Iowa Child Care Development Fund (CCDF) Plan with Conditional Approval Letter for FY 2016-2018
Date: Monday, June 27, 2016

The Office of Child Care (OCC) is pleased to release the PDF (Portable Document Format) copy of the approved FY 2016-2018 Iowa CCDF Plan that became effective June 1, 2016 and the conditional approval letter. The Plan serves as the application for CCDF funds by providing a description of, and assurance about, the grantee's child care program and all services available to eligible families. OCC asked States and Territories to write their Plans based on a reasonable interpretation of the Act, pending completion of a final regulation. States and Territories had the option to outline an implementation plan for one or all of the 26 new areas if the State/Territory was not yet able to certify compliance. Thus, these Plans are conditionally approved until each State/Territory fully implements all new requirements of the CCDBG Act of 2014. The OCC will partner with States and Territories to support and monitor the successful and timely implementation of all provisions of the Act. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to amend their program at any time. All amendments must be submitted to OCC for approval within 60 days of the effective of the change.

Please find the following two documents within this PDF:

2016-2018 Iowa CCDF Plan Conditional Approval Letter – OCC issued a letter with the conditions of approval for each State and Territory. In reviewing plans and waiver/extension requests, OCC gave careful consideration to the statutory conditions outlined in the Act, as well as the length of time requested, with the goal of having all provisions related to the Act fully implemented by October 1, 2018 corresponding to the start of the FY2019-2021 CCDF Plan period. The approval letter covers the CCDF Plan for the period of June 1, 2016, through September 30, 2018. A "conditionally approved" plan is a fully approved plan with conditions to be met based on waiver requests, if applicable, and implementation and corrective action plans for unmet requirements. The conditions will be deemed fully met once all provisions in the Child Care and Development Block Grant (CCDBG) Act of 2014 are fully implemented.

2016-2018 Iowa CCDF Plan - The Plan describes the CCDF program to be administered by Iowa for the period 6/1/2016 – 9/30/2018 as conditionally approved by OCC. The Plan serves as the application for CCDF funds by providing a description of, and assurance about, the grantee's child care program and all services available to eligible families. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described. For purposes of simplicity and clarity, the specific provisions of applicable laws printed therein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

NOTE: *The CCDF Plan reflects the services and activities as reported by the Iowa Lead Agency in their CCDF Plans for Fiscal Years 2016-2018. The CCDF Plans offer a snapshot into current and planned efforts, initiatives and implementation plans for each State/Territory through September 30, 2018. These Plans are not a catalog of all activities undertaken by the State/Territory. Administration for Children and Families (ACF) is not responsible for the contents of these CCDF plans.*

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington DC 20201 | www.acf.hhs.gov

June 13, 2016

Charles M. Palmer, Director
Iowa Department of Human Services
Hoover State Office Building, 1305 E. Walnut, 5th Floor
Des Moines, Iowa 50319

Dear Director Palmer:

The Office of Child Care (OCC) recognizes that there are many new requirements included in the Child Care and Development Block Grant (CCDBG) Act of 2014 that you are working to implement during this Plan period. We appreciate the time and energy that you put into developing your Child Care and Development Fund (CCDF) Plan to reform and effectively administer your program. I am pleased to inform you that the Iowa CCDF Plan for the period of June 1, 2016, through September 30, 2018, has been conditionally approved. A "conditionally approved" plan is a fully approved plan with conditions to be met based on your waiver requests, if applicable, and implementation plans for unmet requirements. The conditions will be deemed fully met once all provisions in the CCDBG Act of 2014 are fully implemented and implementation plan action steps are completed. At that time the Iowa CCDF Plan will be approved without conditions. OCC gave careful consideration to the statutory conditions outlined in the Act, as well as the length of time requested, with the goal of having all provisions related to the Act fully implemented by October 1, 2018 corresponding to the start of the FY2019-2021 CCDF Plan period.

