

## Early Childhood Iowa Professional Development Activities Report (FY '17)

Early Childhood Iowa receives funding that is to be used for professional development activities to support and strengthen the comprehensive early childhood system. Input is provided by the ECI Professional Development Component Group regarding needs for the system. Primarily, these funds are applied towards activities that support the entire state and could not happen at a local level. All projects are aligned with the ECI Strategic Plan and the Professional Development Component Group's Action plan.

### Infant and Early Childhood Mental Health

ECI Professional Development funds were used to support the Iowa Association for Infant and Early Childhood Mental Health (IAIECMH) in implementing Iowa's Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health Endorsement. This competency-based professional Endorsement model was developed and refined by the Michigan Association for Infant Mental Health and launched in 2002. This model has been adopted by 29 states, plus infant mental health associations in Ireland and Western Australia.

Funds used this period supported a full-time staff position to conduct activities such as coordinating training opportunities, advocating for early childhood mental health within existing initiatives, providing staff support for the IAIECMH, coordinating professional development webinars and raising awareness regarding attachment and early childhood brain development. Funds were also used to contract with an experienced Endorsement Coordinator to assist professionals in the application process; to support monthly Reflective Consultation sessions for early childhood professionals; to develop and print booklets identifying Iowa's infant mental health competencies and Endorsement process; to revamp the IAIECMH's website to include Endorsement information; to align existing training initiatives with infant mental health competencies; and to provide professional development opportunities on the topics of infant mental health and Reflective Consultation.

The purpose of this work is to strengthen professional competencies and skills within Iowa's early childhood workforce to support the social, emotional and behavioral wellbeing of young children. This project does not receive additional direct funding at this time; however, the following in-kind resources are provided:

- IAIECMH Board of Directors actively volunteers their time to provide leadership for this work
- Children and Families of Iowa provides fiscal agent services for a nominal fee
- In 2018, Drake Legal Clinic will be providing pro bono assistance in developing and submitting an application for 501c3 nonprofit status, building capacity for the IAIECMH to seek additional sources of funding in the future
- Whenever possible, the IAIECMH collaborates with community partners to coordinate professional development events

## Performance Measures:

- # of professionals successfully Endorsed by 9/30/17
  - At least 4 professionals will have applications submitted in January, 2018, with an anticipated exam date of March 16, 2018. 11 Iowa professionals are currently in the process of applying for Endorsement. Because the application process is complex, and the Endorsement Exam is offered only twice per year, Michigan's leadership team suggested that Iowa applicants postpone submission of applications from July, 2017, to January of 2018.
- # of professionals trained in Reflective Consultation by 9/30/17
  - 85 early childhood professionals were trained in Reflective Consultation in 2017. Introductory trainings were held on April 24th and June 29th, with an advanced training held on September 25th. Training was provided by Jill Hennes from Minnesota. Jill is Endorsed as an Infant Mental Health Mentor (Clinical).
- # of Reflective Consultation sessions held by 9/30/17
  - 36 monthly Reflective Consultation sessions were held this funding period (4 groups of professionals met on a monthly basis for 9 months). Each session was 2 hours in length and facilitated by Jill Hennes, Infant Mental Health Mentor (Clinical).
- # of Reflective Consultation mentor sessions held by 9/30/17
  - 18 Reflective Consultation mentor sessions were held between Jill Hennes and a newly identified Iowa-based consultant for the purpose of building capacity for future Reflective Consultation in Iowa. Mentoring sessions were provided twice per month for 9 months. Each session was 90 minutes in length.

## T.E.A.C.H. Early Childhood® IOWA

T.E.A.C.H. Early Childhood® IOWA is a comprehensive, evidence based scholarship program that provides the early childhood workforce access to educational opportunities and is helping establish a well-qualified, fairly compensated and stable workforce for Iowa's children.

T.E.A.C.H. supports the professional development of the early and education workforce in the state, contributing to healthy, safe, and quality early learning environments for Iowa's youngest citizens. In addition to this source, T.E.A.C.H. IOWA receives support from the Iowa Department of Human Services through federal funding from the Child Care Development Fund; United Way of Central Iowa, Women's Leadership Connection; the Iowa Department of Public Health through MIECHV funds; Polk County Early Childhood Iowa Area; and the child care programs who co-sponsor a T.E.A.C.H. scholarship recipient.

