2. Forms have been revised. Revisions need to be added to the Kinder Track system. 3. Access was granted although usage is not mandatory and verification time periods may be different. 4. Provide written expectations for case file documentation and training. Continue to update and train as needed. 5. Each CCA Supervisor reads at least 20 cases per month, including 100% for new workers. Errors are discussed with and corrected by the worker who took the action. Error trends are discussed at staff meetings. Individual performance issues become part of that worker¿s evaluation	1. Ongoing 2. July 2013 3. January 2012 for ECF. August 2012 for Data Brokering. Full development of Data Brokering will not be completed until 2014 4. July 2011 and ongoing. 5. Ongoing

1.4 Consultation in the Development of the CCDF Plan

Lead Agencies are required to *consult* with appropriate agencies in the development of its CCDF Plan (§98.12, §98.14(a),(b), §98.16(d)).

Definition: *Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments. (§§98.12(b), 98.14(a)(1))

1.4.1 Identify and describe in the table below who the Lead Agency consulted with in the development of the CCDF Plan (658D(b)(2), §§98.12(b), 98.14(b)).

Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan

| ☑ **Representatives of general purpose local government (required)**

This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies. | The Department participates on every-other-month meetings with a key advisory body to the Department, the State Child Care Advisory Committee, (SCCAC), formerly known as the State Child Care Advisory Council. Now under the umbrella of Early Childhood Iowa (ECI), the SCCAC , which is co-chaired by non-DHS staff, is comprised of thirty-five statutorily-identified members from rural and urban areas across the state in addition to other interested parties. The Committee is required to have broad representation across early childhood and child care related fields, including from the following: for-profit and not-for-profit child care providers of early care and school-age care; parents of children receiving child care from licensed centers and from family or group child care homes; family, friend, and neighbor care, Iowa Afterschool Alliance; a provider of the state's voluntary preschool program for 4-year olds; child care resource and referral agencies; child advocacy groups; early childhood educators; a business owner or CEO submitted by the Iowa Chamber of Commerce; designees of the Departments of Human Services, Early Childhood Iowa, Public Health, Education, and Workforce Development; Head Start; a representative from the Early Childhood Iowa Stakeholder's Alliance; and 4 ex officio non-voting members of the legislature representing both the Iowa House and Senate. Active members cross the span of local human service and public health-related positions, as well as early childhood. Many of the members also serve on local Early Childhood Iowa boards, described below, which are predominately driven by local government entities and agencies.

The state plan primarily serves as a description of the state's subsidy and regulatory policies and practices and quality improvement efforts. The SCCAC provided input, in particular, regarding the biennium goals. In the FFY1213 plan, at least one of their recommendations was included in each goal area. Their input continues in this plan as well.

In addition, the Department participates on and receives input from the Early Childhood Iowa Stakeholder's Alliance whose purpose is to be a catalyst in the development of Iowa's comprehensive, early care, health, and education system. This group's strength is in the successful model and commitment that has been shown. Current membership includes both private and public sectors, including representatives of local government.   Both government and non- |

	governmental representatives partner to form that leadership. This group provides a comprehensive influence from wide-ranging early care, health and education partners at both the state and local government level. Many are representatives of the entities listed below.

For the remaining agencies, check and describe (optional) any which the Lead Agency has chosen to consult with in the development of its CCDF Plan.

☑ State/Territory agency responsible for public education This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.	Represented on SCCAC and ECI Stakeholders Alliance.
☑ State/Territory agency responsible for programs for children with special needs This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs	Represented on SCCAC and ECI Stakeholders Alliance.
☐ State/Territory agency responsible for licensing (if separate from the Lead Agency)	NA - Lead Agency responsible for licensing.
☑ State/Territory agency with the Head Start Collaboration grant	Represented on SCCAC and ECI Stakeholders Alliance.
☑ Statewide Advisory Council authorized by the Head Start Act	
☑ Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services	
☑ State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	CACFP is under the Dept of Education and is being sought for membership on the SCCAC.

☑ State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant		Iowa Dept. of Public Health hosts the MECHV grant and is represented on SCCAC and ECI Stakeholders Alliance.
☑ State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health)		Represented on SCCAC and ECI Stakeholders Alliance.
☑ State/Territory agency responsible for child welfare		Lead Agency
☐ State/Territory liaison for military child care programs or other military child care representatives		NA
☑ State/Territory agency responsible for employment services/workforce development		Lead Agency contracts with Iowa Workforce Development *for PROMISE JOBS.*
☑ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF)		Lead Agency
☑	Indian Tribes/Tribal Organizations ☐ N/A: No such entities exist within the boundaries of the State	Lead Agency conferred with the tribal contact, provided information per their request. No issues were identified to be addressed in the State Plan.
☐ Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21		NA
☑ Provider groups, associations or labor organizations		
☐ Parent groups or organizations		NA
☑ Local community organization, and institutions (child care resource and referral, Red Cross)		

☐	
Other	

1.4.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §§98.14(C)). At a minimum, the description should include:

a) Date(s) of notice of public hearing: 05/18/2013
Reminder - Must be at least 20 days prior to the date of the public hearing.

b) How was the public notified about the public hearing? The Lead Agency placed a public notice in the largest newspaper serving Iowa. In addition, email notification was sent to an extensive stakeholder distribution list. All regulated providers also received email notification and were asked to post or provide copies of the notice directly to the parents they serve. c) Date(s) of public hearing(s): 06/12/2013
Reminder - Must be no earlier than 9 months before effective date of Plan (October 1, 2013).

d) Hearing site(s) Early Childhood Iowa Area Directors meeting ¿ Rising Sun Church, Pleasant Hill, Iowa.

e) How was the content of the Plan made available to the public in advance of the public hearing(s)? The Plan was posted on the Lead Agency website¿s home page with an explicit notice of availability of comment. A link to the plan was included in the email notification of the public hearing to providers and stakeholders.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? Public comment on this biennial plan was primarily focused on system changes needed, some within the control of the Lead Agency, others that are not (e.g., increase reimbursement rates to the current market rate, adjust the rate for special needs care to more approrpatei align with costs, support school-age providers in QRS by incorporating an age-appropriate assessment for that age group such as the Youth Program Quality Assessment, etc.) In addition, feedback received through several public meetings (ECI Stakeholders Alliance, SCCAC, etc) was used to inform the CCDF goals.

1.4.3. Describe any strategies used by the Lead Agency to increase public consultation on the Plan or access to the public hearing. For example, translating the public hearing notice into multiple languages, using a variety of sites or technology (e.g., video) for the public hearing, holding the hearing at times to accommodate parent and provider work schedules.

The development of a state child care system, and the accompanying programs, initiatives and activities funded and described in the plan, is an evolutionary process, one which incorporates a variety of stakeholders, advisory groups, and entities in the development and implementation – not isolated solely to the timeframe and development of two-year plan.

For the 2014 - 2015 plan, the Lead Agency continued its dual approach to public comment – incorporating the required "public hearing" and a companion approach that allows for more "public input." The Lead Agency's approach incorporated a process similar to one used for the development of the agency's administrative rules, whereby public comment is sought.

In adapting to the 24/7 use of technology, the Lead Agency posted the state plan on the agency website, providing for more than 4 weeks of a public comment period via email or written form, and informed the public regarding the public hearing and notice of plan for comment via:

- A legal notice announcing the public hearing was inserted in the largest newspaper serving Iowa – *The Des Moines Register.*
- Notification of the opportunity for public hearing on the state plan was visibly posted on the Lead Agency's home page, front and center under "Recent News".
- Over 5300 providers (including 1,349 licensed centers and 3,959 registered and non-registered providers serving children eligible for child care assistance/listed with CCR&R) received a direct email informing them of the public hearing, the purpose and location of the plan, procedures for submitting comments on the plan, and asking them to post or provide copies of the letter to staff and parents of the children they serve. The Lead Agency was able to direct-email all but 6 of the licensed centers.
- The notice of public hearing and availability of the plan review and procedures for submitting comment was directly emailed to over 150 leaders/staff in 20 key partner agencies, councils, associations, as well as the union representing child development home providers, and to the Lead Agency field offices, asking them to forward on to their constituencies.
- In all notifications, written or verbal, the public was informed they could submit written comment via email or in writing via the USPS.
- The public hearing was held during a meeting of key leaders in the early childhood community – the Early Childhood Iowa Area Directors – to allow for direct input, if so desired, from their multi-representaive area boards. The meeting also occurred at a non-state office to encourage participation by parents or providers who might feel intimidated by a state office building. For reasons that may be more economic than interest-related, there were no oral comments submitted at the public hearing.

1.5. Coordination Activities to Support the Implementation of CCDF Services

Lead Agencies are required to *coordinate* with other Federal, State, local, Tribal (if applicable) and private agencies providing child care and early childhood development services
Definition - *Coordination* involves child care and early childhood and school-age development services efforts to work across multiple entities, both public and private (such as in connection with a State Early Childhood Comprehensive System (SECCS) grant or the State Advisory Council funded under the Head Start Act of 2007). (658D(b)(1)(D), §§98.12(a), 98.14(a)(1))

  Note: Descriptions of how governments are organized for each State are provided at: http://www2.census.gov/govs/cog/all_ind_st_descr.pdf.

1.5.1. Identify and describe in the table below with whom the Lead Agency coordinates in the delivery of child care and early childhood and school-age services (§98.14(a)(1)).

Agency/Entity (check all that apply)	Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services	Describe the goals or results you are expecting from the coordination Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.

☑	Representatives of general purpose local government This may include, but is not limited to: representatives from counties and municipalities, local education representatives, or local public health agencies.	**Early Childhood Iowa (ECI)** ECI is two-fold. The first component is built on the ECI Stakeholders Alliance and six associated component groups: Governance, Planning and Administration; Quality Services and Programs; Professional Development; Resources and Funding; Results Accountability; and Public Engagement. The purpose of the alliance and component groups is to continue to strengthen Iowa's early care, health and education system for children prenatal through age five and their families. The Alliance also serves as the State Advisory Council in meeting the requirement of the Head Start Act of 2007. Membership of the alliance and component groups include both governmental and non-governmental representatives. The lead agency coordinates with the alliance and component groups by designating staff to attend and provide input at alliance meetings and serve on component groups. Staff from the lead agency for the SECCS grant also serves in a leadership capacity to ECI. The second component of ECI is a partnership between the state and local ECI boards throughout Iowa that encompass all 99 counties. (Formally, Community Empowerment - renamed in the 2010 legislative session.) The purpose of ECI local areas is to empower individuals and their communities to achieve desired results for improving the quality of life for children prenatal through age five in the state. Citizen representatives and elected officials comprise the local boards. The local boards lead collaborative efforts involving education, health, and human service programs. The lead agency designates a staff person to serve on the state technical assistance team which provides support and assistance to local ECI boards. Since it's inception, the Iowa Legislature appropriated Temporary Assistance to Needy Families (TANF) funds for "Early Childhood grants" to local boards. Beginning in SFY14, those funds will now be state general funds. Local boards are to use the funding to enhance the quality and capacity of child care based on local needs. The director of the lead agency serves on the ECI State Board.	Develop guidance on evidence-based, research-based and promising practices within the child care field. Increase the awareness of issues and needs of the child care system in Iowa. Expand opportunities to collaborate on service delivery. Increase access to technical support services, professional development and facility/ program quality improvements for child care providers. Increase parental knowledge of quality child care. Identify strengths, needs and gaps in services related to child care within the local area through a comprehensive community needs assessment and develop and implement strategies for addressing the gaps in services.

☑	State/Territory agency responsible for public education **(required)** This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.	The Iowa Department of Education (DE) is another essential partner in coordinating Iowa's child care plan. In addition to participation on the ECI State Technical Assistance Team and providing leadership to the Child Development Coordinating Council (described below), the Department has proven pivotal in advancing the state's early childhood literacy efforts; supporting development of a statewide approach to behavioral concerns in early childhood settings (Program Wide Positive Behavioral Intervention and Supports – PW-PBIS); providing the leadership in developing an assessment approach for the state's "school readiness" efforts; providing leadership in the development and implementation of the state's Early Learning Standards; and the roll-out and expansion of Iowa's Statewide Voluntary Preschool Program for Four-Year-Old Children. A key strategy supporting the movement towards a Quality Rating System for Iowa was the development of Iowa's Quality Preschool Program Standards (IQPPS). The Standards represent a 'key indicator' set of criteria from the ten standards of the National Association of the Education of Young Children (NAEYC) that fall between NAEYC accreditation standards and minimum licensing requirements. The standards are initially targeted for use by programs under the purview of the Department of Education. However, a commendable strategy has been the statewide delivery of training to develop a cadre of "facilitators" who are trained on the standards and then charged with assessment and ongoing consultation to early childhood providers in their community. Collaborative efforts under the leadership of the Department of Education include: Child Development Coordinating Council: The Department of Education convenes the Child Development Coordinating Council, a collaborative effort involving the Departments of Education, Human Rights, Public Health and Human Services, Head Start, Head Start parents, Child Care Resource and Referral agencies, Area Education Agencies and regents institutions. The Department's State Child Care Administrator and child care wrap around program manager are members of the Council. Head Start and Head Start State	Increasing full day, full year programs for at-risk children. Increasing participation of school based, school-operated programs in QRS increasing mental health and developmental supports to chuld care providers.

	Collaboration Office: The Lead Agency has formed collaborative partnerships with Head Start grantees and the Head Start State Collaboration Office to further the availability of quality child care settings and resources to support providers. In addition to regulating Head Start programs as licensed child care centers, DHS has conducted outreach when appropriate to Head Start grantees to increase participation in the child care wrap- around funding opportunity. The Head Start Association was a strong partner in the development and revision of Iowa's Early Learning Standards and is represented in the state's child care provider Training Registry as a training organization. Additionally, as the Lead Agency for TANF, DHS provides electronically a listing of FIP recipients to Head Start and Early Head Start grantees to assist in data matching and support their local outreach efforts of reaching families Early ACCESS: Collaborative efforts continue between the Child Care Resource and Referral System and Iowa's system of early intervention services, Part C of the Individuals with Disabilities Education Act (known in Iowa as "Early Access"). Activities center on utilizing child care providers as a child-find mechanism for early intervention, delivering Module V of the PITC training series, and increasing provider awareness of the services and resources available through the early intervention system. 21st Century Community Learning Centers (CCLC) The Lead Agency, through its relationship to the Iowa Afterschool Alliance, connects to but needs to strengthen its direct relationship with Iowa's 21st CCLC.	

| | Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services **(required)** | Early Childhood Iowa Stakeholder Alliance:
Early Childhood Iowa (ECI) was established by legislation during the 1998 session in an effort to create a partnership between communities and state government with an emphasis to improve the well-being of families with young children. ECI areas enable local citizens to lead collaborative efforts involving education, health, and human services programs on behalf of children, families, and other citizens residing in the area. ECI local boards, supported by an ECI Area Director, are comprised with a
majority representation of citizens and local elected officials, thereby providing an opportunity for local government, at its most grassroots, to provide input to the Department.

Wrap Around Child Care:
 Collaboration also exists via the Wrap Around Child Care program, a funding and quality improvement collaborative between the Iowa Department of Human Services and "core programs" that include Head Start programs, Department of Education Shared Vision at-risk preschool programs, Title 1 Preschools, and the Area Education Agencies' Early Childhood Special Education Preschool Programs. The contracts provide funding for child care to children enrolled in one of the programs listed above. Depending on the core program, care is provided before and after the core program, on inservice days and full time during the summer months for children whose families meet the income guidelines and are employed or in training. | Improved allocation of resources, Improved quality of child care by child care providers. Increased participation in QRS. Increased number of children in full day or full year quality settings. Improved opportunties for after-school providers. |
| ☑ | | | |

☑	State/Territory agency responsible for public health **(required)** This may include, but is not limited to, the agency responsible for immunizations and programs that promote children's emotional and mental health	A partnership between the Iowa Department of Human Services and the Department of Public Health that began in 1996 is the Healthy Child Care Iowa (HCCI) initiative. Healthy Child Care Iowa was established to develop and maintain statewide linkages between child care and child health experts to improve the health and safety of children in child care settings. With leadership provided by the Iowa Department of Public Health, an HCCI state health consultant and project staff are is funded through CCDF funding. The HCCI staff coordinates the work of 40+ local child care nurse consultants (employed primarily in local health agencies and funded predominately with ECI and limited MCH Title V funds.) The model serves to allow a direct linkage between child care settings/regulation and key DPH resources, including in the areas of child and provider health, immunizations, communicable disease, environmental health, nutrition, etc. Leadership through HCCI has been instrumental in targeting strategies to address the increased inappropriate and dangerous use of disinfectant and pesticides by child care providers; the development of training and planning tools related to emergency preparedness; the development of a provider-focused curriculum to encourage proper nutrition and physical activity for children in care; the development of a medication administration training, and the development of health and safety related tools and assessments for the health component of the Quality Rating System, a component unique to Iowa's system.	Increase in health and safety compliance by providers Reduced injuries and death in child care settings. Increased response/recovery by providers during emergencies
☑	State/Territory agency responsible for employment services / workforce development **(required)**	The Department of Human Services is also the lead agency for TANF, and administers the Family Investment Program (FIP). The Department partners with Iowa Workforce Development Offices in administering the state's work and training program for recipients of FIP – known in Iowa as PROMISE JOBS.	Increase in the number of FIP participants selecting regulated care. Increase in number of participants able to find and maintain work and educational opportunities.

☑	State/Territory agency responsible for providing Temporary Assistance for Needy Families (TANF) including local human service agencies**(required)**	The Department of Human Services is also the lead agency for TANF, and administers the Family Investment Program (FIP).	Increase in the number of FIP participants selecting regulated care. Increase in number of participants able to find and maintain work and educational opportunites.
☐ ☑	Indian Tribes/Tribal Organizations (required) N/A: No such entities exist within the boundaries of the State	The Department continues to seek opportunities to coordinate with the Family Services sector of the Sac and Fox Tribe of the Mississippi – located at the Meskwaki Settlement in Tama. The Tribe administers its own child care voucher program, providers parent referral services, and funds activities to improve infant and toddler care. The Tribe also regulates relative child care providers on the Settlement and requires families who chose to use community providers to select registered or licensed care. Conversation is underway to ensure that families aer only accessing one source of support (tribal or state).	Increase in the number of Tribal families accessing only appropriate funding sources

For the remaining agencies, check and describe (optional) any with which the Lead Agency has chosen to coordinate early childhood and school-age service delivery

☑	State/Territory agency with the Head Start Collaboration grant	See above under DE.	
☐ ☐	State/Territory agency responsible for Race to the Top - Early Learning Challenge (RTT-ELC) N/A: State/Territory does not participate in RTT-ELC	NA	

☑	State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	Coordinate with CACFP staff regarding program specific issues, program eligibility requirements, training and grant opportunities.	Increased number of programs participating in CACFP and additional funding to support training.
☑	State/Territory agency responsible for programs for children with special needs This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs	The Iowa Department of Education (DE) support Early ACCESS (described above.) The Lead Agency serves on the Early ACCESS state council.	Increasing full day, full year programs for at-risk children. Increasing participation of school based, school-operated programs in QRS.
☐	State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant		

☑	State/Territory agency responsible for child welfare	Lead Agency	Increased opportunities for collaboration between program areas to reduce number of children entering child welfare system.
☑	State/Territory liaison for military child care programs or other military child care representatives	Limited coordination primarily at the CCR&R level.	Increased supports for military families in accessing quality care (short or long term).
☑	Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21	The Iowa Afterschool Alliance (IAA): The Iowa Afterschool Alliance (IAA) is the C.S. Mott Foundation-supported statewide afterschool network in Iowa, one of 43 such networks across the country. The IAA membership and leadership structure includes representatives reflecting the diversity of afterschool in Iowa, from schools to community-based organizations and public agencies. The IAA is staffed by the State Public Policy Group, Inc (www.sppg.com). Collaborations occur to develop a legislative agenda, to develop and facilitate professional development for afterschool providers, and to develop recommendations to improve the quality and funding available to ensure access to high-quality programming at the local level. The IAA released *Iowa's Blueprint for Afterschool: Five Strategies for Ensuring Access to Affordable High-Quality Afterschool in Iowa for Children and Youth Ages 5 – 17* in July 2008 and outlines five major strategies to meet this goal. The IAA will be conducting outreach in 2013-2015 to update the plan through local community input. The *Blueprint* is available on the IAA website at www.iowaafterschoolalliance.org.	Improved allocation of resources. Improved quality of care by school-age child care providers. Increased participation in QRS.

☑	Local community organizations (child care resource and referral, Red Cross)	Iowa's Child Care Resource and Referral Agencies (CCR&R): The CCR&R system is comprised of five regional offices for statewide delivery of their core services - parent services, provider services, and community services. As a statewide network of community- based agencies throughout the state, the CCR&R has a longstanding and pivotal role in assuring parents are aware of and have information in selecting from an array of quality providers in their community. An ever-growing responsibility is the provision of consultation and training to the provider community, specifically to increase participation in the state's Quality Rating System. The structure is used as a collaborative and delivery vehicle for a host of quality improvement efforts in the child care community.	Improved allocation of resources. Improved quality of care by child care providers. Increased participation in QRS.
☐	Provider groups, associations or labor organizations	NA	
☐	Parent groups or organizations	NA	
☑	Other	The ECI Stakeholder Alliance serves as Iowa's SAC. In addition to serving on the ECI Steering Committee, the lead agency also has representation on the Early Childhood Stakeholders Alliance and it's component groups. Other key partners include: Iowa State University has been an essential partner in the development and delivery of the I-Consult credentialing project for CCR&R staff; the delivery of ERS training and assessment; the administration of New Staff Orientation Training; and hosting a number of webinar trainings that meet the needs of the child care community. Iowa Association for the Education of Young Children serves as the license holder for Iowa's T.EA.C.H. project as well as providing leadership to the ECI Professional Development component group.	Increase in professionalism and skills of Child Care Consultants. Higher quality child care programs through ERS training and assessment. Better trained and oriented child care center employees. Increase in educational levels of child care providers.

1.5.2. Does the State/Territory have a formal early childhood and/or school-age coordination plan? Lead Agencies are not required to have an early childhood nor a school-age coordination plan, but the State/Territory may have such plans for other purposes, including fulfilling requirements of other programs.