The following conditions apply to your CCDF Plan:

- Health and Safety Training Corrective Action Plan – The Administration for Children and Families considers health and safety training critical to reducing risk of injury and death for children receiving assistance. According to the Program Instruction CCDF-ACF-PI-2015-09 issued December 2015, all new and existing caregivers and teachers serving

children receiving CCDF assistance must have completed these training requirements by this date. Iowa will not meet the health and safety training provision by the effective date of September 30, 2016; therefore you will be on a Corrective Action Plan starting October **1,** 2016. You will now have an additional year to achieve this goal. You have 60 days following receipt of this letter to formally submit your extended timeline for implementing this requirement, not to exceed one year, by completing or revising the Implementation Plan at 5.l.6b in the ACF-118 system.

Key principles of the CCDF are to provide equal access to child care for children receiving child care assistance and to ensure parental choice. Provider payment rates set too low undermine these principles. As you are aware, the CCDBG Act of 2014 requires states and territories to take the cost of quality into account when setting rates, and to set rates based on the results of the most recent market rate survey or alternative methodology. We continue to be concerned that your rates may not allow for equal access. OCC plans to make review of payment rates a priority for our upcoming implementation monitoring visits. Thus, the conditional approval of your Plan **does not** constitute a final determination that your payment rates are sufficient to provide access to child care services for eligible families that are comparable to those provided to families that do not receive subsidies, as required by law.

You will receive a Notice of Grant Award in October 2016 from the Office of Administration in the Administration for Children and Families. The notice will include the amount of your award and any additional terms and conditions for the receipt of CCDF program funds. During the effective period of this plan, any substantial changes to the Iowa program must be submitted as a plan amendment to your Regional Office for approval in accordance with 45 CFR 98.18(b).

We remind you that your CCDF-funded child care program for in-home providers must comply with all applicable Federal laws and regulations, including Federal wage and income tax laws governing domestic workers. Questions regarding Federal wage laws should be directed to your local or district office of the Wage and Hour Division within the U.S. Department of Labor. Likewise, questions regarding Federal income tax laws should be directed to your local or district office of the Internal Revenue Service.

We look forward to working together toward implementation of the CCDBG Act of 2014 and promoting the early learning and development of children along with family economic stability and success. If you have any questions, please contact Doris Hallford,

Child Care Program Manager, Office of Child Care at (816) 426-2264 or doris.hallford@acf.hhs.gov. Thank you for all you do each day for children and families.

Sincerely,

Rachel Schumacher
Director
Office of Child Care

cc: Chad Dahm, Bureau Chief
Doris Hallford, Regional Program Manager, Office of Child Care Region Vil

Child Care and Development Fund (CCDF) Plan
For
Iowa
FFY 2016-2018

---

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, 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(c)(1))

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint inter-agency office 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))

Name of Lead Agency: Iowa Department of Human Services

Address of Lead Agency: Hoover State Office Building, 1305 E Walnut, 5th Floor, Des Moines, Iowa 50319

Name and Title of the Lead Agency Official: Charles M Palmer, Director

Phone Number: 515-281-5452

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.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: Chad Dahm

Title of CCDF Administrator: Bureau Chief

Address of CCDF Administrator: Div. of ACFS, Hoover Bldg. 5th Fl, 1305 E. Walnut, Des Moines, IA 50319

Phone Number: 515-281-6177

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

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

Name of CCDF Co-Administrator:

Title of CCDF Co-Administrator:

Phone Number:

E-Mail Address:

Description of the role of the Co-Administrator:

c) Primary Contact Information for the CCDF Program:

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

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

Web Address for CCDF program policy manual (if any):
https://dhs.iowa.gov/sites/default/files/13-G.pdf

Web Address for CCDF program administrative rules (if any):
https://www.legis.iowa.gov/docs/ACO/chapter/441.170.pdf

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

Outreach and Consumer Education (section 2)

Agency/Department/Entity Iowa Department of Human Services

Name of Lead Contact Chad Dahm

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity Iowa Department of Human Services

Name of Lead Contact Chad Dahm

Licensing/Monitoring (section 5)