FY17:

- 5% rate of teacher turnover rate (compared to 30% nationally)
- 10% Average wage increase for T.E.A.C.H. participants
- 370 scholarship recipients
- 13 graduates from associate and bachelor degree programs
- 3.6 average GPA for over 2,700 credits earned

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## Playground Safety: Planning and Encouraging Quality Outdoor Environments

In July 2017, 86 Iowa child care professionals (Child Care Nurse Consultants, Child Care Resource & Referral Consultants and DHS Regulatory Staff) participated in a 2-day training provided by the National Program for Playground Safety (NPPS) at University of Northern Iowa. The training included information on identifying general playground hazards; state, national, ADA and quality standards; curriculum materials (resource guides, handouts, outdoor assessment tools); and ways to help child care programs create optimal developmentally appropriate outdoor play and learning environments. The training was an excellent opportunity for collaboration, hands-on learning, and the sharing of ideas. This training also allowed for shared knowledge by consulting professionals for a consistent message of quality outdoor environments for children in early care.

This project consisted of multiple partners: The Healthy Child Care Iowa (HCCI) Coordinator (employee of Iowa Department of Public Health) salary/fringe for training organization, assisting UNI with training topics/schedule, nursing and social worker CEU's application and follow-up funded by Iowa DHS.

Performance Measures:

- 86 consultants attended the 2-day Playground Safety training.
- 83% reported in a 6 month follow-up survey (July -December) that they had utilized at least one of the curriculum tools (handouts, NPPS resources, CPSC manuals, etc.) when providing consultation to early care and education providers around creating secure and nurturing outdoor environments. (see attached Playground Safety 2017 Follow-up Survey)

### Essentials Series

The federal Child Care Development Block Grant (CCDBG) of 2014 required states to ensure health and safety professional development for regulated child care providers receiving Child Care Assistance (CCA). The Essentials Health and Safety Modules (12- hour series) for Iowa child care providers was developed for DHS by Healthy Child Care Iowa and ISU Extension & Outreach in partnership with Early Childhood Iowa.

The Essentials series includes the following topics:

- Safety in Your Child Care Environment
- Emergency Preparedness
- Transportation in Child Care
- Prevention and Control of Infectious Disease
- Handling and Storage of Hazardous Materials
- Medication in Child Care
- Managing Food Allergies
- Safe Sleep
- Prevention of Shaken Baby Syndrome
- Understanding Cultural Diversity
- Understanding Homelessness
- Child Development

The Essentials series began in September 2016. FY17 year-end data for both online and face-to-face:

- 16,667 participants were enrolled online with a total of 151,013 Essentials modules completed. (See the attached ISU Extension and Outreach Essentials Online FY17 Report)
- 3,322 participants completed the series face-to-face
- Child Care Nurse Consultants, Child Care Resource and Referral trainers, and Head Start Nurses provided face-to-face training statewide
- 29% of participants completing the series face-to-face were trained by Child Care Nurse Consultants

### Child Care WAGE\$® IOWA

Child Care WAGE\$® IOWA is a project that provides education-based salary supplements, or bonuses, to low-paid early care and education providers working with children ages birth to five in regulated settings in Iowa. The project is designed to increase retention, education, and compensation. Higher levels of formal education are tied to higher supplement amounts (ranging from \$500-\$3,500 annually) and are contingent upon continued employment in a qualifying early care and education program.

ECI-PD funds support the expansion of the WAGE\$ program and statewide efforts to bring awareness of workforce issues (specifically compensation). These funds also support direct WAGE\$ supplements for those working with children ages 3-5 in programs serving infants and toddlers (taking part in the DHS-funded WAGE\$ pilot in 15 counties). The matching funds allow all staff in these programs to participate in WAGE\$, as long as they serve children 0-5.

WAGE\$ helps bring awareness to workforce issues, such as the need for improved compensation, increased education, and higher retention of early care and education professionals. As a nationally licensed program, WAGE\$ must meet benchmarks in supporting state systems and be actively engaged in moving the profession forward. The program partners closely with all sectors of the early childhood workforce.

During this contract year, WAGE\$ has been supported by 14 different funding sources. These include private foundations, United Ways, local ECI areas, and state agencies.