☑ Yes. If yes,

> a)
> Provide the name of the entity responsible for the coordination plan(s):
> Early Childhood Iowa
>
> b)
> Describe the age groups addressed by the plan(s):
> Birth to Five
>
> c)
> Indicate whether this entity also operates as the State Advisory Council (as authorized under the Head Start Act of 2007):
> ☑ Yes
> ☐ No
>
> d)
> Provide a web address for the plan(s), if available:
> http://www.earlychildhoodiowa.org/docs/ECIStrategicPlanRevisedSpring08.pdf

☐ No

1.5.3. Does the State/Territory have a designated entity(ies) responsible for coordination across early childhood and school-age programs? (658D(b)(1)(D), §98.14(a)(1)) Check which entity(ies), if any, the State/Territory has chosen to designate.

☐ State/Territory-wide early childhood and/or school-age cabinet/advisory council/task force/commission.

If yes, describe entity, age groups and the role of the Lead Agency

NA

☑ State Advisory Council (as described under the Head Start Act of 2007).

If yes, describe entity, age groups and the role of the Lead Agency

The Early Childhood Iowa Stakeholders Alliance serves as the State Advisory Council, addressing the needs of children ages birth-five. Lead Agency staff participate in the activities of the ECI Alliance..

☐ Local Coordination/Council

If yes, describe entity, age groups and the role of the Lead Agency

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│                                                                    │
└──────────────────────────────────────────────────────────────────┘
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☐ Other

Describe
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│                                                                    │
└──────────────────────────────────────────────────────────────────┘
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☐ None

1.5.4 Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private sector involvement in meeting child care needs? (§98.16(d))

Effective Date: 01-OCT-13

☑ Yes .

If yes, **describe** these activities or planned activities, including the tangible results expected from the public-private partnership:

Since 2003, Iowa has partnered with First Children's Finance (FCF) - formerly known as Development Corporation for Children – to work on facilitating public/private partnerships to improve the sustainability of quality child care programs. Initially, this effort centered on providing training and technical assistance to programs, but has since grown into the Iowa Growth Fund. The Growth Fund is a targeted effort involving child care center programs that are participants in Iowa's Quality Rating System (QRS). They must demonstrate the need for technical assistance in the area of business improvement, board involvement and the desire and ability to change the way they do business, including substantial fundraising and soliciting local business investment. FCF provides up to $5,000 per program to assist them with implementing a business plan developed with the assistance of FCF and a team of Growth Fund Advisors (which includes business and early childhood leaders from the local community). In addition, programs are provided with group training around specific issues identified by the programs and their advisors. Programs have been able to successfully develop and implement fund raising and marketing plans, as well as learning how to better engage their boards as partners in improving the quality of their programs and expanding access for families.

In the partnership described above, the expected results would be 1) increased viability and sustainability by high quality providers 2) supporting continuity of care for young children, and 3) increased investment by the private sector.

☐ No

1.6. Child Care Emergency Preparedness and Response Plan

It is recommended, but not required, that each Lead Agency develop a plan to address preparedness, response, and recovery efforts specific to child care services and programs. Plans should cover the following areas: 1) planning for continuation of services to CCDF families; 2) coordination with other State/Territory agencies and key partners; 3) emergency preparedness regulatory requirements for child care providers; 4) provision of temporary child care services after a disaster; and 5) rebuilding child care after a disaster. For further guidance on developing Child Care Emergency Preparedness and Response Plans see the Information Memorandum (CCDF-ACF-IM-2011-01) located on the Office of Child Care website at: http://www.acf.hhs.gov/programs/occ/resource/im-2011-01

1.6.1. Indicate which of the following best describes the current status of your efforts in this area. Check only ONE.

Effective Date: 01-OCT-13

☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.

☐ **Developed.**   A plan has been developed as of **[insert date]:**   and put into operation as of **[insert date]:**   , if available. Provide a web address for this plan, if available:

☑ **Other.**
Describe:

Iowa has experienced several natural disasters in recent years, in particular significant flooding in urban areas and tornadoes in several sections of the state. These experiences have resulted in the development of several strategies to respond to the needs of families and providers.   The Lead Agency participated in June 2013 with the Federal Office of Child Care's Regional Office an intentional effort to focus on the development of strategies to achieve a formal plan that addresses items 1-5 above.

In addition, efforts include:
1) Planning for continuation of services to CCDF families – The Department successfully sought amendments to the State Plan and corresponding policy to allow for child care assistance to be made available to families otherwise eligible for CCA but not able to maintain work or training due to being affected by the flood.

2) Coordination with other State/Territory agencies and key partners – Child Care Resource and Referral agencies provide tremendous effort in making contact with providers in disaster-affected areas and keeping the Department apprised of the status of damage and ability of providers to continue care. Their past efforts have allowed an integrated effort with the international Save the Children organization to identify and support providers with small emergency grants. Healthy Child Care Iowa staff provide subject matter expertise on health and safety considerations during clean-up efforts and temporary-site child care. The partnership with HCCI has provided development of emergency-planning specific training and tools for providers (see below). The partnership has also provided a bridge for further coordination with state and local emergency management administrators and the Iowa Emergency Management

Association.

3) Emergency preparedness regulatory requirements for child care providers – Iowa's regulatory requirements for child care providers include planning for emergencies and other natural disasters as outlined below.

As an example, centers are required to address the following:
109.10(15) *Emergency plans.*
a. The center shall have written emergency plans for responding to fire, tornado, flood (if area is susceptible to flood), intruders within the center, intoxicated parents and lost or abducted children. In addition, the center shall have guidelines for responding or evacuating in case of blizzards, power failures, bomb threats, chemical spills, earthquakes, or other disasters that could create structural damage to the center or pose health hazards. If the center is located within a ten-mile radius of a nuclear power plant or research facility, the center shall also have plans for nuclear evacuations. Emergency plans shall include written procedures including plans for transporting children and notifying parents, emergency telephone numbers, diagrams, and specific considerations for immobile children.
b. Emergency instructions, telephone numbers, and diagrams for fire, tornado, and flood (if area is susceptible to floods) shall be visibly posted by all program and outdoor exits. Emergency plan procedures shall be practiced and documented at least once a month for fire and for tornado. Records on the practice of fire and tornado drills shall be maintained for the current and previous year.
c. The center shall develop procedures for annual staff training on these emergency plans and shall include information on responding to fire, tornadoes, intruders, intoxicated parents and lost or abducted children in the orientation provided to new employees.
d. The center shall conduct a daily check to ensure that all exits are unobstructed.
For homes these rules include:
j. Emergency plans in case of man-made or natural disaster shall be written and posted by the primary and secondary exits. The plans shall clearly map building evacuation routes and tornado and flood shelter areas.
k. Fire and tornado drills shall be practiced monthly and the provider shall keep documentation evidencing compliance with monthly practice on file.

In addition, information about emergency preparedness is also included in the child care provider handbooks for regulated providers.

Community-based Child Care Nurse Consultants and CCR&R consultants deliver the training "Emergency Preparedness for Iowa Child Care Providers" to home and center based child care providers across the state. The training is based on NACCRRA's "Disaster Preparation: A Training Program for Child Care Centers." Training is often offered in partnership with Early Childhood Iowa, coordinated with county emergency management personnel, and may include distribution of materials such as weather radios, etc.

Two new emergency planning documents are now available for Iowa child care providers. While regulations have required specific emergency plans (tornado, fire, etc.) for a number of years, these planning documents are designed to assist providers in creating comprehensive, and site specific, all-hazard plans. The planning documents include sections for planning evacuation, shelter-in-place, transportation, communication, reunification, and nearby, mid-distance and distant relocation. To further incentivize the development of more comprehensive all-hazard plans, points can be earned in the Quality Rating System for the completion of the planning document that include plans for transportation, relocation sites and 24 hours' worth of emergency supplies.

4) Provision of temporary child care services after a disaster – The Department has procedures in place to provide for "Exceptions to Policy" for affected providers to enable them to relocate to other sites, temporarily serve children over allowable capacity, etc.

5) Rebuilding child care after a disaster – Efforts strive to ensure providers are aware of federal resources such as support from FEMA and the Small Business Administration. Iowa's First Children Finance office also contacts providers in the event of disasters to offer low-interest loans with provide-friendly terms for repayment, as well as technical assistance in the business aspects of disaster response.

1.6.2. Indicate which of the core elements identified in the Information Memorandum are or will be covered in the Lead Agency child care emergency preparedness and response plan. Check which elements, if any, the Lead Agency includes in the plan.

Effective Date: 01-OCT-13

☑ Planning for continuation of services to CCDF families

☑ Coordination with other State/Territory agencies and key partners

☑ Emergency preparedness regulatory requirements for child care providers

☑ Provision of temporary child care services after a disaster

☑ Restoring or rebuilding child care facilities and infrastructure after a disaster

☐ None

PART 2

CCDF SUBSIDY PROGRAM ADMINISTRATION

2.1 Administration of the Program

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b), §98.11(a))

2.1.1. Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? Identify the level at which the following CCDF program rules and policies are established.

☑ Eligibility rules and policies (e.g., income limits) are set by the:
   ☑ State/Territory
   ☐ Local entity.
If checked, identify the type of policies the local entity(ies) can set

   ☐ Other.
Describe:

☑ Sliding fee scale is set by the:
   ☑ State/Territory
   ☐ Local entity.
If checked, identify the type of policies the local entity(ies) can set

   ☐ Other.
Describe:

☑ Payment rates are set by the:
   ☑ State/Territory
   ☐ Local entity.
If checked, identify the type of policies the local entity(ies) can set

   ☐ Other.
Describe:

2.1.2. How is the CCDF program operated in your State/Territory? In the table below, identify which agency(ies) performs these CCDF services and activities.

Implementation of CCDF Services/Activities
Agency (Check all that apply)
Who assists parents in locating child care (consumer education)?
Implementation of CCDF Services/Activities
Who issues payments?

Who determines eligibility?

Note: If different for families receiving TANF benefits and families not receiving TANF benefits, please describe:

Agency (Check all that apply)

☑ CCDF Lead Agency

☐ TANF agency

☐ Other State/Territory agency.

Describe:

☐ Local government agencies such as county welfare or social services departments

☐ Child care resource and referral agencies

☐ Community-based organizations

☐ Other.

Describe:

Who assists parents in locating child care (consumer education)?

Agency (Check all that apply)

☑ CCDF Lead Agency

☐ TANF agency

☐ Other State/Territory agency.

Describe:

☐ Local government agencies such as county welfare or social services departments

☑ Child care resource and referral agencies

☐ Community-based organizations

☐ Other.

Describe:

Who issues payments?

Agency (Check all that apply)

☑ CCDF Lead Agency

☐ TANF agency

☐ Other State/Territory agency.

Describe:

☐ Local government agencies such as county welfare or social services departments

☐ Child care resource and referral agencies

☐ Community-based organizations

☐ Other.

Describe:
Describe to whom is the payment issued (e.g., parent or provider) and how are payments distributed (e.g., electronically, cash, etc)
Payment is issued to the provider. Payment is made either by a issuing a state warrant (paper) or by electronic funds transfer (EFT) to the provider's bank account. The provider chooses whether they want paper or electronic payment.
Other. List and describe:

2.2. Family Outreach and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a)-(e). **Note** - For any information in questions 2.2.1 through 2.2.10 that differs or will differ for families receiving TANF, please describe in 2.2.11.

2.2.1. By whom and how are parents informed of the availability of child care assistance services under CCDF? (658E(c)(2)(A), §98.30(a)) Check all agencies and strategies that will be used in your State/Territory.

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☑ CCDF Lead Agency
☑ TANF offices
☐ Other government offices
☑ Child care resource and referral agencies
☐ Contractors
☑ Community-based organizations
☐ Public schools
☑ Internet
(provide website): http://www.dhs.iowa.gov/

☐ Promotional materials
☐ Community outreach meetings, workshops or other in-person meetings
☐ Radio and/or television
☐ Print media
☐ Other.
Describe:

2.2.2. How can parents apply for CCDF services? Check all application methods that your State/Territory has chosen to implement.

☐ In person interview or orientation
☑ By mail
☑ By Phone/Fax
☑ Through the Internet
(provide website): https://ccmis.dhs.state.ia.us/MainPortal/

☐ By Email
☐ Through a State/Territory Agency
☐ Through an organization contracted by the State/Territory
☐ Other.
Describe:

2.2.3. Describe how the Lead Agency provides consumer education to parents applying for CCDF assistance to promote informed choices about the quality of care provided by various providers in their communities.

Lead Agencies must certify that the State/Territory will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices (658E (c)(2)(G), §98.33).

For example, memorandums of understanding with resource and referral agencies to provide consumer education to families applying for CCDF assistance, providing parents with provider lists showing licensing history and/or Quality Rating and Improvement System (QRIS) ratings, or informational brochures that address importance of quality and different care options available.

Parents are informed about available care options in making first contact in applying for child care assistance. Information is available on the public portal for KinderTrack that informs parents about Iowa's child care regulations. A pamphlet, "*Child Care Assistance,*" is available at the county Department of Human Services offices, child care resource and referral agencies, and PROMISE JOBS offices. The pamphlet outlines the full array of providers the parent may select to provide care. (A copy has been provided with prior CCDF state plans and is available from the Lead Agency upon request.) Child care providers can also request the pamphlet to distribute to the families they serve. The pamphlet provides information about the Child Care Assistance program and the rights and responsibilities of parents eligible under this program.

No restrictions are placed on a parent in selecting care (other than the provider must be an 'approved provider' – having been screened and evaluated to have no child abuse or criminal history that would prevent involvement in child care – and must meet the requirements for a provider paid under the child care assistance program as outlined in section 3.1.1) As Iowa does not apply a differing set of regulations or exclusions on faith-based providers, they are in the pool of "approvable providers." (Note: Children receiving protective care must be served in a regulated setting.)

KinderTrack, the Iowa Child Care Provider Training Registry and the Department's QRS webpage all provide further detail, available to parents and the public, on the quality of the array of providers available. This information includes provider information related to current regulatory status, professional development accomplishments, and their QRS rating.

Additionally, CCR&R is contracted with by the Department to provide consumer education to parents seeking information and referral on child care options. Parents accessing CCR&R services are provided consultation and printed materials that address quality indicators to assist them in making an informed child care decision as well as the full array of providers available to them in their community. A standardized brochure "Choosing Quality Child Care" is provided in all parent packets that are sent with referral information. In addition, information is included on each CCR&R website on quality indicators (group size, ratio, family involvement, caregiver education and turnover, health and safety and accreditation) as well as specific consumer education (child care and afterschool options available, brief summary of regulations by provider type, and financial assistance available).

2.2.4. Describe how the Lead Agency will support child care programs to increase the likelihood that CCDF-served children receive higher quality care as defined in your State/Territory.

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For example, methods used to promote upward movement in quality rating and improvement system, methods used to encourage high quality programs to participate in the subsidy program such as tiered reimbursement, or incentives used to support high quality programs in rural, suburban, urban, and low-income communities.

Iowa's Quality Rating System (QRS) is implemented statewide, making access to quality providers available to all children, whether or not they are served in the child care assistance program. The Department provides significant support to child care providers to assist them in participating in the QRS. The range of supports include an expectation that all CCR&R consultant staff have enough subject matter expertise about the QRS to provide technical assistance and guide providers through the application process; directly funding a variety of the criteria from which providers can receive points (e.g. ChildNet training/certification, ERS training, ERS assessments, health and safety, New Staff Orientation training, funding for T.EA.C.H., etc.) In addition public health and Early Childhood Iowa partners provide funding for local child care nurse consultants who offer injury prevention and health and safety assessments and child care record reviews, all of which are pointable criteria in the QRS. Information regarding QRS is provided in every parent referral packet from CCR&R. Often times, child care assistance staff will refer parents applying to the CCR&R if they do not already have a provider. If parents contact CCR&R by phone, the parent counselor shares information about QRS as well as each program's QRS rating, and educates the parent to consider the QRS rating when selecting child care. Financial incentives in the form of an achievement bonus are provided to providers rated in QRS at the time of application and re-application (two year time period). The bonuses are determined by the level of the program, thus encouraging programs to increase their level of quality.

2.2.5. Describe how the Lead Agency promotes access to the CCDF subsidy program? Check the strategies that will be implemented by your State/Territory.

☑ Provide access to program office/workers such as by:
☐ Providing extended office hours
☑ Accepting applications at multiple office locations
☑ Providing a toll-free number for clients
☑ Email/online communication
☐ Other.
Describe:

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☑ Using a simplified eligibility determination process such as:
☐ Simplifying the application form (such as eliminating unnecessary questions, lowering the reading level)
☑ Developing a single application for multiple programs
☑ Developing web-based and/or phone-based application procedures
☑ Coordinating eligibility policies across programs.
List the program names: FIP (Iowa¿s TANF cash program), Food Assistance, Medicaid

☐ Streamlining verification procedures, such as linking to other program data systems
☑ Providing information multi-lingually
☑ Including temporary periods of unemployment in eligibility criteria for new applicants (job search, seasonal unemployment).
Length of time: Job search is allowed for one 30-day period every 12 months.

 (Note: this period of unemployment should be included in the Lead Agency's definition of working, or job training/educational program at 2.3.3).

☐ Other.
Describe:

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☐ Other.
Describe:

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☐ None

2.2.6. Describe the Lead Agencies policies to promote continuity of care for children and stability for families. Check the strategies, if any, that your State/Territory

has chosen to implement.

☑ Provide CCDF assistance during periods of job search.
Length of time: Job search is allowed for one 30-day period every 12 months.

☐ Establish two-tiered income eligibility to allow families to continue to receive child care subsidies if they experience an increase in income but still remain below 85% of State median income (SMI)

☐ Synchronize review date across programs
List programs:

☐ Longer eligibility re-determination periods (e.g., 1 year).
Describe:

☐ Extend periods of eligibility for families who are also enrolled in either Early Head Start or Head Start and pre-k programs.
Describe:

☐ Extend periods of eligibility for school-age children under age 13 to cover the school year.
Describe:

☐ Minimize reporting requirements for changes in family's circumstances that do not impact families' eligibility, such as changes in income below a certain threshold or change in employment

☐ Individualized case management to help families find and keep stable child care arrangements.
Describe:

☑ Using non-CCDF Funds to continue subsidy for families who no longer meet eligibility, such as for children who turn 13 years of age during the middle of a program year

☑ Other.
Describe:

Non-CCDF funds (above): used to promote stability for 13-15 year-olds with special family circumstances. CCDF assistance may also continue for a limited time when parents' eligible for assistance due to work or training experience a temporary medical incapacity or are in a geographic region affected by a federal or state declared disaster.

☐ None

2.2.7. How will the Lead Agency provide outreach and services to eligible families with limited English proficiency? Check the strategies, if any, that your State/Territory has chosen to implement.

<div align="right">Effective Date: 01-OCT-13</div>

☑ Application in other languages (application document, brochures, provider notices)
☑ Informational materials in non-English languages
☐ Training and technical assistance in non-English languages
☐ Website in non-English languages
☐ Lead Agency accepts applications at local community-based locations
☐ Bilingual caseworkers or translators available
☐ Outreach Worker
☐ Other.
Describe:

☐ None
If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered :

Spanish

2.2.8. How will the Lead Agency overcome language barriers with providers? Check the strategies, if any, that your State/Territory has chosen to implement.

<div align="right">Effective Date: 01-OCT-13</div>

☑ Informational materials in non-English languages
☐ Training and technical assistance in non-English languages
☑ CCDF health and safety requirements in non-English languages
☑ Provider contracts or agreements in non-English languages
☐ Website in non-English languages
☐ Bilingual caseworkers or translators available
☑ Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
☐ Other.

N/A

☐ None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered:

Spanish

2.2.9. Describe how the Lead Agency documents and verifies applicant information using the table below. (§98.20(a))

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Check the strategies that will be implemented by your State/Territory. **Attach** a copy of your parent application for the child care subsidy program(s) as **Attachment 2.2.9** or provide a web address, if available:

http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Forms/470-3624.pdf

The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
☑ Applicant identity	Documented by household on application.
☑ Household composition	Documented by household on application.
☑ Applicant's relationship to the child	Documented by household on application.
☑ Child's information for determining eligibility (e.g., identity, age, etc.)	Documented by household on application.
☑ Work, Job Training or Educational Program	Class schedules from school and work schedules from parent.
☑ Income	Check stubs or employer statements
☐ Other. Describe:	

2.2.10. Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

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☑ Time limit for making eligibility determinations.
Describe length of time 30 days

☑ Track and monitor the eligibility determination process
☐ Other.

Describe

[   ]

☐ None

2.2.11. Are the policies, strategies or processes provided in questions 2.2.1 through 2.2.10 different for families receiving TANF? (658E(c)(2)(H) & (3)(D), §§98.16(g)(4), 98.33(b), 98.50(e))

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☑ Yes.
If yes, describe:

TANF in Iowa is known as the Family Investment Program (FIP). FIP recipients, and those whose income is taken into account when determining the needs of the FIP program recipient, do not need to complete an application for child care assistance. They are eligible regardless of income as long as there is a need for service. A fee is not assessed to this group because families on FIP are at or below the poverty level.

FIP recipients can access child care subsidy in two ways, depending on the participant's circumstances:

• PROMISE JOBS, Iowa's work and training program for FIP recipients.
• Child Care Assistance.

FIP recipients who are participating in PROMISE JOBS components are eligible for child care subsidy, through Child Care Assistance, during component activity without application of the sliding fee scale. FIP recipients in paid employment are also eligible, notwithstanding income guidelines, for Child Care Assistance if there is a need for services. The sliding fee scale for Child Care Assistance is not applied to FIP recipients in paid employment.

The state meets the child care needs of families through Child Care Assistance who cease to be eligible for FIP as a result of increased income from employment by a member of the eligible group, receipt of child support, or voluntary cessation of FIP benefits. However, families are subject to the eligibility criteria and the sliding fee scale which is based on income and family size. The state meets the child care needs of families at risk of becoming eligible for FIP by setting income guidelines low enough so that families may receive the child care subsidy to avoid dependency on FIP.

☐ No.