Agency/Department/Entity Iowa Department of Human Services

Name of Lead Contact Chad Dahm

Child Care Workforce (section 6)

Agency/Department/Entity Iowa Department of Human Services

Name of Lead Contact Chad Dahm

Quality Improvement (section 7)

Agency/Department/Entity Iowa Department of Human Services

Name of Lead Contact Chad Dahm

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity Iowa Department of Human Services

Name of Lead Contact Chad Dahm

1.2 CCDF Policy Decision Authority

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))

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

In other words, identify whether CCDF program rules and policies are established by the state

or territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

- [x] All program rules and policies are set or established at the State/Territory level.
- [ ] Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.
  - [x] Eligibility rules and policies (e.g., income limits) are set by the:
    - [x] State/Territory
    - [ ] County.

      If checked, describe the type of eligibility policies the county can set

    - [ ] Other local entity (e.g., workforce boards, early learning coalitions).

      If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set

    - [ ] Other.

      Describe:

  - [x] Sliding fee scale is set by the:
    - [x] State/Territory
    - [ ] County

      If checked, describe the type of sliding fee scale policies the county can set

    - [ ] Other local entity (e.g., workforce boards, early learning coalitions).

      If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set

    - [ ] Other.

      Describe:

  - [x] Payment rates are set by the:
    - [x] State/Territory

☐ County.

If checked, describe the type of payment rate policies the county can set

☐ Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set

☐ Other.

Describe:

☐ Other.

List and describe (e.g., quality improvement systems, payment practices):

1.2.2 How is the CCDF program operated in your State/Territory?

In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply. and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

☑ CCDF Lead Agency

☐ TANF agency

Describe.

☐ Other State/Territory agency.

Describe.

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

Describe.

☐ Child care resource and referral agencies

Describe.

☐ Community-based organizations

Describe.

☐ Other.

Describe.

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

☑ CCDF Lead Agency

☐ TANF agency

Describe.

☐ Other State/Territory agency.

Describe.

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

Describe.

☑ Child care resource and referral agencies

Describe.

Child Care Resource and Referral Agencies provide parent referral services, at no cost to the family, that are accessible and meet the needs of families in the region. The CCR&R agency shall assess the child care needs of the parent/family through an interview process when contacted via phone or in-person; provide the parent with printed or electronic referrals that address their child care needs; ensure that parents are made aware of the different types of providers available for referral; encourage parents to select regulated child care; and maintain accurate documentation related to referrals and needed follow-up. Telephone parent referral services shall be available

Monday-Friday 8:00 - 4:30 at a minimum. Electronic Parent Referral Services are available from the Iowa CCR&R website 24 hours a day 7 days of the week.

☐ Community-based organizations

Describe.

☐ Other.

Describe.

c) Who issues payments?

☑ CCDF Lead Agency

☐ TANF agency

Describe.

☐ Other State/Territory agency.

Describe.

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

Describe.

☐ Child care resource and referral agencies

Describe.

☐ Community-based organizations

Describe.

☐ Other.

Describe.

1.3 Consultation in the Development of the State Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply).

For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

☑ [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns

Describe:

The Lead Agency 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 Lead Agency 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- government 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.

☑ [REQUIRED IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act).

Describe:

The Early Childhood Iowa (ECI) Stakeholder Alliance described above serves as the SAC for Iowa. The Stakeholder Alliance is routinely updated on activities and communications since the passage of Reauthorization, has been involved in the review of Implementation Plans needed, has been notified of draft versions of the plan for review, and the members are involved in various component groups that have been more actively involved in putting forth recommendations (e.g. Professional Development).

If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

- [x] Yes,
- [ ] No.

If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy

- [x] [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes.

Describe, including which Tribe(s) you consulted with

Iowa's Meskwaki Settlement. No areas of coordination with the state plan development were identified.

- [ ] Check N/A if no Indian Tribes and/or Tribal organizations in the State
- [x] State/Territory agency responsible for public education.