During this contract year, 250 individuals across Iowa, from 110 early care and education programs, received at least one financial supplement from the WAGE\$ program. The average six-month supplement was \$862.27. 87% of individuals retained employment in their early care and education program. Of those without at least an Associate Degree in Early Childhood Education, 31% completed additional college credits during the contract year to work toward advancing their award level.

In addition to these participation outcomes, WAGE\$ as a program, was able to expand during this contract year with three new pilot areas/funders, which support 15 counties that were not previously participating in WAGE\$.

Shaken Baby Syndrome/Abusive Head Trauma

Evidence shows many infants are seen several times in children's hospitals and emergency rooms prior to a life threatening episodes of abusive head trauma/shaken baby syndrome. Parents also my come to the emergency room worried about infants with uncontrollable crying. It is important for the ER staff to reinforce the same prevention messages the family received in the birthing hospital.

IDPH provided leadership for education on Abusive Head Trauma and Shaken Baby Prevention, working with Mercy Des Moines to coordinate system-wide efforts in their networks to provide education to ER Staff and urgent care clinic staff. Education included prevention efforts for families bringing a crying infant to the ER, found to be healthy, and discharged, as well as recognition of abusive head trauma.

1. Identify the number of emergency room staff training in abusive prevention of SBS and signs and symptoms of abusive head trauma
  - a. Dr. Oral from the University of Iowa did a live broadcast (which we also recorded) of the Shaken Baby Training on 8/24/16. In 2017 three hospital's ER staff (emergency room physicians, physician assistants, nurses and nurse practioners) watched a recorded version of the webinar <https://universityofiowacdd.adobeconnect.com/p1wguoq98ti/>
  - b. A Mercy system physician was not able to do a training for the Mercy system this year. Money was carried forward to our budget for 2018 for this activity.
2. The number of DVD/booklets provided to birthing hospital/ER or urgent care clinics to promote implementation of Period of Purple Crying. In 2017 6,102 DVD/booklets were distributed to 12 different hospitals. They were distributed to the following locations:

Number of booklets/DVD's distributed by facility

11/28/17	Mercy Medical Center (DSM)	202
8/8/17	Mahaska Health	175
8/8/17	Unity Point Health (WDSM)	500
6/26/17	Unity Point Health (WDSM)	1000
6/20/17	Grinnell Regional Medical Center	100
6/8/17	Unity Point Health Finley	25
6/6/17	Mary Greeley Medical Center (Ames)	500
5/10/17	Lakes Regional Healthcare (Spirit Lake)	150
4/13/17	Mercy Medical Center (DSM)	1000
2/28/17	Van Diest Medical Center (Webster City)	100
2/21/17	Mercy Medical Center (Clinton)	400
2/9/17	St Anthony Regional Hospital (Carroll)	300
1/20/17	Unity Point Health (WDSM)	1500
1/18/17	Boone County Hospital	150

Total – 6102

## Iowa Family Support Credential

The purpose of the Iowa Family Support Credentialing Program is to improve program quality, provide an outside evaluation perspective and to ensure that family support programs in Iowa represent a deep and abiding commitment to delivering the highest quality services possible to families and children. As the family support initiative continues to grow and expand in our state, quality improvement helps assure that family support will continue to be regarded by the interested public as a quality service, representing a given set of standards.

The Iowa Family Support Credentialing program is intended for programs that do not have access to an external evaluation. The Iowa Family Support Credential is public recognition by the Early Childhood Iowa office and Iowa Department of Public Health that a family support program is following evidence based practice standards. The Iowa Family Support Credential is awarded to family support programs that complete the peer review process and are found to be in substantial adherence with all of the Iowa Family Support Standards.

The Iowa Family Support Credentialing Program is supported by ECI professional development funds and the Maternal Infant and Early Childhood Home Visiting funds. A partnership between the ECI State Office and the Iowa Department of Public Health created and support this program since its inception. In FY '17, twenty-three programs were served with 481 hours of technical assistance provided. Eight programs were awarded the credential, six of these through the standard method. Currently 96% of Iowa counties have at least one program participating in the credential.