2.2.12. Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age. Lead Agencies must coordinate with

TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2) of the Social Security Act. In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

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a) Identify the TANF agency that established these criteria or definitions:
State/Territory TANF Agency Department of Human Services

b) Provide the following definitions established by the TANF agency.
• "appropriate child care": means that the child care provider is a licensed center, a registered child development home, an exempt facility, or someone who has an approved review or evaluation of child abuse and criminal record checks and can meet the minimum health and safety requirements for nonregistered child care home providers.
• "reasonable distance": means that the required travel time from home to the work-related activity does not exceed one hour each way including the travel time necessary to take a child to a child care provider.
• "unsuitability of informal child care": means a child care center who has not completed the licensing process or a nonregistered child care provider who cannot be approved upon evaluation of child abuse or criminal record checks or who cannot meet the minimum health and safety requirements for nonregistered child care home providers.
• "affordable child care arrangements": means that child care for approved PROMISE JOBS components is provided at no cost.

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

☑ In writing
☑ Verbally
☐ Other.
Describe:

At the time of initial application and review for the Family Investment Program, workers review the individual circumstances of a family and determine if they are encountering barriers related to child care that impede their ability to meet the expectations of their Family Investment Agreement. Addressing of barriers (i.e. child care) is addressed in the initial application, followed by a more detailed review by the PROMISE JOBS staff of circumstances and their impact. PROMISE JOBS participants may include barrier resolution (i.e. finding appropriate child care) as one of the steps of their Family Investment Agreement. TANF benefits will continue as long as the family makes progress towards self-sufficiency by addressing barriers to employment.

Participants in approved PROMISE JOBS activities and current Family Investment Program recipients, and those whose earned income was taken into account when determining the needs of the Family

Investment Program recipient, do not need to fill out the application for child care services. The worker can retrieve the information necessary for child care services from the parent(s) Family Investment Program application.

Families who cease to be eligible for the Family Investment Program as a result of increased income from employment, receipt of child support, or voluntary cessation of FIP benefits, are provided with child care assistance information and a referral to the Department of Human Services office to make application if needed. Child Care Assistance information will be provided to all former Family Investment Program participants through a statement of referral to the local Department of Human Services office on the notice canceling their FIP grant.

2.3. Eligibility Criteria for Child Care

In order to be eligible for services, children must (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income is less than 85 percent of the State's median income for a family of the same size; and (3) reside with a parent or parents who is working or attending job training or an educational program; or (4) be receiving or needs to receive protective services. (658P(3), §98.20(a))

2.3.1. How does the Lead Agency define the following eligibility terms?

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residing with -

For the purpose of determining family size, the family includes the following members:

- Legal spouses (including common law) who reside in the same household
- Natural, adoptive, or stepmother or father, and children who reside in the same household
- A child who resides with a person or persons not legally responsible for the child's support;
- A companion in the home is not considered in determining family size or income unless there is a common child.

The composition of the family does not change when one or more of the family members is temporarily absent from the household. Persons who meet the definition of temporary absence are considered when determining family size.

Temporarily absent means:

- A medical absence anticipated to be less than three months.
- An absence for the purpose of education or employment
- Absence of a family member who intends to return home within three months

in loco parentis -

An adult standing in place of the parent; custody/guardianship is not required to be formalized through the court if the individual is a relative.

2.3.2. Eligibility Criteria Based Upon Age

Effective Date: 01-OCT-13

a) The Lead Agency serves children from one weeks to up to 13 years (maximum age under age 13) years (may not equal or exceed age 13).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☑ Yes,and the upper age is up to 19 years (maximum age under age 19) (may not equal or exceed age 19).
Provide the Lead Agency definition of *physical or mental incapacity* -

A child with one or more of the following conditions:

- The child has been diagnosed by a physician or by a person endorsed for service as a school psychologist by the Iowa Department of Education to have a developmental disability which substantially limits one or more major life activities, and the child requires professional treatment, assistance in self care, of the purchase of special adaptive equipment.
- The child has been determined by a qualified intellectual disabilities professional to have a condition which impairs the child's intellectual and social functioning.
- The child has been diagnosed by a mental health professional to have a behavioral or emotional disorder characterized by situationally-inappropriate behavior which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with the child's intellectual, social, or personal adjustment.

☐ No.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

Yes,and the upper age is   (may not equal or exceed age 19).
☑ No.

2.3.3. Eligibility Criteria Based Upon Work, Job Training or Educational Program

Effective Date: 01-OCT-13

a) How does the Lead Agency define "working" for the purposes of eligibility? Provide a narrative description below, including allowable activities and if a minimum number of hours is required.

Reminder - Lead Agencies have the flexibility to include any work-related activities in its definition of working, including periods of job search and travel time. (§§98.16(f)(3), 98.20(b))
working-

a. employed for 28 or more hours per week, or employed an average of 28 or more hours per week during the month.

b. looking for employment. Child care services for job search is limited to only those hours the parent is looking for employment, including travel time, for a maximum of 30 consecutive working days in a 12 month period.

c. service as a volunteer in the AmeriCorps or AmeriCorps*Vista program for a minimum of 28 hours per week or an average of 28 or more hours per week during the month.

d. Child care services may be provided for the hours of employment of a single parent or the coinciding hours of employment or training/education or job search or volunteer service in the AmeriCorps or AmeriCorps*Vista program of both parents in a two-parent home and for the actual travel time between the child care facility and place of employment.

e. If the state is affected by federal or state declared emergencies, the Lead Agency may determine, for a specific geographic region(s), that a parent(s) who otherwise has met the eligibility condition for need for service as stated in paragraphs a-d above and who were certified at the time the emergency was declared, may be determined to continue to meet that condition of eligibility if the declared emergency and ensuing recovery temporarily prevent the parent from meeting the requirement. In such instances, the Lead Agency will establish timeframes for the exclusion to apply. The timeframes established will be developed within the context of the establishment of the federal or state declared emergencies and relevant timeframes related to assistance that might be available under those emergencies. The timeframes for the exclusion to apply will be an established period of time relevant to the affected policy (i.e., suspension of a required six-month review, etc.)
f. Parent(s) who otherwise met the eligibility condition for need for service as stated in paragraphs a-d above who become temporarily medically incapacitated as verified by a physician may be determined to continue to meet that condition of eligibility for a limited period of time. The timeframe for the exclusion to apply will be established based on medical documentation from the parent's physician.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program? (§§98.16(g)(5), 98.20(b))

☑ Yes.
If yes, how does the Lead Agency define "attending job training or educational program" for the purposes of eligibility? Provide a narrative description below.

Reminder - Lead Agencies have the flexibility to include any training or education-related activities in its definition of job training or education, including study time and travel time.

attending job training or educational program -

Formally enrolled full-time, as defined by the institution, in an approved educational or vocational training program. Part-time plans may be approved only if the number of credit hours to complete training is less than full-time status, the required prerequisite credits or remedial coursework is less than full-time status, or training is not offered on a full-time basis. For FIP recipients participating in PROMISE JOBS, part-time plans may be approved as above. In addition, PROMISE JOBS participants may use part-time training when family circumstances indicate this is necessary. In all instances where part-time training is used, PROMISE JOBS participants must be able to complete the training within maximum participation limits as established by Iowa Administrative Code Chapter 93.

Job training and educational program is defined as:

a. Academic or vocational training must culminate in a specific goal, such as high school completion, improved English skills, or the development of specific academic or vocational skills

b. Training may be approved for high school completion activities, adult basic education, GED, English as a second language, a college program which leads to an associate of arts degree, and a postsecondary education, up to and including a baccalaureate degree program.

c. Child care provided while the parent participates in postsecondary education or vocational training is limited to a 24-month lifetime limit. A month is defined as a fiscal month and generally has starting and ending dates falling with two adjacent calendar months but only count as one month. Time spent in high school education, GED, or English as a second language does not count toward the 24month limit.

d. Child care services may be provided for the hours of participation in postsecondary education or vocational training of a single parent or the coinciding hours of employment or training/education or job search or volunteer service in the AmeriCorps or AmeriCorps*Vista program of both parents in a two-parent home and for the actual travel time between, the child care facility and place of employment.

e. If the state is affected by federal or state declared emergencies, the Lead Agency may determine, for a specific geographic region(s), that a parent(s) who otherwise has met the eligibility condition for need for service as specified in paragraphs "a-d" above and who were certified at the time the emergency was declared, may be determined to continue to meet the condition of eligibility if the declared emergency and ensuing recovery prevent the parent from temporarily meeting the requirement. In such instances, the Lead Agency will establish timeframes for the exclusion to apply. The timeframes established will be developed within the context of the establishment of the federal or state declared emergencies and relevant timeframes related to assistance that might be available under those emergencies. The timeframes for the exclusion to apply will be an established period of time relevant to the affected policy (i.e., suspension of a required six-month review, etc.)

f. Parent(s) who otherwise met the eligibility condition for need for service as stated in paragraphs a-d above who become temporarily medically incapacitated as verified by a physician may be determined to continue to meet that condition of eligibility for a limited period of time. The timeframe for the exclusion to apply will be established based on medical documentation from the parent's physician.

☐ No.

2.3.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☑Yes.
If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a narrative description below.

Reminder - Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases. Lead Agencies may elect to include homeless children and other vulnerable populations in the definition of protective services.

Note - If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for CCDF purposes these children are considered to be in protective services and should be included in this definition.

protective services

Child care provided as part of a safety plan during a child abuse assessment or as part of the service plan established in a family's case file. The child must have an open child abuse assessment; an open child welfare case as a result of a child abuse assessment, or adjudication as a child in need of assistance. Respite care is not provided to custodial parents of children being served under protective child care.

☐No.
b) Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☑Yes.
☐No.

2.3.5. Income Eligibility Criteria

a) How does the Lead Agency define "income" for the purposes of eligibility? Provide the Lead Agency's definition of "income" for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

income -

The non-exempt monthly gross income of any person included in the family size is used in determining the family's income. The monthly gross income is the monthly sum of income received by a person from the following sources that are identified by the U.S. Census Bureau in computing the median income:

- Alimony
- Casino Profits
- Child support
- Dividends, interest on savings or bonds, income from estates or trusts, net rental income or royalties
- Money, wages or salary
- Net rental income or royalties
- Net income from farm self-employment
- Net income from non-farm self-employment
- Pensions and annuities
- Public assistance or welfare payments
- Social Security
- Strike pay
- Supplemental Security Income
- Permanent Disability Insurance (SSDI)
- Railroad Retirement Insurance
- Unemployment compensation
- Workers compensation
- Veterans benefits
- Work Study
- Cash Payments
- Volunteer Service Organizations (i.e., VISTA, AmeriCorps)

b) Which of the following sources of income, if any, will the Lead Agency exclude or deduct from calculations of total family income for the purposes of eligibility determination? Check any income the Lead Agency chooses to exclude or deduct, if any.

- ☑ Adoption subsidies
- ☐ Foster care payments
- ☐ Alimony received or paid
- ☐ Child support received
- ☐ Child support paid
- ☑ Federal nutrition programs
- ☑ Federal tax credits
- ☑ State/Territory tax credits
- ☑ Housing allotments, Low-Income Energy Assistance Program (LIHEAP) or energy assistance
- ☐ Medical expenses or health insurance related expenses
- ☐ Military housing or other allotment/bonuses
- ☑ Scholarships, education loans, grants, income from work study
- ☐ Social Security Income
- ☐ Supplemental Security Income (SSI)
- ☐ Veteran's benefits

☐ Unemployment Insurance
☐ Temporary Assistance for Needy Families (TANF)
☐ Worker Compensation
☑ Other types of income
not listed above:

- The first $65 and 50% of the remainder of income earned at a sheltered workshop or work activity center.
- The income spent on any regular, ongoing cost that is specific to a child's disability. Note: A family must be applying for Child Care Assistance for the special needs child in order to exclude this income.
- Payment from Iowa Individual Assistance Program
- Loans and gifts that are:
  - Obtained and used under conditions that preclude their use for current living costs such as scholarships,
  - Made or insured under the Higher Education Act to any undergraduate student for educational purposes.
- Capital gains and money received from sale of property, such as stocks, bonds, a house, or a car. (Note: If the person is engaged in the business of selling such property, the proceeds are counted as income from self-employment.)
- Lump-sum inheritances or insurance payments or settlements, such as (but not limited to):
- Per capita payment to, or funds held in trust for, any person in satisfaction of a judgment of the Indian Claims Commission or the Court of Claims.
- Payments made pursuant to the Alaska Native Claims Settlement Act, to the extent such payments are exempt from taxation under Section 21(a) of the Act.
- Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies of 1970.
- Agent Orange Settlement payments.
- Use of personal resources, such as:
  - Withdrawals of bank deposits.
  - Tax refunds.
  - Home produce used for household consumption.
- Certain public assistance income, including:
  - The value of the benefit allotment in the food assistance program.
  - The value of United States Department of Agriculture (USDA) donated foods.
  - The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food program for children under the National School Lunch Act, as amended.
  - The value of payments to vendors or vouchers under the pilot FIP diversion program and the statewide Family Self-Sufficiency Grant program.
- Adoption subsidy payment received from the Department
- Stipends received by persons for participating in the Foster Grandparent program under Public Law 93-113, Section 418, Part B.
- Public housing subsidies.
- Reimbursements from an employer for job-related expense.
- Monies received under the federal Social Security Persons Achieving Self-Sufficiency
- (PASS) program or the Income Related Work Expenses (IRWE) program.
- Monies from federal or state earned income tax credit, whether received with the regular paychecks or as a lump sum included with the tax return.
- Stipends from the preparation for adult living (PAL) program.
- Payments from the subsidized guardianship waiver program.
- The living allowance payments made to participants in the AmeriCorps*VISTA program, as long as the director of ACTION determines the value of all such payments is less than minimum wage.
- Census earnings received by temporary workers from the Bureau of Census.

.

☐ None

c) Whose income will be excluded, if any, for purposes of eligibility determination? Check anyone the Lead Agency chooses to exclude, if any.

☑ Children under age 18
☐ Children age 18 and over - still attending school
☐ Teen parents
☑ Unrelated members of household
☐ All members of household except for parents/legal guardians
☑ Other.
Describe:

- Earnings of a child 14 years of age or under.
- Earnings of a child 18 years of age or under who is a full-time student.
- Payments or earnings received by any youth under the Workforce Investment Act (WIA).
- The income of the parents with whom a teen parent resides if the application is for the teen parent's child.

☐ None

d) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

Reminder - Income limits must be provided in terms of State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. (§98.20(a)(2)). FY 2013 poverty guidelines are available at http://aspe.hhs.gov/poverty/13poverty.shtml.

Family Size	(a) 100% of State Median Income (SMI)($/month)	(b) 85% of State Median Income (SMI)($/month) [Multiply (a) by 0.85]	IF APPLICABLE Income Level if lower than 85% SMI	
			(c) $/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	3333	2833	1389	42
2	4358	3704	1875	43
3	5384	4576	2361	44
4	6409	5448	2846	44
5	7435	6320	3332	45

e) Will the Lead Agency have "tiered eligibility" (i.e., a separate income limit at re-determination to remain eligible for the CCDF program)?

☐ Yes.
If yes, provide the requested information from the table in 2.3.5d and **describe below:**

Note: This information can be included in the table below.

☑ No.

Family Size	(a) 100% of State Median Income (SMI) ($/month)	(b) 85% of State Median Income (SMI) ($/month)[Multiply (a) by 0.85]	IF APPLICABLE Income Level if lower than 85% SMI	
			(c) $/month	(d) % of SMI[Divide (c) by (a), multiply by 100]
1				
2				
3				
4				
5				

f) SMI Year   2013   and SMI Source   US Census Bureau

g) These eligibility limits in column (c) became or will become effective on:
 7-1-2013

2.3.6. Eligibility Re-determination

Effective Date: 01-OCT-13

Does the State/Territory follow OCC's 12 month re-determination recommendation? (See Program Instruction on Continuity of Care
http://www.acf.hhs.gov/programs/occ/resource/im2011-06

☐ Yes
☑ No. If no, what is the re-determination period in place for most families?

☑ 6 months
☐ 24 months

☐ Other.
Describe:

☐ Length of eligibility varies by county or other jurisdiction.
Describe:

b) Does the Lead Agency coordinate or align re-determination periods with other programs?

☐ Yes. If yes, **check programs that the Lead Agency aligns eligibility periods with and describe the redetermination period for each.**

☐ Head Start and/or Early Head Start Programs.
Re-determination period:

☐ Pre-kindergarten programs.
Re-determination period:

☐ TANF.
Re-determination period:

☐ SNAP.
Re-determination period:

☐ Medicaid.
Re-determination period:

SCHIP.
☐ SCHIP.
Re-determination period:

☐ Other.
Describe:

☑ No.

c) Describe under what circumstances, if any, a family's eligibility would be reviewed prior to redetermination. For example, regularly scheduled interim assessments, or a requirement for families to report changes.

Families are required to report changes in household composition, income, or need for service within 10 days of the change.

d) Describe any action(s) the State/Territory would take in response to any   change in a family's eligibility circumstances prior to re-determination

Benefits may be changed or cancelled.

e) Describe how these policies are implemented in a family-friendly manner that promotes access and continuity of care for children. (See Information Memorandum on Continuity of Care for examples http://www.acf.hhs.gov/programs/occ/resource/im2011-06).

Iowa allows for temporary periods of job search. Iowa has also expanded definitions of work and training that allow for temporary periods of incapacity. This means a family can retain CCA eligibility and receive payment for services when a parent is temporarily unable to work, attend training or care for their children due to a medical incapacity. (See below also.)

Iowa's income determination policy is flexible enough to account for fluctuations in income. Iowa's policy requires that the department use a method of projecting that is most indicative of future income.   Iowa accounts for minor variations by allowing for averaging income over a period of time, not to exceed 6 months.

The department projects income by using only the amount that can be reasonably anticipated. This means that we do not use income that is temporarily high, for instance unusual overtime or bonus income.   In addition the department counts only the amount that is certain when income varies greatly. For example, if a family receives at least $100 per month in child support but occasionally receives $250 per month, the department would only use $100 to project future income.

In addition, Iowa excludes lump sum inheritances/insurance payments/settlements as well as tax refunds.

Iowa has expanded definitions of work and training that allow for temporary periods of incapacity. This means a family can retain CCA eligibility and receive payment for services when a parent is temporarily unable to work, attend training or care for their children due to a medical incapacity.

Iowa CCA allows family members, including children, to be temporarily absent for up to 3 months. Although services are not paid, the family retains its CCA eligibility even though the child is out of the home.

Iowa allows for payment of 4 absent days per month.

Reduction of administrative denials/cancellations:
In 2010 Iowa implemented a grace period to allow families to return information after cancellation or denial and have eligibility re-determined without needing to file a new application. The Department recognized that many families cancelled for not returning information are actually eligible for services. Grace period policy allows families to establish or reestablish eligibility without having to file a additional paperwork.

Generic release:

The Department attaches a generic release to its applications that, if signed by the family, allows the Department to obtain information from 3rd parties when needed.

Longer timeframe for returning review forms:
Review forms are mailed to families 45 days prior to the end of the cert to allow ample time to return the form and required documentation. Providers are notified of the upcoming review date at the same time.

No interview:
Families are not required to attend an interview (in-person or by phone) to establish eligibility. Interviews are conducted only when necessary to clarify confusing information.

The department has various acceptable methods of accepting documentation that allow for submission outside of normal business hours. (Fax, mail, email, online, dropbox)

Iowa has a statewide program that is administered from a central location. Families do not have to reapply when they move from one area to another and there are no disruptions in service.

The Department notifies both families and providers of the eligibility period when a family is approved and again 45 days prior to the end of the family's certification period.

The Department's CCA workers can obtain information collected for other programs through access to the Electronic Case File system. CCA workers also have access to case narration for the other programs through the Online Narrative system. This streamlines information collection when another program has already requested and received information needed by the CCA worker.

f) Does the Lead Agency use a simplified process at re-determination?

☐ Yes.
If yes, describe:

☑ No.

2.3.7. Waiting Lists

Describe the Lead Agency's waiting list status. Select **ONE** of these options.

<div align="right">Effective Date: 01-OCT-13</div>

☑ Lead Agency currently does not have a waiting list and:

- ☑ All eligible families *who apply* will be served under State/Territory eligibility rules
- ☐ Not all eligible families *who apply* will be served under State/Territory eligibility rules

☐ Lead Agency has an active waiting list for:

- ☐ Any eligible family who applies when they cannot be served at the time of application
- ☐ Only certain eligible families.

Describe those families:

☐ Waiting lists are a county/local decision.

Describe:

☐ Other.

Describe:

2.3.8. Appeal Process for Eligibility Determinations

Effective Date: 01-OCT-13

Describe the process for families to appeal eligibility determinations:

A family has the right to file an appeal if they disagree with any Department decision. They do not have to pay to file an appeal

The family must appeal in writing by doing one of the following:

- Complete an appeal electronically at https://dhssecure.dhs.state.ia.us/forms/, or
- Write a letter telling us why they think a decision is wrong, or
- Fill out an Appeal and Request for Hearing form. They can get this form at any county DHS office.

The family then sends or takes the appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If the family needs help filing an appeal, they may ask their county DHS office for assistance.

The family must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect.

If they file an appeal more than 30 but less than 90 calendar days from the date of a decision, they must tell us why their appeal is being filed late. If the family has a good reason for filing the appeal late, the

2.4. Sliding Fee Scale and Family Contribution

The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care (658E(c)(3)(B) §98.42).

2.4.1. Attach a copy of the sliding fee scale as Attachment 2.4.1. Will the attached sliding fee scale be used in all parts of the State/Territory?

Effective Date: 01-OCT-13

☑ Yes.
Effective Date: 7-1-2013
☐ No. If no, attach other sliding fee scales and their effective date(s) as **Attachment 2.4.1a, 2.4.1b,** etc.

2.4.2. What income source and year will be used in creating the sliding fee scale? (658E(c)(3)(B)) Check only one option..

Effective Date: 01-OCT-13

☐ State Median Income,
Year:

☑Federal Poverty Level,

Year: 2013

☐Income source and year varies by geographic region.
Describe income source and year:

[blank text box]

☐Other.
Describe income source and year:

[blank text box]

2.4.3. How will the family's contribution be calculated and to whom will it be applied? Check all that the Lead Agency has chosen to use. (§98.42(b))

Effective Date: 01-OCT-13

☐ Fee as dollar amount and

☐Fee is per child with the same fee for each child
☐Fee is per child and discounted fee for two or more children
☐Fee is per child up to a maximum per family
☐No additional fee charged after certain number of children
☐Fee is per family

☐ Fee as percent of income and

☐Fee is per child with the same percentage applied for each child
☐Fee is per child and discounted percentage applied for two or more children
☐No additional percentage applied charged after certain number of children
☐Fee per family
☐ Contribution schedule varies by geographic area.
Describe:

[blank text box]

☑ Other.
Describe:

As part of the eligibility determination process the department determines if the family is responsible for a co-payment. The Department does not assess a co-payment fee to families at or below 100% of the federal poverty guidelines, families with a child with protective needs where services are provided without regard to income and recipients of FIP and participants in approved PROMISE JOBS activities as they are below the federal poverty guidelines.