Describe:

Represented on SCCAC and ECI Stakeholders Alliance. In addition, bi-monthly planning meetings are held with the Dept. of Education to address regulatory matters; the Lead Agency is represented on the state council overseeing the at-risk preschool programs.

- [x] State agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool).

Describe:

Represented on SCCAC and ECI Stakeholders Alliance.

- [x] State/Territory institutions for higher education, including community colleges.

Describe:

Represented on SCCAC and ECI Stakeholders Alliance.

- [x] State/Territory agency responsible for child care licensing.

Describe:

Lead Agency

☑ State/Territory office/director for Head Start State collaboration

Describe:

Represented on SCCAC and ECI Stakeholders Alliance.

☑ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

Represented on SCCAC and ECI Stakeholders Alliance. Regular meetings with Early Head Start-Child Partnerships grantees.

☑ State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

The CACFP is under the State Dept. of Education. Representation has been sought for the SCCAC and representation has been secured on the Oversight Team for the state's Quality Rating System.

☑ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention

Describe:

Represented on SCCAC and ECI Stakeholders Alliance.

☐ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services.

Describe:

☑ State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant

Describe:

Represented on SCCAC and ECI Stakeholders Alliance.

☑ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

Lead Agency

☐ McKinney-Vento State coordinators for Homeless Education.

Describe:

☑ State/Territory agency responsible for public health.

Describe:

Represented on SCCAC and ECI Stakeholders Alliance.

☐ State/Territory agency responsible for mental health.

Describe:

☑ State/Territory agency responsible for child welfare.

Describe:

Lead Agency

☐ State/Territory liaison for military child care programs.

Describe:

☑ State/Territory agency responsible for employment services/workforce development.

Describe:

The Lead Agency contracts with Iowa Workforce Development for Promised Jobs.

☑ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

Lead Agency

☐ State/community agencies serving refugee or immigrant families.

Describe:

☑ Child care resource and referral agencies.

Describe:

The Lead Agency contracts directly with Child Care Resource and Referral agencies.

☑ Provider groups or associations.

Describe:

Iowa Association for the Education of Young Chidlren and Iowa Family Child Care Association members are represented at ECI Stakeholders Alliance.

☐ Worker organizations.

Describe:

☐ Parent groups or organizations.

Describe:

☐ Other.

Describe:

1.3.2. 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)).

Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, the description should include:

a) Date(s) of notice of public hearing: 12/18/2015

Reminder - Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.

Notice of public hearing was posted in the Des Moines Register, posted on the Lead Agency Website (https://dhs.iowa.gov/node/2309) and distributed through our constant contact system through Child Care Resource and Referral.

c) Date(s) of public hearing(s): 01/07/2016

Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed The Lead Agency had one site for the public hearing that was centrally located within the state. The public was able to attend the public hearing in person at the central location or through conference call if they were unable attend in person. Prior to the public

hearing the State Administrator traveled throughout the state to attend public forums where feedback for the state plan was gathered. Additionally, the Lead Agency has a web page dedicated to reauthorization where anyone in the state, regardless of location, can access the draft state plan.

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) A draft of the State Plan was posted on the DHS website starting in September of 2015. Automatic emails are sent as updates are made. The website location was provided to parents, providers, etc via meetings across the state and distributed through our constant contact system through Child Care Resource and Referral to child care providers and other professionals in the early childhood system.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? All public comment has been reviewed by the State Administrator and Lead Agency staff. The majority of the comments were regarding paying NAEYC accredited centers at the same increased rate that QRS Level 5 programs will start receiving July 1, 2016. This information was taken to leadership within the Lead Agency and the decision was made that it would not be done at this time because of insufficient funding and the lead agency wants to promote participation in the Iowa Quality Rating System.

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

☑ Working with advisory committees.

Describe:

Applicable advisory committees (i.e. SCCAC) were consulted throughout the development of the CCDF State Plan.

☑ Working with child care resource and referral agencies.

Describe:

Child Care Resource and Referral agencies provided staff resources, CCDF State Plan feedback, and resource development.

☐ Providing translation in other languages.

Describe:

☑ Making available on the Lead Agency website.