## Early Childhood – Positive Behavior Interventions and Supports

The mission of the EC-PBIS State Leadership Team is to develop the state infrastructure so that all early care, health and education providers successfully implement the Pyramid Model of positive behavior supports with fidelity. To accomplish the mission, the SLT uses data informed decision making to develop policies, procedures, and tools to ensure:

- Consistent practice;
- Quality implementation;
- Engagement of family and community as critical partners;
- Continuous improvement; and
- Implementation sustainability.

The Early Childhood Positive Behavioral Interventions and Supports State Leadership Team (SLT) was established to guide the development of state infrastructure to support the successful implementation of social and emotional teaching strategies into early childhood classrooms statewide. In collaboration with the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), the SLT began coordinating training for early childhood professionals in the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children in 2006. Since then, the team has continued to sponsor training for programs, coaches, trainers, and educators throughout Iowa. Program cohorts began to initiate program-wide implementation in between 2006-2009, an effort that involved three cohorts of ten programs each. New



cohort training was re-initiated in 2013. During bi-monthly meetings, the SLT discusses relevant data and examines policy to establish working action plans designed to promote and sustain EC-PBIS implementation in early childhood settings.

This contract supported external coaches to support cohort programs to increase fidelity of EC PBIS implementation. The project is supporting a pilot project with an AEA to provide dedicated staffing to assist programs and provide training. Through this funded project, on-line access to the ePyramid Preschool Module training via AEA PD Online is supported. Finally, incentives supported seven program staff and /or coaches to attend a national conference.

### Listening Visits in Title V Maternal Health Agencies

Training staff in Listening Visits provides an acceptable and effective first line treatment option for women with depression. Among women of reproductive age, approximately one out of ten women suffer from depression within the past year. While screening has improved identification of women with depression, studies show that fewer than half of depressed women receive any treatment. Numerous barriers such as fear, stigma, lack of understanding of the significance of depression, lack of providers, language barriers, financial barriers or logistical barriers prevent women with depressive symptoms from obtaining treatment. Postpartum depression causes unnecessary suffering for the mother, and unfortunately can also have a negative effect on the infant. A meta-analysis of 19 studies showed that postpartum depression has a negative effect on maternal-infant interaction during the first year of life. Early identification, and prevention and treatment and alleviate suffering for a new mother and decrease the potentially harmful impact on her infant.

Under this agreement, The University of Iowa College of Nursing trained Nurses and social workers in Listening Visits (LV) in the Maternal Child Health (MCH) project.

1. Two Listening Visits trainings workshops were held in FFY17. Workshop 1 was held November 18, 2016 (12 participants trained). Workshop 2 held May 11, 2017 (10 participants). The Listening Visit training includes an opportunity to practice a Listening Visit through a simulated visit over the phone with a trained Listing Visit provider.
2. Two experience Listening Visit providers were trained to do the simulated visits over the phone.

### The Early Childhood Iowa Professional Development Component Group

The Early Childhood Iowa Professional Development (ECI PD) Component Group is one of the six system component groups that describe the necessary elements of an effective and comprehensive Early Care, Health, and Education system. ECI PD unites the early childhood sectors of early learning, special needs/ early intervention, family support, and health, mental health and nutrition to work towards a comprehensive system that integrates professional standards, career pathways, articulation, leadership, evaluation, and financing. Two 2017 projects are examples of the work of ECI PD.

[www.ecieducationpathway.org](http://www.ecieducationpathway.org)

This ECI website is an online interactive career pathway resource for the early care and education workforce. The ongoing goal is to sustain the user-friendly, simple, and intuitive tool. The tool provides definitions of positions within the field, and contact information for available resources and agencies that provide services to young children and their families. The site provides access to information and agencies/colleges regarding formal education using college credit, and information and agencies training regarding training without college credit, including requirements for registered providers to meet license and QRIS requirements. Each person who utilizes the site can develop a personal professional development plan with capability to upload to the Iowa Child Care Provider Training Registry.

### Iowa Early Learning Standards Update

The Iowa Early Learning Standards (IELS) are for everyone who cares for, educates, and works with young children. The IELS are a resource to support and to enhance children's learning and development. The IELS are also a tool to share information among families, caregivers, child care providers, family support, mental health, and health care professionals, teachers, program administrators, and others who care for or work with children. Areas in the 3rd Edition (2017) will include Social and Emotional Development; Physical Well-Being and Motor Development; Approaches to Learning; Social Studies; Creative Arts; Communication, Language, and Literacy; Mathematics; and Science. The IELS contain alignments to the Iowa CORE that connect the age-appropriate expectations for infants, toddlers, and preschool children to knowledge that children should master by the end of kindergarten. The alignments provide an illustration of how learning at the earliest ages builds increasingly to support academic and social success for children as they enter the K-12 educational system.