Fees are assessed by determining the gross monthly income according to family size and the number of children in care. When more than one child in a family is receiving child care services, the family's contribution, or fee, is based on the youngest child in the family who receives the most care (the most

units of service). An additional fee for each child is not assessed. The family fee is assigned to the youngest child and is a set dollar amount per unit of care provided to that child.

The family is notified of the co-payment fee on the Notice of Decision issued by the Department. The provider is responsible for collecting the co-payment fee directly from the CCA eligible family

If the Lead Agency checked more than one of the options above, describe:

2.4.4. Will the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

Effective Date: 01-OCT-13

☑Yes,
and describe those additional factors:

The Iowa Department of Human Services does not require a fee assessment for:

- Families at or below 100% of the federal poverty guidelines (income increment level A), which includes recipients of FIP and participants in approved PROMISE JOBS activities.
- Families with a child with protective needs, on a case-by-case basis, where services are provided without regard to income. The child must be a member of a family where child care is needed as part of a safety plan during a child abuse assessment or as part of the service plan established in a family's case file. The child must have an open child abuse assessment; an open child welfare case as a result of a child abuse assessment, or adjudication as a child in need of assistance. When more than one child in a family is receiving child care services, the fee is based on the child who receives the most care (the most units of service). An additional fee for each child is not assessed.

☐No.

2.4.5. The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size. (§98.42(c)). Select ONE of these options.

Reminder - Lead Agencies are reminded that the co-payments may be waived for only two circumstances - for families at or below the poverty level or on a case-by-case basis for children falling under the definition of "protective services" (as defined in 2.3.4.a).

Effective Date: 01-OCT-13

☐ ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

☑ NO families with income at or below the poverty level for a family of the same size ARE required to pay a fee.

The poverty level used by the Lead Agency for a family of 3 is: 1,628

☐ SOME families with income <u>at or below the poverty level</u> for a family of the same size ARE NOT required to pay a fee.

The Lead Agency waives the fee for the following families:

2.5. Prioritizing Services for Eligible Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B), §98.44)

2.5.1. How will the Lead Agency prioritize child care services to children with special needs or in families with very low incomes? (658E(c)(3)(B), §98.44) Lead Agencies have the discretion to define *children with special needs* and *children in families with very low incomes.* Lead Agencies are not limited in defining *children with special needs* to only those children with physical or mental disabilities (e.g., with a formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA)). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children as examples of *children with special needs.*

Effective Date: 01-OCT-13

How will the Lead Agency prioritize CCDF services for:	Eligibility Priority (Check only one)	Is there a time limit on the eligibility priority or guarantee?	Other Priority Rules

| Children with special needs

Provide the Lead Agency definition of *Children with Special Needs:* | ☑ Priority over other CCDF-eligible families
☐ Same priority as other CCDF-eligible families
☐ Guaranteed subsidy eligibility
☐ Other.

Describe: | ☐ Yes.

The time limit is:

☑ No | ☑ Different eligibility thresholds.
Describe:
200% FPL Maximum

☑ Higher rates for providers caring for children with special needs requiring additional care
☐ Prioritizes quality funds for providers serving these children
☐ Other.

Describe: |

: A child with one or more of the following conditions:

The child has been diagnosed by a physician or by a person endorsed for service as a school psychologist by the Iowa Department of Education to have a developmental disability which substantially limits one or more major life activities, and the child requires professional treatment, assistance in self care, or the purchase of special adaptive equipment.
The child has been determined by a qualified intellectual disabilities professional to have a condition which impairs the child's intellectual and social functioning.
The child has been diagnosed by a mental health professional to have a behavioral or emotional disorder characterized by situationally-inappropriate behavior which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with the child's intellectual, social, or

personal adjustment.			
Children in families with very low incomes **Provide the Lead Agency definition of** *Children in Families with Very Low Incomes:* Children in families with an income of more than 100 percent but not more than 145 percent of the federal poverty level whose members are employed at least 28 hours per week. Additionally, families with an income at or below 200 percent of the federal poverty level whose members are employed at least 28 hours per week or are participating in an approved training or education program and who have a special needs child as a member of the family.	☑ Priority over other CCDF-eligible families ☐ Same priority as other CCDF-eligible families ☐ Guaranteed subsidy eligibility ☐ Other. Describe:	☐ Yes. The time limit is: _____ ☑ No	☐ Different eligibility thresholds. Describe: ☑ Waiving co-payments for families with incomes at or below the Federal Poverty Level ☐ Other. Describe: Children in families with an income of more than 100 percent but not more than 145 percent of the federal poverty level whose members are employed at least 28 hours per week. Additionally, families with an income at or below 200 percent of the federal poverty level whose members are employed at least 28 hours per week or are participating in an approved training or education program and who have a special needs child as a member of the family.

2.5.2. How will CCDF funds be used to provide child care assistance to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF? (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4)) **Reminder** - CCDF requires that not less than 70 percent of CCDF Mandatory and Matching funds be used to provide child care assistance for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF.

☑ Use priority rules to meet the needs of TANF families (describe in 2.5.1 or 2.5.3.)
☑ Waive fees (co-payments) for some or all TANF families who are below poverty level
☑ Coordinate with other entities (i.e. TANF office, other State/Territory agencies, and contractors)
☐ Other.
Describe:

2.5.3. List and define any other eligibility conditions, priority rules and definitions that will be established by the Lead Agency. (658E(c)(3)(B), §98.16(g)(5), §98.20(b))
Reminder - Lead Agencies are reminded that any eligibility criteria and terms provided below must comply with the eligibility requirements of §98.20 and provided in section 2.2. Any priority rules provided must comply with the priority requirements of §98.44 and provided in section 2.4.1.

Term(s) - Definition(s)

Describe:

Waiting list - During times of insufficient funds, a "waiting list" is implemented, during which time it is possible that no
additional families are served beyond current caseload. When the Lead Agency determines additional families can be served, families are approved for services in the following order of prioritization:

1. Families who are at or below 100 percent of the federal poverty level whose members are employed at least 28 hours per week and parents with a family income at or below 100 percent of the federal poverty level who are under the age of 21 and are
participating in an educational program leading to a high school diploma or equivalent.

2. Parents with a family income at or below 100 percent of the federal poverty level who are under the age of 21 and are participating at a satisfactory level in an approved training program or in an education program.

3. Families with an income of more than 100 percent but not more than 145 percent of the federal poverty level whose members are employed at least
28 hours per week.

4. Families with an income at or below 200 percent of the federal poverty level whose members are employed at least 28 hours per week or are participating in an approved training or education program and who have a special needs child as a member of the family.

2.6. Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receives or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A), §98.15(a))

2.6.1. Child Care Certificates

Effective Date: 01-OCT-13

a) When is the child care certificate (also referred to as voucher or authorization) issued to parents? (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

☐ Before parent has selected a provider
☐ After parent has selected a provider
☑ Other.
Describe:

The child care certificate may be issued to parents either before or after selection of a provider.

b) How does the Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (§98.30(e)(2))

☐ Certificate form provides information about choice of providers
☐ Certificate is not linked to a specific provider so parents can choose provider of choice
☑ Consumer education materials (flyers, forms, brochures)
☑ Referral to child care resource and referral agencies
☑ Verbal communication at the time of application
☐ Public Services Announcement
☑ Agency
Website: http://www.dhs.iowa.gov/

☐ Community outreach meetings, workshops, other in person activities
☐ Multiple points of communication throughout the eligibility and renew process
☐ Other.
Describe:

c) What information is included on the child care certificate? **Attach a copy of the child care certificate as Attachment 2.6.1.** (658E(c)(2)(A)(iii))

☑ Authorized provider(s)
☐ Authorized payment rate(s)
☑ Authorized hours
☑ Co-payment amount
☑ Authorization period
☐ Other.
Describe:

d) What is the estimated proportion of services that will be available for child care services through certificates?

100%

2.6.2. Child Care Services Available through Grants or Contracts

Effective Date: 01-OCT-13

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b)). **Note:** Do not check "yes" if every provider is simply required to sign an agreement in order to be paid in the certificate program.

☐ Yes.
If yes, **describe** the type(s) of child care services available through grants or contracts, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts:

☑ No. If no, skip to 2.6.3

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following? Check the strategies, if any, that your State/Territory chooses to implement.

☐ Increase the supply of specific types of care
☐ Programs to serve children with special needs
☐ Wrap-around or integrated child care in Head Start, Early Head Start, pre-k, summer or other programs
☐ Programs to serve infant/toddler

☐ School-age programs
☐ Center-based providers
☐ Family child care providers
☐ Group-home providers
☐ Programs that serve specific geographic areas
☐ Urban
☐ Rural
☐ Other.
Describe:

| |
| |

☐ Support programs in providing higher quality services
☐ Support programs in providing comprehensive services
☐ Serve underserved families.
Specify:

| |
| |

☐ Other.
Describe:

| |
| |

c) Are child care services provided through grants or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

☐ Yes.
☐ No,
and **identify** the localities (political subdivisions) and services that are not offered:

| |
| |

d) How are payment rates for child care services provided through grants/contracts determined?

| |
| |

e) What is the estimated proportion of direct services that will be available for child care services through grants/contracts?

| |
| |

2.6.3. How will the Lead Agency inform parents and providers of policies and procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds? (658E(c)(2)(B), §98.31)) Check the strategies that will be implemented by your State/Territory.

☐ Signed declaration
☐ Parent Application
☐ Parent Orientation
☑ Provider Agreement
☐ Provider Orientation
☑ Other.
Describe:

Family pamphlet, "Child Care Assistance"; provider regulations and handbooks for both Child Development Homes and Licensed Centers specify unlimited access by parents must be provided.

2.6.4. The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. (§§98.16(g)(2), 98.30(e)(1)(iv)) Will the Lead Agency limit the use of in-home care in any way?

☐ No
☑ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all limits the Lead Agency will establish.
☑ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act
☑ Restricted based on provider meeting a minimum age requirement
☐ Restricted based on hours of care (certain number of hours, non-traditional work hours)
☐ Restricted to care by relatives
☐ Restricted to care for children with special needs or medical condition
☑ Restricted to in-home providers that meet some basic health and safety requirements
☐ Other.
Describe:

2.6.5. Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

For licensed child care centers, the most recent licensing visit report is available for review on line via the KinderTrack system. In addition,a record of all complaints and licensing violations are kept in the licensing file and are available to the public upon request. The identity of the complainant is not disclosed unless the complainant has waived anonymity. Furthermore, child abuse assessment information is not considered a part of the public file. The licensing file can be accessed by the public by contacting the child care consultant assigned to the center. For that purpose, the name, address and phone number of the consultant is conspicuously posted at each center.

For registered child development homes, a record of all complaints and regulatory violations are kept in the regulatory file at the local Department of Human Services office and in the centralized Child Care Assistance and Regulatory Unit in Des Moines. The file is available to the public upon request, except that the identity of the complainant is not disclosed unless the complainant has waived anonymity. Furthermore, child abuse assessment information is not considered a part of the public file. An effort is underway to have the most recent registration monitoring visit also posted for public review via the KinderTrack system.

One of the planned functionalities of the KinderTrack system that is awaiting further development and implementation is on-line public access to the complaint files of child care providers.

2.7. Payment Rates for Child Care Services

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish adequate payment rates for child care services that ensure eligible children equal access to comparable care.

2.7.1. Attach a copy of your payment rates as Attachment 2.7.1. Will the attached payment rates be used in all parts of the State/Territory?

Effective Date: 01-OCT-13

☑ Yes.Effective Date: 7-1-2013

☐ No. If no, attach other payment rates and their effective date(s) as **Attachment 2.7.1a, 2.7.1b, etc.** , etc.

2.7.2. Which strategies, if any, will the Lead Agency use to ensure the timeliness of payments?

Effective Date: 01-OCT-13

☑ Policy on length of time for making payments.
Describe length of time: 10 business days from the receipt of a correct billing/attendance form.

☐ Track and monitor the payment process
☐ Other.
Describe:

| |
| |

☐ None

2.7.3. Market Rate Survey

Lead Agencies must complete a local Market Rate Survey (MRS) no earlier than two years prior to the effective date of the Plan (no earlier than October 1, 2009). The MRS must be completed prior to the submission of the CCDF Plan (see Program Instruction CCDF-ACF-PI-2009-02 http://www.acf.hhs.gov/programs/occ/resource/pi-2009-02 for more information on the MRS deadline).

Effective Date: 01-OCT-13

a) Provide the month and year when the local Market Rate Survey(s) was completed (§98.43(b)(2)): 12/2012

b) Provide a **summary of the results** of the survey.

The summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

Summary of the Results

- Iowa uses the Statewide CCR&R NACCRRAware database of active full-time child care providers for their Market Rate Survey.
- Iowa uses SPSS Statistical software to analyze the Market Rate Survey data.
- Methodology used: First, all provider rates are converted to half-day rates (as Iowa reimburses on a half-day unit rate). The rates are then split out by type of care and age groups to make 12 separate rate categories.   The 75th percentile of each of the 12 rate categories is then calculated. Note: For the current survey, we also ran an additional analysis of hourly rates.
- From the 2012 Market Rate Survey, there were a total of 2,986 un-duplicated providers in the survey. Of these:

942 or 32% said they charge Hourly rates.
867 or 29% said they charge Daily rates.
1,826 or 61% said they charge Weekly rates.
58 or 2% said they charge Monthly rates.

Note: The total of these four rate types is 3,693, because many providers said they charge multiple rate types.

Findings:

- Licensed Center care for Infants/Toddlers continues to be the most expensive rate category.
- Rates either stay the same or increase in all 12 categories.

- Non-registered Family Home rates are still frozen at pre-1996 rates.
- Due to difficulties surveying specifically to a rate for children with special needs, the reimbursement structure has remained unchanged from the rates established in 1998.

2.7.4. Describe the payment rate ceilings in relation to the current MRS using the tables below.

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2.7.4a - Highest Rate Area (Centers)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed Center Infants (11 months)	$842.80	$693.59	46
Full-Time Licensed Center Preschool (59 months)	$709.50	$559.43	30
Full-Time Licensed Center School-Age (84 months)	$602.00	$503.53	53

2.7.4b - Lowest Rate Area (Centers)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed Center Infants (11 months)	$842.80	$693.59	46
Full-Time Licensed Center Preschool (59 months)	$709.50	$559.43	30
Full-Time Licensed Center School-Age (84 months)	$602.00	$503.53	53

2.7.4c - Highest Rate Area (FCC)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey

Full-Time Licensed FCC Infants (11 months)	$645.00	$514.28	27
Full-Time Licensed FCC Preschool (59 months)	$591.25	$503.53	32
Full-Time Licensed FCC School-Age (84 months)	$537.50	$447.20	44

2.7.4d - Lowest Rate Area (FCC)	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed FCC Infants (11 months)	$591.25	$536.64	40
Full-Time Licensed FCC Preschool (59 months)	$559.00	$503.53	42
Full-Time Licensed FCC School-Age (84 months)	$537.50	$447.20	52

2.7.5. How are payment rate ceilings for license-exempt providers set?

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a) Describe how license-exempt center payment rates are set:

1.They are the same as licensed center rates.

b) Describe how license-exempt family child care home payment rates are set:

NA

c) Describe how license-exempt group family child care home payment rates are set:

NA

d) Describe how in-home care payment rates are set:

Minimum wage.

2.7.6. Will the Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for children receiving CCDF subsidies? Check which types of tiered reimbursement, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates and amount and also indicate if the rates were set based on the MRS or another process.

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☐ Differential rate for nontraditional hours.
Describe:

☑ Differential rate for children with special needs as defined by the State/Territory.
Describe:

Iowa has a half-day rate established for children who meet the state's definition of special needs and the need results in the provider needing to provide adaptive equipment, increased supervision or care, or receive specialized training.

☐ Differential rate for infants and toddlers.
Describe:

☐ Differential rate for school-age programs.
Describe:

☐ Differential rate for higher quality as defined by the State/Territory.
Describe:

☐ Other differential rate.
Describe:

☐ None.

Reminder - CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. In the next three questions, Lead Agencies are asked to describe how their payment policies reflect the affordable copayments for families provision of equal access (i.e., minimizing additional fees to parents), how payment practices are implemented consistent with the general child care market to be fair to

d) Using electronic tools(automated billing, direct deposit, EBT cards, etc.) to make provider payments. Describe

On-line attendance for providers, direct deposit of payments.

2.7.9. Describe how payment rates are adequate to ensure equal access to the full range of providers based on the Market Rate Survey.

CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. To demonstrate equal access, the Lead Agency shall provide at a minimum a summary of facts describing: (§98.43(a))

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a) How a choice of the full range of providers, e.g., child care centers, family child care homes, group child care homes and in-home care, is made available (§98.43(a)(1)):

Iowa's current reimbursement structure applies a maximum statewide rate – based on the 75th percentile of the 2004 market rate survey (plus two separate 2% increases) – and reimburses based on the type of setting and the age of the child. Rates are further established based on basic care and providing care for children with special needs. Half-day unit rates are established for basic and special needs care by three age groupings for the provider categories of: 1)   child care center, 2) child development home category A and B, 3) child development home Category C, and 4) non-registered family home.

When compared to the 2012 market rate information, the current rate structure is set at a level that ranges from the 27th to the 53rd percentile. The highest rate covered at the 53rd percentile is in School age care in a Licensed Center. Infant care in a Child Development Home (CDH) Category C is at the lowest end of the range, at the 27th percentile. The often-argued most difficult form of care to assure access – infant care – is at the 46th percentile in centers, 40th percentile in CDH Category A&B and at the 27th percentile in CDH Category C.

Access can only be "ensured" to the extent that funding exists to align state rates as tightly as possible to the current private pay structure. There can be no question that disparities are certainly growing in pockets around the state between the state rates and current private pay rates. The efforts of the Iowa Legislature increasing rates to the 2004 market rate - plus 2% in October 2008, 2% in January 2013, and another 4% in July 2013, narrowed that margin of disparity for many families and providers.

The implementation and on-going refinement of Iowa's new child care management information system (KinderTrack) has assisted in increasing access for low-income parents. The functionality of the system has increased the number of providers willing to accept children eligible for child care assistance due to increased timeliness of payments and more timely notification to providers of a parent's eligibility status. Other strategies employed by the Department, including allowing providers to bill every two weeks and

allowing absence days for children -- efforts that more closely align the private pay structure with the state reimbursement structure -- all serve to foster access.

b) How payment rates are adequate based on the most recent local MRS (§98.43(a)(2)):

Below is a breakout, by rounded percent, of children served and expenditures for the following types of care:

Setting	% of Children Served	% of Expenditures to Setting
Center	48%	50%
Child Development Home Category A&B	32%	32%
Child Development Home Category C	6%	6%
Non-Registered and In-Home	14%	12%

     Note: As of data through June 2012.

An analysis of urban and rural rates would support the assumption that the current rate structure is providing access for parents for many, but not all, age groups. For Child Development Homes Category A&B, as well as non-registered homes, the ranges are almost negligible, with infant care in an urban setting compared to infant care in a rural setting showing the largest spread -- $14.00/ half-day unit vs.$12.50/half-day unit. The reimbursement rates for Child Development Home Category C show some differences between the geographic settings for 1) infant care, which is $15.00/half-day unit for urban and $14.00/half-day unit for rural, and 2) school-age care, which is $12.50/half-day unit for urban and $13.75/half-day unit for rural.   As stated previously, infant care in a center setting is becoming increasingly disparate regardless of geographic setting -- in a rural setting, the 2012 rate at the 75thpercentile was $15.80/half-day unit and $21.00 in an urban setting -- compared to the current reimbursement level of $16.78/half day unit.

Rates for providing care to children with special needs have been excluded from the past six surveys. In past surveys, gathering data on this particular pool has proven very challenging due to the limited number of providers who indicate they charge a different rate for special needs children. Thus, a very limited pool results from which to extract a 75thpercentile. Rates from the 1998 survey continue to be used. The Department continues to review the policies of other states and explore alternative methods of reimbursing providers in the context of the basic rate structure.

c) How family co-payments based on a sliding fee scale are affordable (§98.43(a)(3)):

• Fees are charged to clients eligible under the Child Care Assistance program's criteria, but not to those at or below 100% FPL, those participating in PROMISE JOBS program components or those families receiving services without regard to income due to a protective service situation.

• The sliding fee schedule is applied based on the number of persons in the family, the income of that family, and how many children are in care. The state determines the number of persons in the family (which is the same number of persons used when determining income eligibility for service). The state determines the number of persons in the family, the monthly family income, and how many children

are in care.

- When more than one child is attending a child care program, there is no additional fee. The fee is based on the child who receives the most care.

- The fees charged to families for child care (basic care) range from $0.00 to $3.95 per half-day unit (i.e., up to 5 hours of care). The maximum half-day fee is $6.95 if the child has a special need.

- The monthly income chart and sliding fee schedule for child care services are applied regardless of the services being provided by a licensed child care center, an exempt facility, a registered child development home, a nonregistered child care home, or in-home care.

The CCDF regulations suggest that co-payments that are no more than 10% of a family's income would be a litmus test for "affordability." Other studies have suggested 7% should be a target for co-pays for families of all incomes. Based on Iowa's eligibility:

- For a family of 4 just over 100% FPL, the co-payment for a month would equate to .5%-1.5% of the family's gross monthly income depending on the number of children in care.