List the website:

https://dhs.iowa.gov/node/2309

☐ Sharing through social media (Twitter, Facebook, Instagram, email, etc.).

Describe:

☑ Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

CCDF State Administrator and staff traveled the state to meet with stakeholders, provider groups, and parent groups to gather feedback related to the development of the CCDF State Plan

☐ Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O))

Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

☑ [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.).

Describe:

The Iowa Department of Education (DE) is an essential partner in assisting with the coordination of the State Plan. In addition to participation on the ECI State Technical Assistance Team and providing leadership to the Child Development Coordinating Council, the Lead Agency continues to be pivotal in advancing the state's early childhood efforts. Many community school districts have before and after school programming that is licensed by the Lead Agency. Prior to January 1, 2016, some of these programs operated under an allowable exemption as regulations were overseen by the Department. Effective January 1, 2016, all before and after school programs that do not meet an allowable exemption by Iowa Code are required to have child care licensure through the Lead Agency. The Iowa Department of Education and the Lead Agency coordinated efforts to assure a smooth transition.

The Wrap Around Child Care Program contractor shall provide continuity of services to children who attend core programs (Head Start, Early Head Start, Shared Visions, Title I preschool programs, or early childhood special education programs) by expanding services to a full day, full week, and full year. The contractor shall limit the frequency of the core program attendee's transitions by providing a stable environment, staff, and services for core program attendees. The contractor is responsible for filling the slots that are funded with regularly attending core program attendees. The Lead Agency reserves the right to reduce a contractor's number of slots based on a review of the contractor's utilization of slots. The contractor agrees to provide family and child eligibility determination within 60 days of the service's start date

☑ [REQUIRED IF APPLICABLE] Tribal early childhood programs.

Describe, including which Tribes coordinating with:

The Lead Agency 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, provides parent referral services, and funds activities to improve infant and toddler care. CCR&R serving the county

in which the Settlement resides are also providing data to the Tribe, as well as training and consultant services to assist in becoming registered or participating in QRS.

☐ Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

☑ [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities.

Describe:

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 service and resources available through the early intervention system.

☑ [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act).

Describe:

The Lead Agency has consulted with treatment programs serving homeless families to identify the scope of gaps of child care services. For example in consultation with local treatment programs across the state typical paperwork requirements (physicals, immunizations) for homeless families needing child care programs create a barrier to access. The Local Agency is working to address policy and practice changes that can alleviate the barriers by allowing a grace period for securing necessary paperwork.

☑ [REQUIRED] Early childhood programs serving children in foster care.

Describe:

The Lead Agency is responsible for child welfare programming statewide including foster care. The Lead Agency continues to work to reduce the number of children that enter into foster care and reduce the duration of their placement.

☑ State/Territory agency responsible for child care licensing.

Describe:

The Lead Agency is responsible for licensing of all child care centers in Iowa.

☑ State/Territory agency with Head Start State collaboration grant.

Describe:

The Lead Agency has formed collaborative partnerships with Head Start grantees and the Head Start State Collaborative Office to further the availability of quality child care settings

and resources to support providers.

☐ State Advisory Council authorized by the Head Start Act.

Describe:

☑ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

The Lead Agency has formed collaborative partnerships with Head Start grantees and the Head Start State Collaborative Office to further the availability of quality child care settings and resources to support providers.

☑ McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons

Describe:

The Lead Agency has consulted with treatment programs serving homeless families to identify the scope of gaps of child care services. For example in consultation with local treatment programs across the state, typical paperwork requirements (physicals, immunizations) for homeless families needing child care programs create a barrier to access. The Lead Agency is working to address policy and practice changes that can alleviate the barriers by allowing a grace period for securing necessary paperwork.

☑ Child care resource and referral agencies.

Describe:

The Lead Agency contracts with 5 regional Child Care Resource and Referral (CCR&R) Agencies across the state to provide training, technical assistance and consultation services to child care providers to help them achieve and maintain regulatory status and achieve and maintain performance at higher quality levels in Iowa's Quality Rating System.