Both projects primarily provide support to the early care and education workforce to increase quality of services to young children and their families. Updates planned in the first quarter of 2018 to the career pathway website include links to, and definitions for, other areas of the early childhood workforce. The IELS areas can inform those who provide services beyond the early care and education workforce, including family support, health, mental health, and nutrition.

The [ecieducationpathway.org](http://ecieducationpathway.org) career pathway website receives ongoing in-kind support from local, regional, and state agencies, organizations, departments, and colleges to provide updates for content and to develop necessary documents. The Iowa Department of Human Services provides staff support for those who use the site to upload their personal professional development plan. Iowa DHS anticipates interactivity during 2018 for those who upload their development plan.

The IELS Update Committee and workgroups met regularly during 2017. The in-kind support included approximately 50 local, regional, and state agencies, organizations, and departments. The IELS are an example of the ECI premise that communities and state government can work together to improve the well-being of our youngest children. The effort united agencies, organizations and community partners to speak with a shared voice to support, to strengthen, and to meet the needs of young children and families across Iowa.

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### QRS Professional Development Specialist

The Department of Human Services was able to hire a temporary Administrative Assistant whose primary role was to assist the Quality Rating System Program Manager in ensuring efficient and accurate day to day functioning of the program. The addition of the QRS Administrative Assistant Position allowed the QRS Program Manager to spend more time evaluating provider applications, ensuring compliance with ongoing QRS rules and regulations and working to re-design the Quality Rating System in the State with a focus how new mandatory professional development activities for child care providers have impacted the system.

The Quality Rating System (QRS) is a voluntary program that provides a rating of between one and five stars for providers who go the extra mile to offer exceptional care and is available to licensed child care centers, registered child development homes and/or legally operating DE programs.

The QRS was created to raise the quality of child care in Iowa, to increase the number of children in high-quality child care settings, and to educate parents about quality in child care. Research has consistently shown that children being cared for in higher quality early care and education settings are more likely to have their intellectual, language and social development needs met. However, researchers continue to voice concerns that most child care settings do not meet standards for quality. Support of the Quality Rating System helps to increase the number of children being cared for in settings operating at a quality level well above the state's baseline regulatory guidelines.

The Department of Human Services was able to provide minimal QRS dollars to help support the position as well.

### Lemonade for Life – Program Evaluation

ECI partnered with the Iowa Department of Public Health to conduct an evaluation of the Lemonade for Life program. The study was targeted to better understand how parents and home visitors experience and spread hope. The evaluation included the participation of three states. The project includes data analysis and reporting, lessons learned for continuous quality improvement of Lemonade for Life and any emergent of patterns report to use with home visitors to make meaning of the results and inform future practice and actions.

From the article published in the Elsevier, Children and Youth Services Review, Lemonade for Life—A pilot study on a hope-infused, trauma-informed approach to help families understand their past and focus on the future Jacqueline M. Counts, Rebecca J. Gillam, Shabrie Perico, Keil L. Eggers

“The Adverse Childhood Experiences’ (ACEs) research provided groundbreaking evidence that events that occur early in life can impede core life capabilities and lead to significant negative social, behavioral, and physical outcomes. While the research is widely known, the translation and application for use with families has been lacking. In response to this gap, Lemonade for Life was developed to help professionals who work

directly with families understand how to use the ACEs research as a tool to build hope and resilience. A developmental evaluation was conducted to learn about how Lemonade for Life participants integrate ACEs in their work with families, as well as whether and how the Lemonade for Life training and materials influenced their work. Focus group and survey data were collected from 24 home visitors and parent educators and parent educators, who participated in a Lemonade for Life training. Findings indicate that Lemonade for Life may be a useful tool for translating ACEs research into practice with families. Participants perceived that following the integration of what they learned through Lemonade for Life into their work, the families they served were more engaged in services and better able to understand their past experiences and current life circumstances. Results suggest a continued need to assess and focus on the hope and mindset of professionals who work directly with families to optimize opportunities for change.”



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