- For a family of 4 at the maximum eligibility of 145% FPL, the co-payment for a month of full-time care would equate to 5.6% - 6.4 % of the family's gross monthly income depending on the number of children in care.
- Iowa adjusts the eligibility levels annually (July 1st of each year) - based on the revised Federal Poverty Guidelines annually. It is therefore possible for some families' co-pay to remain the same or for the co-pay to actually decrease if the family income did not change.

d) Any additional facts the Lead Agency considered to determine that its payment rates ensure equal access, including how the quality of child care providers is taken into account when setting rates and whether any other methodologies (e.g., cost estimation models) are used in setting payment rates

Rates for non-registered home providers continue to be frozen at a pre-1996 rate, as an incentive to encourage registration. While families do continue to seek non-registered care, non-registered providers served 14% of all the children in state fiscal year 2012 and accounted for 12% of all expenditures, a slight decrease in both categories.

Iowa is in the beginning stages of data collection regarding the quality of setting in which children receive care under the child care assistance program. Compiling this data, and developing strategies to cross-walk with providers' private pay versus state rate will yield invaluable information to the state in developing more intentional strategies to ensure children from the lowest income levels have equal access to the growing number of quality providers.

In addition to the need for funding to increase the market rates to as close to the 2012 levels as resources allow, it may also be prudent to have continuing dialogue about the method of reimbursement that arrives at a closer representation of a provider's actual costs of care -- including incentives for quality improvement, providing supports for alternative care (2nd/3rdshift, weekend, mildly ill), etc. --

than to solely focus on a bi-annual increase. Consideration may also be given to increasing the reimbursement level of the market rate (above the current 75thpercentile). Doing so may yield greater *access* for parents, *retention* of providers, and *positive outcomes* for Iowa's children.

The Lead Agency is monitoring another trend to determine its relationship to payment rates and access. Iowa has started to see a decrease in the numbers of families applying for and finding care paid for under the state's child care assistance program. After several years with the number of children served on the rise, starting in SFY10 there was a decrease of 1.5%, a decrease of 6.8% in SFY11 and a 7.1% decrease in SFY12. Below is the trend for the last four years of the number of children served:

SFY09   38,842
SFY10   38,274
SFY11   35,676
SFY12   33,126

One reason for the decreases may be from the implementation of Iowa's new MIS system – KinderTrack, which involves significant, ongoing data clean-up. (Note: These numbers do not include children served in families participating in Promise Jobs child care activities. However, the number of Promise Jobs cases have also seen a 12% decrease in SFY12.)

2.8 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the Lead Agency's goals for the administration of the CCDF subsidy program in the coming Biennium? For example, what progress does the State/Territory expect to make on continuing improved services to parents and providers, continuity of care for children, improving outreach to parents and providers, building or expanding information technology systems, or revising rate setting policies or practices).

Note -When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

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Goal #1:
Revise the basis for special needs child care assistance rates so the rates better align with actual costs and special education eligibility standards.*

Goal #2:

Reduce improper payments and increase program integrity by implementing at least 2 strategies identified from the Internal Controls Self-Assessment tool and the May 2013 federal technical assistance visit.

PART 3

Health and Safety and Quality Improvement Activities

3.1. Activities to Ensure the Health and Safety of Children in Child Care (Component #1)

This section is intended to collect information on how Lead Agencies meet the statutory and regulatory provisions related to licensing and health and safety requirements. The CCDBG statute and the CCDF regulations address health and safety primarily in two ways.

First, Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced. Questions related to licensing requirements are in sections 3.1.1 and 3.1.2. Second, Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Questions related to CCDF Health and Safety requirements are in sections 3.1.3 and 3.1.4.

3.1.1. Compliance with Applicable State/Territory and Local Regulatory Requirements on Licensing

Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced.

Definition: Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law,

necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). <u>This does not include registration or certification requirements solely for child care providers to be eligible to participate in the CCDF program. Those requirements will be addressed in 3.1.2.</u>

The relationship between licensing requirements and health and safety requirements varies by State/Territory depending on how comprehensive the licensing system is. In some States and Territories, licensing may apply to the majority of CCDF-eligible providers and the licensing standards cover the three CCDF health and safety requirements so the State/Territory has few, if any, providers for whom they need to establish additional CCDF health and safety requirements. In other cases, States and Territories have elected to exempt large numbers of providers from licensing which means that those exempted providers who care for children receiving assistance from CCDF will have to meet to the CCDF health and safety requirements through an alternative process outside of licensing as defined by the State/Territory. The State/Territory may also elect to impose more stringent standards and licensing or regulatory requirements on child care providers of services for which assistance is provided under the CCDF than the standards or requirements imposed on other child care providers. (§98.40(b)(1)) (658E(c)(2)(F), §98.41).

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a) Is the Lead Agency responsible for child care licensing? (§98.11(a))
☑ Yes.
☐ No.
Please identify the State or local (if applicable) entity/agency responsible for licensing:

b) Provide a brief overview of the relationship between the licensing requirements and CCDF health and safety requirements in your State/Territory.

Providers who are licensed or registered have significant health and safety requirements for which they must comply. These providers may serve children eligible for Child Care Assistance.

For child care homes (i.e., "non-registered providers") paid under the CCDF program, the following is required:

- The provider is required to have a physical examination report on file on each child, including immunization information, signed by a physician or designee at enrollment.
- The provider is required to provide the care in a residential dwelling that is owned, rented, or leased by the provider.
- Conditions in the home must be safe, sanitary and free of hazards. This includes, at a minimum:
- A telephone with emergency numbers posted.
- Medicines and cleaners secured from access by a child.
- First aid supplies are available.
- Electrical wiring is properly maintained.
- Combustible materials are kept away from furnaces, stoves and water heaters.
- Safety barriers are present at stairways and around heating stoves or heating elements.

- Emergency plans in case of fire or tornado are posted and practices monthly.
- Private water supply is tested annually.
- Safe outdoor play area is provided.
- Prohibit smoking and the use of tobacco products in your home and in any vehicle in which children receiving care in your home are transported.
- Prohibit smoking and the use of tobacco products in the outdoor play area during the hours your child care home is operating.
- Post nonsmoking signs at every entrance of the child care home and in every car used to transport the children. All signs shall include the telephone number for reporting complaints (1-888-944-2247) and the Internet address for the Department of Public Health (http://www.IowaSmokeFreeAir.gov). Sample no smoking signs can be found at the Department of Public Health's website.

The brochure, *Minimum Health and Safety Requirements for Nonregistered Child Care Home Providers,* is given to every child care provider who is not registered with the state and wishes to provide state-fundedchild care. The document is available on the web at: http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Letters/Circular/56Z-595-ACFS.pdf

When the provider signs a *Payment Application for Nonregistered Providers*, they certify that they understand and will be in compliance with the conditions and requirements for nonregistered providers. These include:

- Minimum health and safety requirements – including having a valid first aid and CPR certificate or a first aid certificate that includes rescue breathing.
- Limits on the number of children for who care may be provided.
- Unlimited parental access to the child during hours when care is provided.
- Conditions that warrant nonpayment.
- Complying with prohibitions on persons providing child care who have been convicted of a crime or with a founded and registered child abuse

c) Do the State/Territory's licensing requirements serve as the CCDF health and safety requirements?

	Center-Based Child Care	Group Home Child Care ☐ N/A. Check if your State/Territory does not have group home child care.	Family Child Care	In-Home Care ☑ N/A. Check if in-home care is not subject to licensing in your State/Territory.
Yes, for all providers in this category	☑	☑	☑	☐
Yes, for some providers in this category	Describe N/A	Describe N/A	Describe N/A	Describe N/A
No	☐	☐	☐	☐
Other	Describe N/A	Describe N/A	Describe N/A	Describe For purposes of regulation, "in-home" is not a defined type of care. Neither is it "exempt" care. In-home is a term used only for providers being paid in the CCA program. The provider does not have to be registered or licensed but care must be provided to a minimum of three children, in the children's home, to qualify.

d) CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below. For each CCDF category of care, please identify which types of providers are subject to licensing and which providers are exempt from licensing in your State/Territory in the chart below. **Note: OCC recognizes that each State/Territory identifies and defines its own categories of care. OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care but consistent with your reported 801 data.**

CCDF Category of Care	CCDF Definition (§98.2)	Which providers in your State/Territory are subject to licensing under this CCDF category?	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?

| Center-Based Child Care | Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work. | Describe which types of center-based settings are subject to licensing in your State/Territory
A facility providing child day care for seven or more children, except when the facility is registered as a child development home or when a program meets one of the exempt from licensing requirements. | Describe which types of center-based settings are exempt from licensing in your State/Territory.

1. An instructional program administered by a public or nonpublic school system accredited by the department of education or the state board of regents or a program provided under Iowa Code sections 279.49 and 280.3A.

2. Any of the following church related programs:

An instructional program. A youth program other than a preschool, before or after school child care program, or other child care program.
 A program providing care to children on church premises while the children's parents are attending church-related or church-sponsored activities on the church premises.

3. Short-term classes of less than two weeks' duration held between school terms or during a break within a school term.
4. A child care center for sick children operated as part of a pediatrics unit in a hospital licensed by the department of inspections and appeals pursuant to Iowa Code chapter 135B |

			5. A program operated not more than one day per week by volunteers that meets all the following conditions:
			Not more than 11 children are served per volunteer.
			The program operates for less than 4 hours during any 24-hour period.
			The program is provided at no cost to the children's parent, guardian, or custodian.
			6. A nationally accredited camp.
			7. A program administered by a political subdivision of the state which is primarily for recreational or social purposes and is limited to children who are five years of age or older and attending school.
			8. An instructional program for children at least four years of age who are attending prekindergarten, as defined by the state board of education, or a higher grade level, administered by a nonpublic school system which is not accredited by the department of education or the state board of regents.
			9. An after-school program continuously offered throughout the school year to children who are at least five years of age and enrolled in school and attend the program intermittently, or a

			summer-only program for such children. The program must be provided through a nominal membership fee or at no cost 10. A special activity program which meets less than four hours per day for the sole purpose of the special activity. Special activity programs include but are not limited to music or dance classes, organized athletic or sports programs, recreational classes, scouting programs, and hobby or craft clubs or classes. 11. A structured program for the purpose of providing therapeutic, rehabilitative, or supervisory services to children under any of the following: A purchase of service or managed care contract with the department. A contract approved by a local decategorization governance board. An arrangement approved by a juvenile court order.
Group Home Child Care N/A. Check if your State/Territory does not have group home child care. ☐	Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.	Describe which types of group homes settings are subject to licensing Homes providing care for more than 8 children at any one time must have two qualified providers present.	Describe which types of group homes are exempt from licensing: None

Family Child Care	Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work. **Reminder** - Do not respond if family child care home providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.	Describe which types of family child care home providers are subject to licensing A person or program providing child care to six or more children at any one time, in a home they own, rent or lease.	Describe which types of family child care home providers are exempt from licensing: A person or program providing child care to five or fewer children at any one time.
In-Home Care	In-home child care provider is defined as an individual who provides child care services in the child's own home. **Reminder** - Do not respond if in-home child care providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.		

 Note: In lieu of submitting or attaching licensing regulations to certify the requirements of §98.40(a)(1), Lead Agencies may provide their licensing regulations to the National Resource Center for Health and Safety in Child Care and Early Education. Please check the NRCKid's website at http://nrckids.org/CFOC3 to verify the accuracy of your licensing regulations and provide any updates to the National Resource Center. **Check this box to indicate that the licensing requirements were submitted and verified at NRCKid's:** ☑

e) **Indicate** whether your State/Territory licensing requirements include any of the following four indicators for each category of care*.

*American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011) *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 3rd Edition.* Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Available online: http://nrckids.org/CFOC3

	For each indicator, check all requirements for licensing that apply, if any.			
Indicator	**Center-Based Child Care**	**Group Home Child Care** ☐ N/A. Check if your State/Territory does not have group home child care.	**Family Child Care**	**In-Home Care** ☑ N/A if the State/Territory does not license in-home care (i.e., care in the child's own home)

Do the licensing requirements include **child:staff ratios and group sizes?** If yes, provide the ratio for age specified.	☑ Yes, Child:staff ratio requirement:	☑ Yes, Child:staff ratio requirement:	☑ Yes, Child: staff ratio requirement.	☐ Yes, Child: staff ratio requirement.
	Infant ratio (11 months): Two weeks to Two years - 1:4	Infant ratio (11 months): No more than 4 children who are 24 months of age or younger shall be in care at any one time. Whenever 4 children who are under the age of 18 months are in care, both providers shall be present.		List ratio requirement by age group:
	Toddler ratio (35 months): 2years - 1:6			☐ No ratio requirements.
	Preschool ratio (59 months): 4years ¿ 1:12			☐ Yes, Group size requirement.
	☐ No ratio requirements.	Toddler ratio (35 months): No more than 12 children not attending kindergarten or a higher grade level shall be present at any one time. If more than 8 children are present at any one time both providers must be present.		List ratio requirement by age group:
	☐ Yes, Group size requirement Infant group size (11 months):			☐ No group size requirements.
	Toddler group size (35 months):			
	Preschool group size (59 months):			
	☑ No group size requirements.			

			Preschool ratio (59 months): No more than 12 children not attending kindergarten or a higher grade level shall be present at any one time. If more than 8 children are present at any one time both providers must be present.	List ratio requirement by age group: CATEGORY A No more than six children not attending kindergarten or a higher grade level shall be present at any one time. Of these six children, not more than four children who are 24 months of age or younger shall be present at any one time. Of these four children, no more than three may be 18 months of age or younger. In addition to the six children not in school, no more than two children who attend school may be present for a period of less than two hours at a time. No more than eight children shall be present at any one time when an emergency school closing is in effect. CATEGORY B No more than six children not attending kindergarten or a higher grade level shall be present at any one time. Of	
			☐ No ratio requirements.		
			☑ Yes,		
			Group size requirement Infant group size (11 months): See above		
			Toddler group size (35 months): See above		
			Preschool group size (59 months): See above		
			☐ No group size requirements.		

			these six children, not more than four children who are 24 months of age or younger shall be present at any one time. Of these four children, no more than three may be 18 months of age or younger. In addition to the six children not in school, no more than four children who attend school may be present. In addition to these ten children, no more than two children who are receiving care on a part-time basis may be present. No more than 12 children shall be present at any one time when an emergency school closing is in effect. If more than eight children are present at any one time for a period of more than two hours, the provider shall be assisted by a Department approved assistant who is at least 14 years old.	
			☐ No ratio requirements.	

			☑ Yes, Group size requirement.	
			List ratio requirement by age group: See above	
			☐ No group size requirements.	
Do the licensing requirements identify specific experience and educational **credentials for child care directors?**	☑ High school/GED	☑ High school/GED	☑ High school/GED	☐ High school/GED
	☐ Child Development Associate (CDA)	☐ Child Development Associate (CDA)	☐ Child Development Associate (CDA)	☐ Child Development Associate (CDA)
	☐ State/ Territory Credential	☐ State/ Territory Credential	☐ State/ Territory Credential	☐ State/ Territory Credential
	☐ Associate's degree	☐ Associate's degree	☐ Associate's degree	☐ Associate's degree
	☐ Bachelor's degree	☐ Bachelor's degree	☐ Bachelor's degree	☐ Bachelor's degree
	☐ No credential required for licensing	☐ No credential required for licensing	☐ No credential required for licensing	☐ No credential required for licensing
	☑ Other:	☑ Other:	☑ Other:	☐ Other:
	Directors must earn points from experience, education and/or training.	Child Development Home ¿ Level B and C Providers must possess a High School Diploma or GED	Category B Providers must possess a high school diploma or GED. Category A providers do not have an educational requirement.	

Do the licensing requirements identify specific educational **credentials for child care teachers?**	☐ High school/GED	☑ High school/GED	☑ High school/GED	☐ High school/GED
	☐ Child Development Associate (CDA)	☐ Child Development Associate (CDA)	☐ Child Development Associate (CDA)	☐ Child Development Associate (CDA)
	☐ State/ Territory Credential	☐ State/ Territory Credential	☐ State/ Territory Credential	☐ State/ Territory Credential
	☐ Associate's degree	☐ Associate's degree	☐ Associate's degree	☐ Associate's degree
	☐ Bachelor's degree	☐ Bachelor's degree	☐ Bachelor's degree	☐ Bachelor's degree
	☑ No credential required for licensing	☐ No credential required for licensing	☐ No credential required for licensing	☐ No credential required for licensing
	☐ Other:	☑ Other:	☑ Other:	☐ Other:
		Child Development Home ¿ Level B and C Providers must possess a High School Diploma or GED	Category B Providers must possess a high school diploma or GED. Category A providers do not have an educational requirement.	

Do the licensing requirements specify that directors and caregivers must attain a specific number of **training hours per year?**	☐ At least 30 training hours required in first year	☐ At least 30 training hours required in first year	☐ At least 30 training hours required in first year	☐ At least 30 training hours required in first year
	☐ At least 24 training hours per year after first year	☐ At least 24 training hours per year after first year	☐ At least 24 training hours per year after first year	☐ At least 24 training hours per year after first year
	☐ No training requirement	☐ No training requirement	☐ No training requirement	☐ No training requirement
	☑ Other:	☑ Other:	☑ Other:	☐ Other:
	Directors and staff employed 20 hours or more per week	Providers must complete 12 hours of training annually	Providers must complete 12 hours of training annually	

f) Do you expect the licensing requirements for child care providers to change in FY2014-2015?

☑ Yes.
Describe:

- All individuals, aged 14 years and older, currently subject to a record check will be required to submit fingerprints for checks of the National Criminal History Database.
- Cell phones and VOIP phones will be allowed as acceptable phones in Child Development Homes.
- Immunization requirements for providers will be changed to allow physicians to make the determination as to which immunizations and which tests for communicable diseases are necessary based on individual circumstances of the provider and the child populations they serve.

☐ No.

3.1.2 Enforcement of Licensing Requirements

Each Lead Agency is required to provide a detailed description of the State/Territory's licensing requirements and how its licensing requirements are effectively enforced.

(658E(c)(2)(E), §98.40(a)(2)) The Lead Agency is also required to certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(G), §98.41(d))

Describe the State/Territory's policies for effective enforcement of the licensing requirements using questions 3.1.2a through 3.1.2e below. This description includes whether and how the State/Territory uses visits (announced and unannounced), background checks, and any other enforcement policies and practices for the licensing requirements.

a) Does your State/Territory include **announced** and/or **unannounced** visits in its policies as a way to effectively enforce the licensing requirements?

☑ Yes. If "Yes" please refer to the chart below and check all that apply.
☐ No.

CCDF Categories of Care	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
☑ Center-Based Child Care	☐ Once a Year	☑ Once a Year
	☐ More than Once a Year	☐ More than Once a Year
	☑ Once Every Two Years	☐ Once Every Two Years
	☐ Other.	☐ Other.
	Describe:	Describe:

☑ Group Home Child Care ☐ N/A. Check if your State/Territory does not have group home child care.	☐ Once a Year	☐ Once a Year
	☐ More than Once a Year	☐ More than Once a Year
	☐ Once Every Two Years	☐ Once Every Two Years
	☑ Other.	☑ Other.
	Describe: Visits may be announced or unannounced, with a legislatively mandated target of visiting each home once per year.	Describe: There is no specific procedure mandating an unannounced visit.
☑ Family Child Care Home	☐ Once a Year	☐ Once a Year
	☐ More than Once a Year	☐ More than Once a Year
	☐ Once Every Two Years	☐ Once Every Two Years
	☑ Other.	☑ Other.
	Describe: Visits may be announced or unannounced, with a legislatively mandated target of visiting each home once per year.	Describe: There is no specific procedure mandating an unannounced visit.
☐ In-Home Child Care ☑ N/A. Check if In-Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2b)	☐ Once a Year	☐ Once a Year
	☐ More than Once a Year	☐ More than Once a Year
	☐ Once Every Two Years	☐ Once Every Two Years
	☐ Other.	☐ Other.
	Describe:	Describe:

b) Does your State/Territory have any of the following procedures in place for effective enforcement of the licensing requirements? If procedures differ based on the category of care, please indicate how in the "Describe" box.

☑ Yes. If "Yes" please refer to the chart below and check all that apply.
☐ No.

Licensing Procedures	Describe which procedures are used by the State/Territory for enforcement of the licensing requirements.
The State/Territory requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license.	☐ Yes.
	Describe:
	☑ No.
	☐ Other.
	Describe:
The State/Territory has procedures in place for licensing staff to inspect centers and family child care homes prior to issuing a license.	☐ An on-site inspection is conducted.
	☐ Programs self-certify.
	Describe:
	☐ No procedures in place.
	☑ Other.
	Describe: Centers are required to be inspected prior to issuing a license. Child Development Homes (group and family homes) are not required to be inspected prior to issuing a license.

Licensing staff has procedures in place to address violations found in an inspection.	☑ Providers are required to submit plans to correct violations cited during inspections.
	☑ Licensing staff approve the plans of correction submitted by providers.
	☑ Licensing staff verify correction of violation.
	☑ Licensing staff provide technical assistance regarding how to comply with a regulation.
	☐ No procedures in place.
	☐ Other.
	Describe:
Licensing staff has procedures in place to issue a negative sanction to a noncompliant facility.	☑ Provisional or probationary license
	☑ License revocation or non-renewal
	☑ Injunctions through court
	☑ Emergency or immediate closure not through court action
	☐ Fines for regulatory violations
	☐ No procedures in place.
	☐ Other.
	Describe:

The State/Territory has procedures in place to respond to illegally operating child care facilities.	☐
	Cease and desist action
	☑
	Injunction
	☑
	Emergency or immediate closure not through court action
	☐
	Fines
	☐
	No procedures in place.
	☐
	Other.
	Describe:

| The State/Territory has procedures in place for providers to appeal licensing enforcement actions. | ☑ Yes. |
| | ☑ Yes. |

	Describe:
	A provider has the right to file an appeal if they disagree with any Department decision. They do not have to pay to file an appeal.

The provider must appeal in writing by doing one of the following:

Complete an appeal electronically at https://dhssecure.dhs.state.ia.us/forms/
Write a letter telling us why they think a decision is wrong
 Fill out an Appeal and Request for Hearing form. They can get this form at any county DHS office.

The provider then sends or takes the appeal to the Department of Human Services, Appeals Section, 5thFloor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114.

If the provider needs help filing an appeal,they may ask their county DHS office for assistance.

The provider must file an appeal: Within 30 calendar days of the date of a decision
or
Before the date a decision goes into effect.

If they file an appeal more than 30 but less than 90 calendar days from the date of a decision, they must tell us why their appeal is being filed late. If the provider has a good reason for filing the appeal late, the Appeals Section will decide if a hearing will be granted.