☑ State/Territory agency responsible for public education.

Describe:

The Iowa Department of Education is an 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, the Department of Education 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; providing 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 for Iowa was the development of Iowa's Quality Preschool Program Standards.
The Child Development Coordinating Council is a collaborative effort under the leadership of the Department of Education. The Department of Education convenes the Departments of Education, Human Rights, Public Health, Human Services, Head Start, Head Start parents, Child Care Resource and Referral agencies, and Regents institutions. The Department's State Child Care Administrator and Wrap Around Child Care Program Manager are members of the council.

☑ State/Territory institutions for higher education, including community colleges.

Describe:

The lead agency supports the work of the SAC which includes many faculty representatives from higher education providing recommendations based on research based best practices. The lead agency also supports the T.E.A.C.H. Early Childhood Program working to ensure articulation, accessibility, and quality of higher education for the child care workforce.

☑ State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

The Lead Agency continues to coordinate with CACFP staff regarding specific issues, program eligibility requirements, and training and grant opportunities. A CACFP staff person sits on the QRS oversite team and has been instrumental in the work that this group is doing to recalibrate the QRS system.

☐ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention.

Describe:

☐ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services.

Describe:

☑ State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant.

Describe:

The Iowa Department of Public Health hosts the MECHV grant and is represented on SCCAC and ECI stakeholders.

☑ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

The Lead Agency is responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

☑ State/Territory agency responsible for public health.

Describe:

The Iowa Department of Public Health is represented on SCACC and ECI Stakeholders.

☐ State/Territory agency responsible for mental health.

Describe:

☑ State/Territory agency responsible for child welfare.

Describe:

The Lead Agency is responsible for child welfare.

☐ State/Territory liaison for military child care programs.

Describe:

☐ State/Territory agency responsible for employment services/workforce development.

Describe:

☑ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

The Lead Agency is also the lead agency for TANF and administers the Family Investment Program (FIP). The Lead Agency partners with Iowa Workforce Development Offices in administering the state's work and training program for recipients of FIP, know in Iowa as PROMISE JOBS.

☑ State/Territory community agencies serving refugee or immigrant families

Describe:

Lutheran Services of Iowa (LSI) partners with CCR&R and has a child care program

specifically targeted towards the refugee population. They provide training in a simple format that is a great resource to one county in the state. The Lead Agency will work with ECI Directors that may be interested in hearing about an opportunity that is already funded by one of their colleagues and will work to continue planting seeds within the State to better support our refugee providers in providing quality care and meeting the regulatory standards in place.

☑ Provider groups or associations.

Describe:

The Lead Agency works with associations such as Iowa Family Child Care Association, Iowa Head Start Association, Iowa Afterschool Alliance and Iowa Association for the Education of Young Children to reach providers. Providers are also on SCCAC and ECI Stakeholders.

☐ Worker organizations.

Describe:

☐ Parent groups or organizations.

Describe:

☐ Other.

Describe:

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii)) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer

CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

☐ Yes, If yes, describe at a minimum:

How do you define "combine"

Which funds will you combine

Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?)

How are the funds tracked and method of oversight

☑ No.

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level - State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

The Lead Agency has partnered with the United Way of Iowa with the goal of addressing the child care "Cliff Effect". This partnership has reached out to business, community colleges and other state agencies in an attempt to design a pilot project that will explore how best to effectively address families who lose child care eligibility. The pilot intention is to focus first on single parents with up to two kids who are at or near the eligibility cliff.

For over 10 years, Iowa has partnered with First Children's Finance (FCF), a national nonprofit organization with a mission of helping children thrive and learn by forging relationships that bring economic power and viability to the business of child care.

Goals of the partnership with First Children's Finance are 1) increased viability and sustainability of quality providers 2) increased continuity of quality care for young children, and 3) increased awareness and/or investment in early care and education by the private sector. To support this work, First Children's Finance actively pursues and grows private and public resources, as well as multi-sector partnerships. The partnership has grown to a level today to provide a full range of business development services for Iowa providers through well-established systems, including: registered training for child care directors and family care

providers that is DHS and National Administrator Credential approved; business consulting for centers, homes and communities; business tools and resources available through an Iowa webpage; and comprehensive quality and growth-focused Business Development Cohort Programs like the Growth Fund Program and the Guided Growth Program.