If the provider files an appeal 90 days after the date of a decision, a hearing cannot be granted.

The provider may keep child care benefits until an appeal is final or through the end of their certification period, if they file an appeal:
Within 10 calendar days of the date of a decision or before the date a decision goes into effect.

Any benefits received while the appeal is being |

	decided may have to be paid back if the Department's action is correct. If the provider is granted a hearing before an administrative law judge and does not agree with the final decision of the hearing, he or she may request a rehearing. The director of the department of human services determines if a rehearing will be granted. If a director's review is requested, and the individual is dissatisfied with the final decision, the individual may file for judicial review in district court.
	☐ No.
	☐ Other.
	Describe:

c) Does your State/Territory use **background checks as a way to effectively enforce the licensing requirements?**

☑ Yes.If "Yes" please use refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency
☐ No.

CCDF Categories of Care	Types of Background Check	Frequency	Who is Subject to Background Checks?

☑ **Center-Based Child Care**	☑ Child Abuse Registry	☑ Initial Entrance into the System	☑ Director
		☐ Checks Conducted Annually	☑ Teaching staff
		☑ Other.	☑ Non-teaching staff
		Describe: State checks are repeated at a minimum of every two years and when the department or the center becomes aware of any possible transgressions.	☑ Volunteers
			☐ Other.
	☑ State/Territory Criminal Background ☐ Check if State/Territory background check includes fingerprints	☑ Initial Entrance into the System	☑ Director
		☐ Checks Conducted Annually	☑ Teaching staff
		☑ Other.	☑ Non-teaching staff
		Describe: State checks are repeated at a minimum of every two years and when the department or the center becomes aware of any possible transgressions.	☑ Volunteers
			☐ Other.
	☑ FBI Criminal Background (e.g., fingerprint)		
	☑ Sex Offender Registry	☑ Initial Entrance into the System	☑ Director
		☐ Checks Conducted Annually	☑ Teaching staff
			☑ Non-teaching staff

		☑ Other.	☑ Volunteers
		Describe: Federal (fingerprint based) checks are repeated every four years and when the department or center becomes aware of any new transgressions.	☐ Other.
		☑ Initial Entrance into the System	
		☐ Checks Conducted Annually	
		☑ Other.	
		Describe: State checks are repeated at a minimum of every two years and when the department or the center becomes aware of any possible transgressions.	

☑ **Group Child Care Homes**	☑ Child Abuse Registry	☑ Initial Entrance into the System	☑ Provider
☐ N/A. Check if your State/Territory does not have group home child care.		☐ Checks Conducted Annually	☑ Non-provider residents of the home.
		☑ Other.	All household members age 14 years and over.
		Describe: Every two years (at application for renewal) or when the department becomes aware of any possible new transgressions.	
	☑ State/Territory Criminal Background	☑ Initial Entrance into the System	☑ Provider
		☐ Checks Conducted Annually	☑ Non-provider residents of the home.
	☐ Check if the State/Territory background check includes fingerprints	☑ Other.	All household members age 14 years and over.
		Describe: Every two years (at application for renewal) or when the department becomes aware of any possible new transgressions.	
	☑ FBI Criminal Background (e.g., fingerprint)	☑ Initial Entrance into the System	☑ Provider
		☐ Checks Conducted Annually	☑ Non-provider residents of the home.
		☑ Other.	All household members age 18 years and over.
	☑ Sex Offender Registry		☑ Provider
			☑ Non-provider residents of the home.
			All household members age 14 years and over.

		Describe: *Starting July 2013 – Every four years or when the department becomes aware of possible newtransgressions in another state.	
		☑ Initial Entrance into the System	
		☐ Checks Conducted Annually	
		☑ Other.	
		Describe: Every two years (at application for renewal) or when the department becomes aware of any possible new transgressions.	

☑ **Family Child Care Homes**	☑ Child Abuse Registry	☑ Initial Entrance into the System	☑ Provider
		☐ Checks Conducted Annually	☑ Non-provider residents of the home.
		☑ Other.	All household members age 14 years and over.
		Describe: Every two years (at application for renewal) or when the department becomes aware of any possible new transgressions.	
	☑ State/Territory Criminal Background	☑ Initial Entrance into the System	☑ Provider
		☐ Checks Conducted Annually	☑ Non-provider residents of the home.
	☐ Check if the State/Territory background check includes fingerprints	☑ Other.	All household members age 14 years and over.
		Describe: Every two years (at application for renewal) or when the department becomes aware of any possible new transgressions.	
	☑ FBI Criminal Background (e.g., fingerprint)	☑ Initial Entrance into the System	☑ Provider
		☐ Checks Conducted Annually	☑ Non-provider residents of the home.
		☑ Other.	All household members age 18 years and over.
	☑ Sex Offender Registry	☑ Initial Entrance into the System	☑ Provider
		☐ Checks Conducted Annually	☑ Non-provider residents of the home.
		☑ Other.	All household members age 14 years and over.

		Describe:	
		Starting July 2013 – Every four years or when the department becomes aware ofpossible new transgressions in another state.	
		☑ Initial Entrance into the System	
		☐ Checks Conducted Annually	
		☑ Other.	
		Describe: Every two years (at application for renewal) or when the department becomes aware of any possible new transgressions.	

In-Home Child Care Providers	Child Abuse Registry	Initial Entrance into the System	Provider
☑ N/A. Check if In-Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2e)		☐ Checks Conducted Annually	☐ Non-provider residents of the home.
		☐ Other. Describe:	
	☐ State/Territory Criminal Background	☐ Initial Entrance into the System	☐ Provider
		☐ Checks Conducted Annually	☐ Non-provider residents of the home.
	☐ Check if the State/Territory background check includes fingerprints	☐ Other. Describe:	
		☐ Initial Entrance into the System	☐ Provider
	☐ FBI Criminal Background (e.g., fingerprint)	☐ Checks Conducted Annually	☐ Non-provider residents of the home.
		☐ Other. Describe:	
		☐ Initial Entrance into the System	☐ Provider
	☐ Sex Offender Registry	☐ Checks Conducted Annually	☐ Non-provider residents of the home.
		☐ Other. Describe:	

d) Please **provide a brief overview** of the State/Territory's process for conducting background checks for child care. In this brief overview, include the following:

Effective Date: 01-OCT-13

d -1) The cost associated with each type of background check conducted:

Costs of the state background checks are $15.00

Costs of the federal background checks range from $15.00 to $27.00.

d-2) Who pays for background checks:

Child care centers are responsible for all costs associated with both the state and federal background checks.

Costs for the state background checks in Child Development Homes are the responsibility of the Department. Starting in July 2013, the cost of the federal background checks for Child Development Homes will also be the responsibility of the Department.

d-3) What types of violations would make providers ineligible for CCDF? Describe:

A provider would be ineligible to receive payments under CCA if they are revoked or have a criminal or child abuse offense outlined in Iowa Code 237A that would result in a 5-year or lifetime prohibition.

Effective July 1, 2003, any person with a conviction or founding for the following will have a lifetime prohibited from any form of involvement with child care (including being paid under the state's child care assistance program):

• record of founded child or dependent adult abuse that was determined to be sexual abuse
• person is listed on the sex offender registry under chapter 692A
• person has committed any of the following felony-level offenses:
   1) Child endangerment or neglect or abandonment of a dependent person
2) Domestic abuse.
3) A crime against a child including but not limited to sexual exploitation of a minor

4) A forcible felony.

Furthermore, any person with a conviction or founding for the following will have a five-year prohibition from any form of involvement with child care (including receiving payments for children eligible under the state's child care assistance program):

- conviction of a controlled substance offense under Iowa Code chapter 124 within five years of the date of application
- record of founded child or dependent adult abuse that was determined to be physical abuse

d-4) The process for providers to appeal the Lead Agency's decision based on the background check findings. Describe:

A provider has the right to file an appeal if they disagree with any Department decision. They do not have to pay to file an appeal. The provider must appeal in writing by doing one of the following:

- Complete an appeal electronically at https://dhssecure.dhs.state.ia.us/forms/, or
- Write a letter telling us why they think a decision is wrong, or Fill out an Appeal and Request for Hearing form. They can get this form at any county DHS office.

The provider then sends or takes the appeal to the Department of Human Services, Appeals Section, 5thFloor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If the provider needs help filing an appeal, they may ask their county DHS office for assistance. The provider must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect.
   If they file an appeal more than 30 but less than 90 calendar days from the date of a decision, they must tell us why their appeal is being filed late. If the provider has a good reason for filing the appeal late, the Appeals Section will decide if they can get a hearing. If the provider files an appeal 90 days after the date of a decision, a hearing cannot be given.
The provider may keep child care benefits until an appeal is final or through the end of their certification period if they file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect
   Any benefits received while the appeal is being decided may have to be paid back if the Department's action is correct. If the provider is granted a hearing before an administrative law judge and does not agree with the final decision of the hearing, he or she may request a rehearing. The director of the department of human services determines if a rehearing will be granted. If a director's review is requested, and the individual is dissatisfied with the final decision, the individual may file for judicial review in district court.

e) If not performing visits (announced or unannounced) or background checks, describe how the State/Territory will ensure that its licensing requirements are effectively enforced per the CCDF regulations? Describe (658E(c)(2)(E), §98.40(a)(2))

NA

f) Does the State/Territory disseminate information to parents and the public, including the use of on-line tools or other "search tools," about child care program licensing status and compliance records?

Effective Date: 01-OCT-13

☑ Yes.
Describe:

Child Care Center annual regulatory reports are posted on-line for the public to view. We are in the process of posting Child Development Home regulatory reports on-line as well.

Additionally, The Iowa Child Care Provider Training Registry provides limited regulatory information about Licensed Child Care Centers and Registered Child Development Home Providers – specifically in regards to training requirements. Parents and the public have the ability to search for a child care facility (center/home)and view professional development completed by providers. In addition to the license or registration expiration date, information is also available regarding provider's education level, certifications/credentials, experience, and languages (spoken, read, and written).

☐ No

3.1.3. Compliance with Applicable State/Territory and Local Regulatory Requirements on Health and Safety

Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Such requirements shall include the prevention and control of infectious diseases (including immunization), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. These health and safety requirements apply to all providers caring for children receiving CCDF services and which also may be covered by the licensing requirements. (658E(c)(2)(F), §98.41)

☑

Check if the Lead Agency certifies that there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))

a) **Describe** the Lead Agency's health and safety requirements for prevention and control of infectious disease in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(i), §98.41(a)(1))

For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.				
The Lead Agency requires:	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
☑ Physical exam or health statement for providers	☑	☑	☑	☐
☑ Physical exam or health statement for children	☑	☑	☑	☐
☑ Tuberculosis check for providers	☑	☐	☐	☐
☐ Tuberculosis check for children	☐	☐	☐	☐
☑ Provider immunizations	☐	☑	☑	☐
☑ Child immunizations	☑	☑	☑	☐
☑ Hand-washing policy for providers and children	☑	☐	☐	☐
☑ Diapering policy and procedures	☑	☐	☐	☐

The Lead Agency requires:	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
☑ Providers to submit a self-certification or complete health and safety checklist	☐	☑	☑	☐
☐ Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	☐	☐	☐	☐
☑ Other. Describe: Other health and Safety requirements can be found at Iowa Administrative Code – 441 –Chapters 109 and 110 and at http://nrckids.org/	☐	☐	☐	☐

b) **Describe** the Lead Agency's health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards, in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(ii), §98.41(a)(2))

For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.				
The Lead Agency requires:	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
☑ Fire inspection	☑	☐	☐	☐
☐ Building inspection	☐	☐	☐	☐

☐ Health inspection	☐	☐	☐	☐
☑ Inaccessibility of toxic substances policy	☑	☑	☑	☐
☑ Safe sleep policy	☑	☑	☑	☐
☑ Tobacco exposure reduction	☑	☑	☑	☐
☑ Transportation policy	☑	☐	☐	☐
☐ Providers to submit a self-certification or complete health and safety checklist	☐	☐	☐	☐
☐ Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	☐	☐	☐	☐
☑ Other. Describe: Lead – centers and homes Radon and Carbon Monoxide - centers	☐	☐	☐	☐

c) **Describe** the Lead Agency's health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided

under CCDF using the table below. (658E(c)(2)(F)(iii), §98.41(a)(3)). Note: While Lead Agencies have the flexibility to define these terms, for this question, pre-service refers to any training that happens prior to a person starting or shortly thereafter (first week, etc). 'On-going' would be some type of routine occurrence (e.g., maintain qualifications each year).

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
Child Care Centers	First Aid	NA	Required
	CPR	NA	Required
	Medication Administration Policies and Practices	NA	Optional
	Poison Prevention and Safety	NA	Optional
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	NA	Optional
	Shaken Baby Syndrome and abusive head trauma prevention	NA	Optional
	Age appropriate nutrition, feeding, including support for breastfeeding	NA	Optional
	Physical Activities	NA	Optional
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	NA	Required
	Recognition and mandatory reporting of suspected child abuse and neglect	NA	Required
	Emergency preparedness and planning response procedures	NA	Optional - required to develop plans
	Management of common childhood illnesses, including food intolerances and allergies	NA	Optional

	Transportation and child passenger safety (if applicable)	NA	Optional
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	NA	Optional
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	NA	Optional
	Supervision of children	NA	Optional
	Behavior management	NA	Optional
	Other Describe: Required to obtain training that falls under the CDA content areas.	NA	Required to obtain a specific number of training hours each year, depending upon their position within the center.
Group Home Child Care	First Aid	NA	Required - must include rescue breathing.
	CPR	NA	Optional - rescue breathing required.
	Medication Administration Policies and Practices	NA	Optional
	Poison Prevention and Safety	NA	Optional
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	NA	Optional
	Shaken Baby Syndrome and abusive head trauma prevention	NA	Optional

	Age appropriate nutrition, feeding, including support for breastfeeding	NA	Optional
	Physical Activities	NA	Optional
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	NA	Optional
	Recognition and mandatory reporting of suspected child abuse and neglect	NA	Required
	Emergency preparedness and planning response procedures	NA	Optional - required to develop plans
	Management of common childhood illnesses, including food intolerances and allergies	NA	Optional
	Transportation and child passenger safety (if applicable)	NA	Optional
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	NA	Optional
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	NA	Optional
	Supervision of children	NA	Optional
	Behavior management	NA	Optional

	Other Describe: Required to obtain training that falls under the CDA content areas	NA	Required to obtain 12 hours of training within the first year of registration and must have 12 hours of training each succeeding year.
Family Child Care Providers	First Aid	NA	Required - must include rescue breathing
	CPR	NA	Optional - rescue breathing required.
	Medication Administration Policies and Practices	NA	Optional
	Poison Prevention and Safety	NA	Optional
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	NA	Optional
	Shaken Baby Syndrome and abusive head trauma prevention	NA	Optional
	Age appropriate nutrition, feeding, including support for breastfeeding	NA	Optional
	Physical Activities	NA	Optional
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	NA	Optional
	Recognition and mandatory reporting of suspected child abuse and neglect	NA	Required
	Emergency preparedness and planning response procedures	NA	Optional - required to develop plans
	Management of common childhood illnesses, including food intolerances and allergies	NA	Optional

	Transportation and child passenger safety (if applicable)	NA	Optional
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	NA	Optional
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	NA	Optional
	Supervision of children	NA	Optional
	Behavior management	NA	Optional
	Other: Describe: Required to obtain training that falls under the CDA content areas.	NA	Required to obtain 12 hours of training within the first year of registration and must have 12 hours of training each succeeding year.
In - Home Child Care	First Aid	NA	NA
	CPR	NA	NA
	Medication Administration Policies and Practices	NA	NA
	Poison Prevention and Safety	NA	NA
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	NA	NA
	Shaken Baby Syndrome and abusive head trauma prevention	NA	NA
	Age appropriate nutrition, feeding, including support for breastfeeding	NA	NA

	Physical Activities	NA	NA
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	NA	NA
	Recognition and mandatory reporting of suspected child abuse and neglect	NA	NA
	Emergency preparedness and planning response procedures	NA	NA
	Management of common childhood illnesses, including food intolerances and allergies	NA	NA
	Transportation and child passenger safety (if applicable)	NA	NA
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	NA	NA
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	NA	NA
	Supervision of children	NA	NA
	Behavior management	NA	NA

	Other Describe: NA	Iowa does require that all in home non registered child care providers are provided Comm. 95, a Minimum Health and Safety Requirements brochure at the time of application and prior to the signing of a payment agreement. Contained within the brochure is the required child information that each provider is required to maintain in a file. This includes the following health and safety information: 1) a signed list of people who can pick up the child. 2) A recent physical examination report including immunization information signed by a doctor or someone in his or her office. Additionally the brochure outlines the Health and Safety requirements of a child care home. This includes but is not limited to; locking all medicines and cleaners, posting of emergency plans, having first aid supplies on hand, and using safety gates at stairways and doors.	NA

d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency's requirements for relative providers? (§98.41(A)(ii))(A))

☑ All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are no exceptions for relatives.

☐ Relative providers are NOT required to meet <u>any</u> health and safety requirements as described in 3.1.2a-c, as appropriate.

☐ Relative providers are subject to certain requirements.

Describe the different requirements:

e) Provide a web address for the State/Territory's health and safety requirements, if available:

Health and safety requirements can be found at www.dhs.iowa.gov. Iowa Administrative Code 441 -- Chapters 109 and 110

3.1.4 Effective enforcement of the CCDF health and safety requirements. For providers who care for children receiving CCDF assistance and who are NOT subject to the enforcement procedures described in3.1.2 for licensed providers, please describe how the Lead Agency enforces the CCDF health and safety enforcement requirements.

 For non-registered providers who receive payments for children eligible for child care assistance, criminal and child abuse checks (including a check of the sex offender registry) are completed. The check also includes a fingerprint-based national criminal registry check. The checks may also include a review of the dependent adult abuse registry. When the non-registered provider provides care in their own home, checks are also completed for anyone living in that home who is 14 years of age or older.

In addition the centralized Child Care Assistance and Regulatory Unit of the Department reviews the self-declared health and safety requirements in approving CCA Provider Agreements and may conduct inquiries to substantiate some of the requirements (i.e.,.determine care is being provided in a private residence via mortgage/lease agreements etc., ensuring that CPR certification is valid, etc.)

a) Describe whether and how the Lead Agency uses on-site visits (announced and unannounced)

Visits are only conducted in response to a complaint report.

b) Describe whether the Lead Agency uses background checks

For non-registered providers who receive payments for children eligible for child care assistance, criminal and child abuse checks (including a check of the sex offender registry) are completed. The checks may also include a review of the dependant adult abuse registry.

When the non-registered provider provides care in their own home, checks are also completed for anyone living in that home who is 14 years of age or older.

c) Does the Lead Agency permit providers to self-certify compliance with applicable health and safety standards?

☑ Yes. If yes, what documentation, if any, is required?

Describe:

The centralized Child Care Assistance and Regulatory Unit of the Department reviews the self-declared health and safety requirements in approving CCA Provider Agreements and may conduct inquiries to substantiate some of the requirements (i.e.,. confirming the existence of a working phone by calling the number, reviewing CPR certification documentation, etc.)

☐ No

d) Describe whether the Lead Agency uses any other enforcement policies and practices for the health and safety requirements

NA
☑ Check if the Lead Agency certifies that procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))

3.1.5 Does the State/Territory encourage or require child care programs to conduct developmental screening and referral for children participating in child care programs? Lead Agencies are not required to conduct developmental screenings of children, but are encouraged to work with child care providers to promote screening in the areas of physical health (including vision and hearing), mental health, oral health, and developmental disabilities..

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☐ Yes.
Describe

☑ No

a) If yes, are training, resources and supports offered to programs to assist them in ensuring that children receive appropriate developmental screenings?

☐ Yes.
Describe

☐ No
☐ Other.
Describe

b) If yes, are resources and supports provided to programs to help them understand how families are referred to indicated services and how to work with the health, mental health, and developmental disabilities agencies to support children when follow-up to screening is needed?

☐ Yes.
Describe

☐ No
☐ Other.
Describe

c) Does the State/Territory use developmental screening and referral tools?

☐ Yes. If Yes, provide the name of the tool(s)

☐ No
☐ Other.
Describe

3.1.6 Data & Performance Measures on Licensing and Health and Safety Compliance - What data elements, if any, does the State/Territory currently have access to related to licensing compliance? What, if any, performance measures does the Lead Agency use for ensuring health and safety? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

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a) **Data on licensing and health and safety.** Indicate if the Lead Agency or another agency has access to data on:

☑ Number of licensed programs.
Describe (optional):

☐ Numbers of programs operating that are legally exempt from licensing.
Describe (optional):

☑ Number of programs whose licenses were suspended or revoked due to non-compliance.
Describe (optional):
Data available for licensed centers.

☐ Number of injuries in child care as defined by the State/Territory.
Describe (optional):

☐ Number of fatalities in child care as defined by the State/Territory.
Describe (optional):

☐ Number of monitoring visits received by programs.
Describe (optional):

☑ Caseload of licensing staff.
Describe (optional):
Centers

☐ Number of programs revoked from CCDF due to non-compliance with health and safety requirements.
Describe (optional):

☐ Other.
Describe:

☐ None.
b) **Performance measurement.** What, if any, performance measures does the State/Territory use in its licensing system to monitor compliance with CCDF health and safety requirements?
None

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to licensing and health and safety? Evaluation can include efforts related to monitoring

implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.
No system-wide evaluation efforts are planned at this time.

3.1.7 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section of 3.1. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the Lead Agency's goals for the licensing and health and safety system in the coming biennium? What progress does the State/Territory expect to make on core areas (e.g. licensing standards, monitoring visits or other effective enforcement, improved technical assistance, or fewer serious non-compliances?)

Note -When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

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Goal #1:
Goal 1 - Decrease injuries in child care settings by the following strategy: 1) ensure reporting strategies are developed by Healthy Child Care Iowa (HCCI) and DHS to provide a method of tracking injuries/deaths that occur in regulated child care settings.*

Goal #2:
Goal 2 - Increase public information regarding Child Development Homes (CDH's) by standardizing the monitoring visit process for CDH's.*

Goal #3:
Goal 3 - Increase public information regarding the compliance history of Child Development Homes by posting regulatory reports online.*

Goal #4:

NEW!

CCDF has a number of performance measures that are used to track progress for key aspects of the program at the national level. These performance measures are included in budget materials submitted to Congress and other documents. Please follow this link http://www.acf.hhs.gov/programs/occ/resource/government-performance-and-results-act-gpra-measures to see the CCDF performance measures. A number of these performance measures rely on information reported in the State and Territorial Plans as a data source. We have added a ruler icon

in Section 3.2 through 3.4 order to identify the specific questions used in the performance measures. When answering these questions, Lead Agencies should ensure that their answers are accurate and complete in order to promote the usefulness and integrity of the performance measures.

3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

For purposes of this section, voluntary early learning guidelines (also referred to as early learning and development standards) include the expectations for what children should know (content) and be able to do (skills) at different levels of development. These standards provide guidelines, articulate developmental milestones, and set expectations for the healthy growth and development of young children. The term *early learning guidelines* (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These early learning guidelines are voluntary because States/Territories are not required to develop such guidelines or implement them in a specified manner.

3.2.1 Has the State/Territory developed voluntary early learning guidelines for children? Check any early learning guidelines the State/Territory has developed.

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☑ Birth-to-three
☑ Three-to-five
☐ Five years and older
☐ None. **Skip to 3.2.6.**

If yes, insert web addresses, where possible:

http://www.earlychildhoodiowa.org/files/resource_links/IELS_2012_final_1.31.13.pdf

Which State/Territory agency is the lead for the early learning guidelines?

Joint leadership between DHS and DE.

3.2.2 Do the early learning guidelines cover a range of domains across physical, cognitive, and social and emotional development? Check all that apply for each age group as applicable in the chart below. Because States vary in their domain names and which domains to include, we have used the domains identified in the Head Start Child Development and Early Learning Framework for reference purposes.

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Domains	Birth-to-Three ELGs	Three-to-Five ELGs	Five and Older ELGs
Physical development and health	☑	☑	☐
Social and emotional development	☑	☑	☐
Approaches to learning	☑	☑	☐
Logic and reasoning (e.g., problem-solving)	☑	☑	☐
Language development	☑	☑	☐
Literacy knowledge and skills	☑	☑	☐
Mathematics knowledge and skills	☑	☑	☐
Science knowledge and skills	☑	☑	☐
Creative arts expression (e.g., music, art, drama)	☑	☑	☐
Social studies knowledge and skills	☑	☑	☐
English language development (for dual language learners)	☐	☐	☐
List any domains not covered in the above:	☐	☐	☐
Other. Describe:	☐	☐	☐

3.2.3 To whom are the early learning guidelines disseminated and in what manner? Check all audiences and methods that your State/Territory has chosen to use in the chart below.

	Information Dissemination	Voluntary Training	Mandatory Training
Parents in the child care subsidy system	☑	☑	☐
Parents using child care more broadly	☑	☑	☐
Practitioners in child care centers	☑	☑	☐
Providers in family child care homes	☑	☑	☐
Practitioners in Head Start	☑	☑	☐
Practitioners in Early Head Start	☑	☑	☐
Practitioners in public Pre-K program	☑	☑	☐
Practitioners in elementary schools	☐	☐	☐
Other. List: Standards are on a website accessible to all.	☐	☐	☐

3.2.4 Are voluntary early learning guidelines incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its early learning guidelines into other parts of the child care system.

☐ To define the content of training required to meet licensing requirements
☐ To define the content of training required for program quality improvement standards (e.g., QRIS standards)
☐ To define the content of training required for the career lattice or professional credential
☐ To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs
☐ To require programs in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs
☐ To develop State-/Territory -approved curricula
☑ Other.

List:

☐ None.

3.2.5 Are voluntary early learning guidelines and development standards aligned with into other parts of the child care system? Check the standards, if any, with which the State/Territory aligns its early learning guidelines.

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☑ Cross-walked to align with Head Start Child Development and Early Learning Framework
☑ Cross-walked to align with K-12 content standards
☐ Cross-walked to align with State/Territory pre-k standards
☑ Cross-walked with accreditation standards
☐ Other.

☐ None.

3.2.6 Describe how your State/Territory uses ongoing assessments and measures of school readiness assessment using the following series of questions. In this section, assessment is framed with two distinct purposes/tools - 1) ongoing assessment of children's progress within the classroom to improve and individualize instruction (this corresponds to 3.2.6a) and 2) assessments conducted within pre-kindergarten and/or at kindergarten entry to inform policymakers about the school readiness of children across the State on a broad range of domains, used to guide program initiatives (this corresponds to 3.2.6b).

In the description for each Yes response, please include a) who administers, and b) how often assessments are conducted, and c) what assessment tools are used.

Effective Date: 01-OCT-13

a) Are programs required to conduct ongoing assessments of children's progress of children using valid, reliable and age-appropriate tools aligned with the early learning guidelines or other child standards?
☑ Yes.
Describe:

Iowa's universal preschool programs and early childhood special education requires ongoing assessment aligned to the standards. The DE is requiring all districts and community partners operating state and federally funded preschool programs to assess all children using the Teaching Strategies

GOLD online assessment system beginning in the fall of each year.. This includes the following programs: Statewide Voluntary Preschool Program, Shared Visions At-Risk, Early Childhood Special Education Services, and Title I. It does not include Head Start which is operated separately from DE, though all Head Start programs are already required to assess children and most do so using GOLD. Districts and programs may assess children three times per year to inform classroom instruction and to make decisions about individual and group curriculum content and teaching approaches. The Iowa Code encourages districts to administer the assessment at least at the beginning and end of the school year. Students in transitional, developmental kindergarten or kindergarten (students who are kindergarten age) are not required to be assessed with GOLD . In addition, ongoing assessment is required for programs adhering to the program standards.

a-1) If yes, are programs encouraged to use information from ongoing assessments to improve practice and individual children's needs?
☑ Yes.
Describe:

See above

☐ No

☐ Other.
Describe:

a-2) If yes, is information on child's progress reported to parents?
☑ Yes.
Describe:

 The program standards that govern the voluntary preschool programs require that the program has written procedures for communicating the results of assessment to the family. In addition, families have opportunities to share the results of observations from home to contribute to the assessment process.   In addition, school districts shall inform parents of their child's performance on the assessments in kindergarten through grade three. If intervention is appropriate, the school district talks with the parents about the actions the school district intends to take to improve the child's reading skills and provide the parents with strategies to enable the parents to improve their child's skills. The board of directors of each school district shall adopt a policy indicating the methods the school district will use to inform parents of their individual child's performance.

☐ No

☐ Other.
Describe:

☐ No

☐ Other.

Describe:

b) Does the State/Territory use tools that are valid, reliable and age-appropriate to track the readiness of children within pre-kindergarten and/or as they enter kindergarten?
☑ Yes.
Describe:

Local school districts use state approved literacy assessments to measure the status of children at kindergarten entry

b-1) If yes, do the tools cover the developmental domains identified in 3.2.2?
☐ Yes.
Describe:

☑ No

☐ Other.
Describe:

b-2) If yes, are the tools used on all children or samples of children?
☑ All children.
Describe:

 All children entering kindergarten are assessed using a state approved literacy assessment.

☐ Samples of children.

Describe:

☐ Other.

Describe:

b-3) If yes, is the information from the school readiness measures used to target program quality improvement activities?
☐ Yes.
Describe:

☑ No

☐ Other.
Describe:

☐ No

☐ Other.
Describe:

c) Is school readiness information linked to the statewide longitudinal data system (SLDS, program of the Department of Education)?
☑ Yes.
Describe:

The Kindergarten Literacy Assessment scores are included in the state's longitudinal data system. Additional information generally included in a state longitudinal data system such as unique student identification number, ethnicity, race, attendance, etc. are also collected.

☐ No

☐ Not applicable. State does not have an SLDS.

3.2.7 Data & Performance Measures on Voluntary Early Learning Guidelines (Click for additional instructions)

Effective Date: 01-OCT-13

a) **Data on voluntary early learning guidelines.** Indicate if the Lead Agency or another agency has access to data on:

☐ Number/percentage of child care providers trained on ELG's for preschool aged children.
Describe (optional):

☐ Number/percentage of child care providers trained on ELG's for infants and toddlers.
Describe (optional):

☐ Number of programs using ELG's in planning for their work.
Describe (optional):

[ ]

☐ Number of parents trained on or served in family support programs that use ELG's.
Describe (optional):

[ ]

☐ Other.
Describe:

[ ]

☑ None.
b) **Performance measurement.** What, if any, are the Lead Agency's performance measures related to dissemination and implementation of the early learning guidelines?

None

c) **Evaluation.** What are the State/Territory's plans, if any, for evaluation related to early learning guidelines? Evaluation can include efforts related to monitoring implementation of an initiative validation of standards or program assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

None

3.2.8 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agencyâs goals for using voluntary early learning guidelines in the coming biennium? What progress does the Lead Agency expect to make related to early learning guidelines?

Effective Date: 01-OCT-13

Goal #1:
Goal 1 - Implement strategies as appropriate to the Lead Agency from the Iowa Early Learning Standards implementation plan to be developed by the Early Childhood Iowa Professional Development Executive Committee.

3.3 Creating Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3) (Click for additional instructions)

a) Describe which entities are involved in planning and administering the program quality improvement activities in 3.3, including State/Territory entities and local or community level entities.

The Department of Human Services administers Iowa's Quality Rating System (QRS). An oversight committee provides assistance to the Department in ongoing review and design and development of needed changes. The QRS oversight committee consists of representatives from the Lead Agency, Iowa Dept. of Public Health, Iowa Dept. of Education, Iowa State University Extension, Early Childhood Iowa (Department of Management) and Child Care Resource and Referral. This committee provides planning and oversight for the QRS.

3.3.1 Element 1 - Program Standards

Definition - For purposes of this section, program standards refers to the expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality. Minimum licensing standards and health and safety requirements provided in section 3.1 are also program standards but in this section, we focus on those standards that build upon and go beyond those minimum requirements.

a) Does your State/Territory's have quality improvement standards that include indicators covering the following areas beyond what is required for licensing? Check any indicators, if any, that your State/Territory has chosen to establish.

- ☑ Ratios and group size
- ☑ Health, nutrition and safety
- ☑ Learning environment and curriculum
- ☑ Staff/Provider qualifications and professional development
- ☑ Teacher/providers-child relationships
- ☑ Teacher/provider instructional practices
- ☑ Family partnerships and family strengthening
- ☑ Community relationships
- ☑ Administration and management
- ☑ Developmental screenings
- ☑ Child assessment for the purposes of individualizing instruction and/or targeting program improvement
- ☑ Cultural competence
- ☐ Other.

Describe:

☐

☐ None. If checked, **skip to 3.3.2.**

b) Does your State/Territory have quality improvement standards with provisions about the care of any of these groups of children? Check any provisions your State/Territory has chosen to establish.

☐ Children with special needs as defined by your State/Territory
☑ Infants and toddlers
☑ School-age children
☐ Children who are dual language learners
☐ None

c) How do your State/Territory's quality standards link to State/Territory licensing requirements? Check any links between your State/Territory's quality standards and licensing requirements.

☐ Licensing is a pre-requisite for participation
☑ Licensing is the first tier of the quality levels
☐ State/Territory license is a "rated" license.
☐ Other.
Describe:

☐ Not linked.

d) Do your State/Territory's quality improvement standards align with or have reciprocity with any of the following standards? Check any alignment, if any, between your State/Territory's quality standards and other standards.

☑ Programs that meet State/Territory pre-k standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between pre-k and the quality improvement system)
☑ Programs that meet Federal Head Start Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between Head Start and the quality improvement system)
☑ Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or an alternative pathway to meeting the standards)
☐ Other.
Describe:

☐ None.

3.3.2 Element 2 - Supports to Programs to Improve Quality

Definition - For purposes of this section, supports to programs to improve quality refers to such activities as technical assistance and consultation services for programs to assist in meeting child care quality improvement standards.

a) Check which types of and for what purposes the State/Territory uses supports to child care programs, if any, in the following chart. If none, **skip to 3.3.3.**

☐ None. **skip to 3.3.3.**

Types and Purposes of Support	Information or Written Materials	Training	On-Site Consultation
☑ Attaining and maintaining licensing compliance	☑	☑	☑
☑ Attaining and maintaining quality improvement standards beyond licensing	☑	☑	☑
☐ Attaining and maintaining accreditation	☐	☐	☐
☑ Providing targeted technical assistance in specialized content areas:			
Health and safety	☑	☑	☑
Infant/toddler care	☑	☑	☑
School-age care	☑	☑	☐
Inclusion	☑	☑	☐
Teaching dual language learners	☐	☐	☐
Mental health	☑	☑	☑

Business management practices	☑	☑	☑
Other. Describe:	☐	☐	☐

b) Methods used to customize quality improvement supports to the needs of individual programs include:

☑ Program improvement plans
☑ Technical assistance on the use of program assessment tools
☐ Other.
Describe:

c) Is technical assistance linked to entering the QRIS or targeted to help programs forward on QRIS?

☑ Yes.
Describe:

Child care consultants employed by each of the five regional Child Care Resource and Referral agencies. These individuals provide technical assistance regarding the QRS to programs both before entering the QRS and as they move up levels within the QRS.

☐ No
☐ Other.
Describe:

3.3.3 Element 3 - Financial Incentives and Supports

Definition - For purposes of this section, financial incentives refers to the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.

a) Identify which types of financial incentives are offered and to which providers in the following chart. Check which incentives and supports, if any, the State/Territory chooses to offer. If none, **skip to 3.3.4.**

☐ None. **skip to 3.3.4.**

Types of Financial Incentives and Supports for Programs	Child Care Centers	Child Care Homes	License-Exempt Providers
☐ Grants to programs to meet or maintain licensing	☐	☐	☐
☐ Grants to programs to meet QRIS or similar quality level	☐	☐	☐
☑ One-time awards or bonuses on completion of quality standard attainment	☑	☑	☑
☐ Tiered reimbursement tied to quality for children receiving subsidy	☐	☐	☐
☐ On-going, periodic grants or stipends tied to improving / maintaining quality	☐	☐	☐
☐ Tax credits tied to meeting program quality standards	☐	☐	☐
☐ Other. Describe:	☐	☐	☐

3.3.4 - Element 4 - Quality Assurance and Monitoring

Definition - For purposes of this section, quality assurance and monitoring refers to the ways that the State/Territory measures program quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.

a) What tools, if any, does the State/Territory use to measure and monitor the quality of programs? Check all that apply and briefly describe using the chart below, including which programs are required to participate and the frequency of assessments. **If none, skip to 3.3.5.**

☐ None. **skip to 3.3.5.**

Types of Program Quality Assessment Tools	Child Care Centers	Child Care Homes	License-Exempt Providers
☑ Environment Rating Scales (e.g., ECERS, ITERS, SACERS, FDCRS) Describe, including frequency of assessments. Programs wishing to receive a QRS Level 5 rating must earn a minimum ERS score of 5.0 in each assessed classroom. QRS ratings expire after two years; in order to maintain the QRS Level 5 rating, the program must continue to earn the minimum ERS score of 5.0 in each assessed classroom at that time.	☑ Infant/Toddler ☑ Preschool ☑ School-Age	☑	☑
☐ Classroom Assessment Scoring System (CLASS) Describe, including frequency of assessments.	☐	N/A	☐
☐ Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes Describe, including frequency of assessments.	☐	☐	☐
☐ Customized instrument, including submission of written documentation, developed for State/Territory quality improvement system. This may include instruments developed for quality improvements in 21st Century Learning Center programs Describe, including frequency of assessments.	☐	☐	☐
☐ Other. Describe:	☐	☐	☐

b) What steps, if any, has the State/Territory taken to align quality assurance and monitoring across funding streams and sectors in order to minimize duplication?

☐ Have a mechanism to track different quality assessments/monitoring activities to avoid duplication

☐ Include QRIS or other quality reviews as part of licensing enforcement

☐ Have compliance monitoring in one sector (e.g., Head Start/Early Head Start, State/Territory pre-k) serve as validation for compliance with quality improvement system (e.g., QRIS) without further review

☐ Have monitoring for meeting accreditation standards serve as validation for compliance with quality improvement system (e.g., QRIS) without further review

☐ Other.
Describe:

☑ None.

3.3.5 - Element 5 - Outreach and Consumer Education

Definition - For purposes of this section, outreach and consumer education refers to the strategies used to promote the child care quality improvement standards to parents, programs and the general public.

Effective Date: 01-OCT-13

a) Does the State/Territory use symbols or simple icons to communicate levels of quality for child care programs beyond what may communicated to parents about licensing status and licensing compliance as reported in 3.1.3? (e.g. stars, or gold/silver/bronze levels).

☑ Yes. If yes, how is it used?

☑
Resource and referral/consumer education services use with parents seeking care

☐
Parents enrolling in child care subsidy are educated about the system and the quality level of the provider that they are selecting

☑
Searchable database on the web

☐
Voluntarily, visibly posted in programs

☑

Mandatory to post visibly in programs

☑

Used in marketing and public awareness campaigns

☐

Other.

Describe:

☐ No. If no, **skip to 3.3.6.**

b) Does the State/Territory use any forms of media to reach parents and the public to communicate about levels of quality for child care programs? Check which forms, if any, the State/Territory uses to communicate levels of quality for child care programs.

☐

Print

☐

Radio

☐

Television

☑

Web

☐

Telephone

☑

Social Marketing

☐

Other.

Describe:

☐

None.

c) Describe any targeted outreach for culturally and linguistically diverse families.

None

3.3.6. Quality Rating and Improvement System (QRIS)

✏️ a) **Based on the five key elements of a QRIS described above in 3.3.1 through 3.3.5,** does your State/Territory have a quality rating and improvement system (QRIS) or similar quality improvement system in place?

☑ Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements <u>operating State/Territory-wide.</u>

☑
Participation is voluntary for:

licensed child care centers and preschools, registered child development homes, and school-based/school-operated programs.

☐
Participation is mandatory for:

☐ Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements <u>operating as a pilot or in a few localities</u> but not State/Territory-wide.

☐ No, the State/Territory does not have a QRIS or similar quality improvement system that includes linked activities in all five elements.

☐ State/Territory is in the development phase
☐ State/Territory has no plans for development

☐
Other.

Describe:

✏️

b) If yes to 3.3.6a, **CHECK** the types of providers eligible to participate in the QRIS:

☑
Child care centers

☑
Group child care homes

☑
Family child care homes

☐
In-home child care

☑
License exempt providers

☑
Early Head Start programs

☑
Head Start programs

☑
Pre-kindergarten programs

☑
School-age programs

☐
Other.

Describe:

3.3.7. If the State/Territory has or will have any quality improvement strategies for targeted groups of providers (e.g., relative caregivers or caregivers who are legally exempt from licensing) that are not described in your responses to any question in section 3.3 above,

please describe:

None

3.3.8 Data & Performance Measures on Program Quality (Click for additional instructions)

a) Data on program quality. Indicate if the Lead Agency or another agency has access to data on:

☑

Data on the quality level for individual programs (e.g. QRIS level) as defined by your State/Territory.

Describe(optional)

The Lead Agency maintains an EXCEL spreadsheet that identifies the level of each program participating in the QRS.

☑

Number of programs that move program quality levels annually (up or down).

Describe(optional)

The Lead Agency maintains an EXCEL spreadsheet that identifies the level of each program participating in the QRS.

☑

Program scores on program assessment instruments.

List instruments:

ITERS-R, ECERS-R, SACERS, FCCERS-R

Describe(optional)

Maintained by Iowa State University.

☑

Classroom scores on program assessment instruments.

List instruments:

ITERS-R, ECERS-R, SACERS, FCCERS-R

Describe(optional)

Maintained by Iowa State University.

☐
Qualifications for teachers or caregivers within each program.

Describe(optional)

☑
Number/Percentage of children receiving CCDF assistance in licensed care.

Describe(optional)

Cross-walk with KinderTrack.

☐
Number/percentage of children receiving CCDF assistance who attend care at each of the tiers of the quality as defined by the State/Territory

☐
Number/Percentage of programs receiving financial assistance to meet higher program standards.

Describe(optional)

☐
Other.

Describe:

☐
None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures on program quality?

The Lead Agency's contracts with the Child Care Resource and Referral agencies include performance measures that address the percentage of eligible programs participating in the QRS.

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to program quality? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in

programs or the system and may be ongoing or conducted periodically.

The QRS oversight committee will begin a review of possible evaluation mechanisms and funding requirements for QRS.   DHS has received a minimal appropriation to begin efforts to evaluate and/or validate the QRS.

3.3.9 Goals for the next Biennium -
In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.3. What are the State/Territoryâs goals for the program quality improvement system in the coming biennium? What progress does the State/Territory expect to make across the five key elements for quality improvement systems?

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Goal #1:
Goal 1 - Increase Quality Rating System (QRS) participation through efforts to 1) reinstate the full QRS award when maintaining a level 2-5*; 2) explore implementing a proportionately higher bonus for providers achieving a Level 5; and 3) adopt protocols for funding of quality projects that support participation in QRS (i.e., require all wraparound grantees to participate, direct TEACH funds to center staff working in QRS-rated programs, etc.)

Goal #2:
Goal 2 - Assure the integrity of the QRS rating by developing strategies and recommendations, under the leadership of the QRS Oversight Team, for validating or evaluating the QRS.

3.4 Pathways to Excellence for the Workforce - Professional Development Systems and Workforce Initiatives (Component #4)

   Pathways to excellence for the workforce builds on the significant investments States and Territories have made in the area of professional development systems to ensure a well-qualified workforce with opportunities for growth from entry level through master teacher, with an increasing emphasis on the many additional roles in the child care system (e.g. adult educators such as consultants, technical assistance providers, trainers, and higher education faculty). In this section, States and Territories provide a self-assessment on current professional development and workforce activities and describe their goals for the upcoming Biennium.

   For purposes of this section, States and Territories will respond according to five key

elements for workforce systems:

1) Core Knowledge and Competencies
2) Career Pathways (or Career Lattice)
3) Professional Development Capacity
4) Access to Professional Development
5) Compensation, Benefits and Workforce Conditions

a) Describe which entities are involved in planning and administering the activities in Section 3.4, including State/Territory entities and local or community level entities.

Early Childhood Iowa Professional Development leadership and committees, State Child Care Advisory Committee, Iowa Early Childhood Community College Alliance, T.E.A.C.H./Iowa AEYC, state Departments of Human Services, Education, Management, Health, etc.

3.4.1 Workforce Element 1 - Core Knowledge and Competencies

Definition - For purposes of this section, core knowledge and competencies (CKCs) refers to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. These CKCs provide a foundation for professional development design (including instructional practices) and other quality improvement efforts.

a) Has the State/Territory developed core knowledge and competencies (CKCs) for practitioners working with and/or on behalf of children?

☑ Yes
☐ No, the State/Territory has not developed core knowledge and competencies. **Skip to question 3.4.2.**

☐ Other.
Describe:

The ECI-Professional Development component group and the Department of Education developed and adopted professional levels and competencies for caregiver/teacher role in 2009. Both program administrator competencies and adult educator competencies have been completed by workgroups over the past year, and are in final stages of ECI-PD approval.   Combined with the consultant competencies (with a goal to expand their use by consultants in Head Start, AEAs, TEACH, etc.,) Iowa will have competencies completed and adopted for all four major roles in the early learning/child care systems.

The next steps will require strategies for implementation through credentials and/or career pathways.

If yes, insert web addresses, where possible:

http://www.earlychildhoodiowa.org/files/state_system/professional_development/PLC_Task_Force_Final_Report_Final.pdf

b) Check which of the following teaching and learning topics, if any, are covered in the CKCs.

☑ Child growth, development and learning
☑ Health, nutrition, and safety
☑ Learning environment and curriculum
☑ Interactions with children
☑ Family and community relationships
☑ Professionalism and leadership
☑ Observation and assessment
☑ Program planning and management
☑ Diversity
☐ Other.
Describe:

☐ None.

c) Are the CKCs incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its CKCs into other parts of the child care system.

☐ To define the content of training required to meet licensing requirements
☐ To define the content of training required for program quality improvement standards (as reported in section 3.3)
☑ To define the content of training required for the career lattice or credential
☑ To correspond to the early learning guidelines
☐ To define curriculum and degree requirements at institutions of higher education
☑ Other.
Describe:

Work is in progress to define the content of training required for the career lattice or credential.Iowa is just beginning efforts through Board of Educational Examiners and ECI-PD Early Learning committee to align teacher competencies with regulations, other standards, and degree programs.

☐ None.

d) Are the CKCs aligned with other State/Territory or national standards? Check which ways, if any, the State/Territory aligns its CKCs with other standards.

☑ Cross-walked with the Child Development Associate (CDA) competencies

☑ Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, National Council for Accreditation of Teacher Education/Council for the Accreditation of Educator Preparation, Head Start SOLAR staff skills indicators)

☐ Cross-walked with apprenticeship competencies

☐ Other.
Describe:

☐ None.

e) Check for which roles, if any, the State/Territory developed supplemental or specialized competencies.

☐ Staff working directly with children in centers, including aides, assistants, teachers, master teachers.
Describe:

☐ Providers working directly with children in family child care homes, including aides and assistants.
Describe:

☐ Administrators in centers (including educational coordinators, directors).
Describe:

☑ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).
Describe:

I-Consult project has developed a consultant credential for CCR&R staff working with providers,including a mentor credential.

☑ Education and training staff (such as trainers, CCR&R staff, faculty).
Describe:

A subcommittee of ECI PD created adult educator competencies for use with trainers across all four ovals and to inform higher education faculty.

☐ Other.

Describe:

[ ] None.

f) Check if the State/Territory has developed any supplemental or specialized competencies for practitioners/providers working with the following ages.

[ ] Birth-to-three
[ ] Three-to-five
[ ] Five and older
[x] Other.
Describe:

Teacher Essential Competencies are designated for Infant, Toddler, Preschool, and Kindergarten.

[ ] None.

3.4.2 Workforce Element 2 - Career Pathways

Definition - For purposes of this section, career pathways (or career lattice) defines the options and sequence of qualifications and ongoing professional development to work with children. Career pathways assist professionals in understanding their career options and identify steps for advancement for the workforce recognizing and rewarding higher levels of preparation and mastery of practice to promote higher quality services for children.

Effective Date: 01-OCT-13

a) Does the State/Territory have a career pathway which defines the sequence of qualifications related to professional development (education, training and technical assistance) and experience required to work with children?

[ ] Yes.

Describe:

[x] No, the State/Territory has not developed a career pathway. **Skip to question 3.4.3.**

Insert web addresses, where possible:

b) Check for which roles, if any, the career pathway (or lattice) include qualifications, specializations or credentials.

☐ Staff working directly with children in centers, including aides, assistants, teachers, master teachers.
Describe:

☐ Providers working directly with children in family child care homes, including aides and assistants.
Describe:

☐ Administrators in centers (including educational coordinators, directors).
Describe:

☐ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).
Describe:

☐ Education and training staff (such as trainers, CCR&R staff, faculty).
Describe:

☐ Other.
Describe:

☐ None.

c) Does the career pathway (or lattice) include specializations or credentials, if any, for working with any of the following children?

☐ Infants and toddlers
☐ Preschoolers
☐ School-age children
☐ Dual language learners
☐ Children with disabilities, children with developmental delays, and children with other special needs
☐ Other.
Describe:

☐ None.

d) In what ways, if any, is the career pathway (or lattice) used?

☐ Voluntary guide and planning resource
☐ Required placement for all practitioners and providers working in programs that are licensed or regulated in the State/Territory to serve children birth to 13
☐ Required placement for all practitioners working in programs that receive public funds to serve children birth to 13
☐ Required placement for adult educators (i.e., those that provide training, education and/or technical assistance)
☐ Required placement for participation in scholarship and/or other incentive and support programs
☐ Required placement for participation in the QRIS or other quality improvement system
☐ Other.
Describe:

☐ None.

e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice?)?

☐ Yes.
If yes, describe:

☐ No.

3.4.3 Workforce Element 3 - Professional Development Capacity

Definition - For purposes of this section, professional development incorporates higher education, training and technical assistance. Higher education capacity refers to capability of the higher education system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Training and technical assistance capacity refers to capability of the training and technical assistance system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Early childhood includes infants, toddlers and preschoolers.

a) Has the State/Territory assessed the availability of degree programs in early-childhood education, school-age care or youth development, and related fields in the State/Territory (e.g., both physical location and distance-based, accessibility to practitioners, etc.)?

☑ Yes.
If yes, describe:

A college resource directory was first developed in 2005 through a partnership between T.E.A.C.H. IOWA, the Iowa Head Start Association, and the Iowa State Head Start Collaboration Office and is updated annually. The directory provides full information about the early childhood and related programs at all of Iowa's 2 and 4 year colleges. The directory can be viewed at: http://www.iowaaeyc.org/College%20Resource%20Directory%202012%20December.pdf

☐ No.

b) Has the State/Territory assessed the availability of early-childhood and school-age and related training and technical assistance programs in the State/Territory (e.g., both physical location and distance-based, degree level, etc.)?

☐ Yes.
If yes, describe:

☑ No.

c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State/Territory institutions?

☐ Standards set by the institution
☑ Standards set by the State/Territory higher education board
☐ Standards set by program accreditors
☐ Standards set by State/Territory departments of education
☐ Standards set by national teacher preparation accrediting agencies
☑ Other.
Describe:

The Early Childhood Community College Alliance has been working towards establishing quality and consistency in their required curriculums. Funding has been redirected to support associate degree community college accreditation work through NAEYC. . At least one community college has been accredited by NAEYC/ECADA, several others are in process. Funding is no longer available from the state

☐ None.

d) What quality assurance mechanisms, if any, are in place for the training and technical assistance programs offered by the State/Territory?

☑ Training approval process.
Describe:

Organizations approved to deliver training are specified in regulatory rules.   Approved training organizations are expected to have processes in place to approve trainers. For those not covered by regulations, a state-level approval process is in place for training delivered by non-approved training organizations. The CCR&R system has a specific trainer approval process in place. The Child Care Provider Training Registry only displays DHS approved and verified professional development/trainings.

☑ Trainer approval process.
Describe:

Each approved training organization (specified in Iowa Administrative Rule 441-110 and 441-109) is expected to have a trainer approval process.   The CCR&R system has specific trainer approval processes in place. A state-level training approval process for professional development delivered outside of an approved training organization is available as well. An organization or individual may submit the training they wish to offer for approval. If approved, they become an approved adult educator/trainer for that specific curriculum (not an approved trainer, per se).   The Child Care Provider Training Registry. Adult Educators (Trainers) listed in the registry must be approved/validated by the training organization/DHS per curricula.

☑ Training and/or technical assistance evaluations.
Describe:

Following completion of each adult learning experience, the Child Care Provider Training Registry sends a request to complete evaluation of the training. Some organizations also have their own specified evaluations to assess the effectiveness of the experience. The training organization is responsible to assess the results of the evaluation. Providers who work with consultants in the I-consult project complete surveys evaluating the work of the consultant.

☑ Other.
Describe:

ECI-Professional Development has explored establishing a training organization approval process.

☐ None.

e) Does the State/Territory have articulation agreements in place across and within institutions of higher education?

☑ Yes.
If yes, describe:

However, no full program articulation. There are a variety of agreements, with most being course-by-course agreements, or 2-year general education coursework articulating to 4-year institutions. A team supported by the T.E.A.C.H. national office will address early childhood higher education articulation from 2013-2015, under the direction of the ECI PD leadership.

☐ No.

f) Does the State/Territory have articulation agreements that translate training and/or technical assistance into higher education credit?

☑ Yes.
If yes, describe:

A few community colleges accept an active CDA credential towards higher education credit, whether or not it was earned for college credit.

☐ No.

3.4.4 Workforce Element 4 - Access to Professional Development

Definition - For purposes of this section, access to professional development (training, education and technical assistance) refers to the degree to which practitioners are made aware of, and receive supports and assistance to utilize, professional development opportunities.

Effective Date: 01-OCT-13

a) Does the State/Territory have professional development opportunities accessible for professionals in various or all sectors of the early childhood and school-age field?

☑ Yes. If yes, for which sectors?
☑ Child care
☑ Head Start/Early Head Start
☑ Pre-Kindergarten

☑ Public schools
☑ Early intervention/special education
☐ Other.
Describe:

☐ No.

b) Does the State/Territory have a State/Territory-wide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all members of the early childhood and school-age workforce? Lead Agencies are not required to have a professional development system, but States/Territories may develop such clearinghouses to promote access to professional development opportunities.

☑ Yes.
If yes, describe:

The Iowa Child Care Provider Training Registry is a computer application that displays a calendar of professional development opportunities managed by approved training organizations. Approved training organizations are required to post their professional development opportunities that meet the requirements for child care providers on the registry (per Iowa Administrative Rules 441-109 and 441-110). The registry allows participants in the system to enroll for professional development opportunities. In addition to the registry, many approved training organizations maintain training calendars on their websites. CCR&R regularly posts available training opportunities on their website and mails or emails training calendars to all regulated providers and non-regulated providers on their data base.

☐ No.

Insert web addresses, where possible: https://ccmis.dhs.state.ia.us/trainingregistry

c) What supports, if any, does the State/Territory provide to promote access to training and education activities?

☑ Scholarships.
Describe:

Providers may access grants to support professional development via funds made available through ECI areas. T.E.A.C.H. scholarships are widely available and are supported by private and public funding streams.

☑ Free training and education.
Describe:

The majority of training offered to child care providers is free or at a nominal registration fee.

☑ Reimbursement for training and education expenses.
Describe:

Some training is reimbursed through local Early Childhood Iowa areas, through membership associations, or through the employer.

☑ Grants.
Describe:

Providers may access grants to support professional development via funds made available through ECI areas.

☐ Loans.
Describe:

☐ Loan forgiveness programs.
Describe:

☐ Substitute pools.
Describe:

☑ Release time.
Describe:

For participants in T.E.A.C.H. IOWA

☐ Other.
Describe:

☐ None.

d) Does the State/Territory have career advisors for early childhood and school-age practitioners?

☑ Yes.
If yes, describe:

Primarily through T.E.A.C.H. IOWA. T.E.A.C.H. Counselors assist those participating with T.E.A.C.H. and many others in a variety of roles with career and college advising for the early childhood field.

☐ No.

e) Does the State/Territory have mentors, coaches, consultants, and/or other specialists available to provide technical assistance to the workforce?

☑ Yes.
If yes, describe:

The largest statewide effort supported by the Lead Agency is the I-Consult project, a credentialing project for consultants within the CCR&R system. The I-Consult Consultant Credentialing Project involves supports for new consultants, experienced consultants, and for consultant supervisors. The project was established to provide a consistent, reliable model of consultation to child care providers. Level I consultation training focuses on the three key areas of consultation competency: building professional relationships, using technical expertise, and integrating professionalism and ethics. Level II consultation training is designed to develop a cadre of 'mentors' for future novice consultants and for supervisors to develop expertise in documenting and evaluating consultation competencies for performance reviews. Portfolio development, on-site coaching and mentoring and the achievement of the Consultant Credential are key components of a Level II consultant. Other TA structures exist through Head Start and Area Education Agencies.

☐ No.

3.4.5 Workforce Element 5 - Compensation, Benefits and Workforce ConditionsDefinition - For purposes of this section, rewards for education and training refers to any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

Effective Date: 01-OCT-13

a) Does the State/Territory have a salary or wage scale for various professional roles?

☐ Yes.
If yes, describe:

☑ No.

🟧 b) Does the State/Territory provide financial rewards for participation in professional
     development, such as one-time salary bonuses for completing a training or
education program?

☑ Yes.
If yes, describe:

Participants in T.E.A.C.H. IOWA earn a compensation bonus after successful completion of a year of
education. They earn larger bonuses as they complete credentials and more advanced degrees.

Participants in Iowa's QRS receive an achievement bonus for attaining/maintaining a QRS rating. This is
not linked (in centers and preschools) to a compensation increase for the staff, however. Points are
required in the professional development category to achieve a rating

☐ No.

🟧 c) Does the State/Territory provide sustained financial support on a periodic,
     predictable basis, such as annual wage supplements, based on the highest level of
training and education achieved?

☐ Yes.
If yes, describe:

☑ No.

d) Does the State/Territory have a program to offer or facilitate benefits (e.g. health
insurance coverage, retirement, etc.) to the workforce?

☐ Yes.
If yes, describe:

☑ No.

3.4.6 Data & Performance Measures on the Child Care Workforce - What data elements, if any, does the State/Territory currently have access to related to the child care workforce? What, if any, does the State/Territory use for performance measures on professional development and workforce initiatives? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

Effective Date: 01-OCT-13

a) Data on the child care workforce. Indicate if the Lead Agency or another agency has access to data on:

☑ Data on the size of the child care workforce.
Describe (optional):

The Kindertrack and registry systems have the ability to track the child care workforce. Projections could be made with data from the KinderTrack, Training Registry, and the CCR&R NACCRRAWARE databases. No centralized, aggregate database is used to collect information about the size of the child care workforce. The workforce study *Building Iowa's Child Care Workforce for the 21st Century* can be viewed at:
http://www.earlychildhoodiowa.org/files/Full%20Report%20for%20the%202009%20IWD%20Child%20Care%20Survey%20-%20040210.pdf

☑ Data on the demographic characteristics of practitioners or providers working directly with children.
Describe (optional):

Demographic characteristics are available for those practitioners working directly with children who enter into the training registry or the provider portal (part of the Kindertrack system).

☑ Records of individual teachers or caregivers and their qualifications.
Describe (optional):

No centralized, aggregate database is used across child care/early childhood. Records of individual teachers/caregivers and their qualifications can be found in the registry system. The teachers/caregivers and their qualifications are entered by the individual and are verified by the child care facility (employer). The Board of Educational Examiners (BOEE) verifies and maintains records of individual licensed teachers and their verified qualifications.

☑ Retention rates.
Describe (optional):

For T.E.A.C.H. IOWA participants and as identified in the workforce study.

☑ Records of individual professional development specialists and their qualifications.
Describe (optional):

Training organization personnel (managers, employees, and adult educators/trainers) are verified through the training registry. Qualifications are reported by the individual and verified outside of the database.

☑ Qualifications of teachers or caregivers linked to the programs in which they teach.
Describe (optional):

Teachers and caregivers are linked to their programs in which they teach through a verification process in the training registry. Their qualifications are reported by the individual and verified outside of the database.

☑ Number of scholarships awarded .
Describe (optional):

For T.E.A.C.H. Iowa participants, data is collected on number of scholarships granted, funding sources, credits and degrees completed, wages, retention, program auspice and quality initiative, etc.

☑ Number of individuals receiving bonuses or other financial rewards or incentives.
Describe (optional):

For T.E.A.C.H. IOWA participants and QRS participants

☑ Number of credentials and degrees conferred annually.
Describe (optional):

Teaching licenses and numbers of teaching related degrees conferred by Iowa institutions is tracked by the BOEE. T.E.A.C.H. funded participants are also tracked

☐ Data on T/TA completion or attrition rates.
Describe (optional):

☑ Data on degree completion or attrition rates.
Describe (optional):

Limited to T.E.A.C.H. IOWA participants and teachers licensed under the BOEE.

☐ Other.
Describe:

☐ None.

b) Does the State/Territory have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

Definition - For purposes of this section, a workforce data system refers to a system, such as a workforce registry, that tracks the size and characteristics of the child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

☑ Yes.

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

☑ Staff working directly with children in centers, including aides, assistants, teachers, master teachers.
Describe:

Voluntary – center staff verified by center director.

☑ Providers working directly with children in family child care homes, including aides and assistants.
Describe:

Voluntary – Primary provider verified by Lead Agency. Other home staff verified by primary provider.

☑ Administrators in centers (including educational coordinators, directors).
Describe:

Voluntary – Center directors verified by Lead Agency regulatory staff. Other educational coordinators verified by directors.

☐ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).
Describe:

☑ Education and training staff (such as trainers, CCR&R staff, faculty).
Describe:

Voluntary – Training Organization Managers (TOM) verified by Lead Agency program manager. Training Organization Employee (TOE) verified by TOM. Adult Educators/Trainers verified by TOM.

☑ Other.
Describe:

Participation in the Training Registry is voluntary for all participants. Any person who chooses to enroll for professional development opportunities can create an account in the training registry. The system is a self-reporting system – qualifications, experience, certifications and accreditations are not verified. Attendance at a training is verified by the training organization.

☐ None.

b-2) Does the workforce data system apply to:

☑ all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to 13?
☐ all practitioners working in programs that receive public funds to serve children birth to age 13?
☐ No.

c) **Performance measurement.** What, if any, performance measures does the State/Territory use related to its workforce and professional development systems?

None. Performance measure work in progress.   The ECI Professional Development Executive Committee and ECI Quality Services and Programs are developing quality assurance systems for professional development and for programs receiving public funding. Proposals are anticipated to be adopted in SFY 2014

d) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to its workforce and professional development systems? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

Measurement and evaluation efforts are in the preliminary planning stages within the ECI-Professional Development component work and the Early Childhood Advisory Council efforts.

Specific to the I-Consult project, several quality assurance activities ensure the effectiveness of the program and its responsiveness to the goals and needs of consultants, supervisors, and clients.

- Identification, Review, and Revision of I-Consult Competencies
  The I-Consult competencies are validated through ongoing ratings and reviews by key stakeholders involved in consultation and other professional development programs throughout Iowa. These stakeholders include both current consultants and their supervisors from Head Start, public school, and child care resource and referral agencies. The competencies are also reviewed by the Early Childhood Iowa Professional Development in Early Learning Committee. Throughout the three years of I-Consult activities, stakeholders have consistently rated the importance of each competency as highly important (above 3.9 on a 4-point scale where "4" represents "Very Important").

- Ongoing Evaluation of I-Consult Project Output and Outcomes.
  During each I-Consult workshop series, participants (consultants and supervisors) complete evaluations of both the output (i.e., process of the workshops) and the outcomes (i.e., changes in consultation attitudes, skills, and knowledge) targeted in the workshop. Summary reports of these ratings are included in each annual report. During the three years of I-Consult activities, both process and outcome evaluations have remained above 90%. Throughout the three years, participants have reported statistically significant increases in consultation skills, attitudes, and knowledge as a result of the workshops.

- Evaluation of I-Consult Credentialing Activities.
  Between each of the four I-Consult Credentialing Workshops, participants write portfolio items demonstrating what, why, and how they demonstrate competence in five of the competencies targeted in the previous workshop. They submit these items for review and feedback by instructors and their supervisors. Interspersed with the workshops, instructors complete three on-site visits with the consultants. During each observation, the instructor records at least ten anecdotes documenting specific consultant competencies. Copies of these observations are provided to both consultants and their supervisors.

After the fourth credentialing workshop, consultants distribute surveys to their clients to evaluate consultation process and outcomes. Clients return these surveys directly tothe I-Consult project staff who return summaries of the evaluations to each consultant and her supervisor. Return rates for these surveys currently average over 60%. The overall results of these surveys are summarized and included in the annual report. These results of these surveys also validate the competencies focused on in the I-Consult project.

Extensive evaluation procedures also exists for the T.E.A.C.H. program under the quality assurance of the T.E.A.C.H. national T & TA center.

3.4.7 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section in 3.4. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the State/Territory's goals for the building the professional development system and improving conditions for the workforce in the coming biennium? What progress does the State/Territory expect to make across the five key elements for the workforce and professional development system described above?

Note -When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

Effective Date: 01-OCT-13

Goal #1:
Goal 1 - Increase participation rates by all training organizations in their use of the Department's Child Care Provider Training Registry, specifically targeting strategies to engage under-utilizing organizations. An increase in the number of training organizations listing their training opportunities and the number of providers using the registry to enroll in and track their training would maximize the value of this data system.

Goal #2:
Goal 2 - Increase in the number of Child Development Homes (CDH's) who have completed ChildNet certification.   ChildNet certification is achieved by CDH's who have completed 25 hours of training and had a certification visit completed by CCR&R staff. ChildNet certification assures an increased level of health, safety, quality and monitoring, as compliance with regulations, participation in CACFP, liability insurance, etc. are all required to achieve certification.

Goal #3:
Goal 3 - Increase in the number of Child Care Resource and Referral (CCR&R) consultants who have 1) completed the I-Consult training and 2) achieved the I-Consult credential: The I-Consult training developed by Iowa State University provides a common framework for consistent consultation competencies across the pool of CCR&R consultants. Achievement of the I-Consult credential offers a measure of integrity to the work and is building a peer-mentor infrastructure.