First Children's Finance Business Development Cohort Programs (such as the Growth Fund Program and Guided Growth Program) focus on improving the stability and sustainability of a cohort group of child care businesses; while supporting and increasing their quality and participation in Iowa's Quality Rating System (QRS).

1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States may use funds to support or establish Child Care Resource and Referral (CCR&R systems (also see section 7.4). If they do, there are specific requirements for CCR&Rs (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

Nothing in statute prohibits States from using CCR&Ragencies to conduct or provide additional services beyond those required by statute above.

1.7.1 Does the State fund a system of local or regional CCR&R organizations?

☑ Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4.

If yes, the local or regional referral agency is required to do all of the activities listed here.

See also related follow-up questions in Section 7.1 and 7.4. Does the CCR&R system provide all services identified below:

The Lead Agency contracts with 5 regional Child Care Resource and Referral (CCR&R) Agencies across the state. Each CCR&R Agency is responsible for providing the following core services:

Parent Services: CCR&R organizations are required to provide parent referral services that are accessible and meet the needs of families in the region. Referrals are provided by telephone, on-line and by mail. CCR&R referral staff assesses the child care needs and preferences of the parent(s) and provides a list of programs that correspond with the parent's needs and preferences. In addition to a list of child care providers CCR&R referrals include consumer education about: regulatory requirements of the different types of providers approved by the Lead Agency, the Iowa Quality Rating System, choosing quality child care and other child and family services available in their local community.

Provider Services: Provides training, technical assistance (TA) and consultation services that, at a minimum, support the child care provider's ability to achieve and maintain regulatory status in good standing and work to achieve and maintain performance at higher quality levels in Iowa's Quality Rating System (QRS).

Community Services: Provides resources and education about child care issues to community and business leaders, supports early care and education initiatives throughout the regional service area and serves as an advocate to community and business leaders to engage their support for child care issues.

☐ No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State's Statewide Child Care Disaster Plan.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

☑ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Two requirements are partially implemented

- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions. The administrative rules for these requirements are drafted and will be submitted in early March.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills. The Lead Agency has in place requirements for practice drills for all child care providers receiving CCDF.

Unmet requirement - Identify the requirement(s) to be implemented Guidelines for continuing CCDF assistance and child care services after a disaster (which may include provision of temporary child care, and temporary operating standards for child care after a disaster)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

1. Formalize temporary operating procedures for child care regulatory requirements and Child Care Assistance renewal accommodations for families in disaster declaration areas.

Projected start date for each activity: 12/01/2015
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity The Lead Agency is responsible for this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

CCR&R, Child Care Nurse Consultants, Healthy Child Care Iowa, Iowa Department of Public Health, IowaDepartment of Homeland Security and Emergency Management, Iowa Disaster Human Resources Council, State Fire

Marshall Division, ECI Stakeholders, SCCAC, and Save the Children.

Unmet requirement - Identify the requirement(s) to be implemented child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Shepard administrative rule changes for requirements related to emergency preparedness and planning for Child Development Homes, Child Care Centers and non-regulated child care providers that receive CCDF funds.

Projected start date for each activity: 03/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity The Lead Agency is responsible for this activity.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Submitted through the official state process for submission and approval of administrative rules.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revised communication documents distributed to child care providers to include the new requirements related to disaster preparedness and response planning.

Projected start date for each activity: 04/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity The Lead Agency is responsible for this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Child Care Resource and Referral, Child Care Nurse Consultants/Healthy Child

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12. The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

1. 1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
    - a) the availability of child care assistance,
    - b) the quality of child care providers (if available),
    - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
    - d) Individuals with Disabilities Education Act (IDEA) programs and services,
    - e) Research and best practices in child development, and
    - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.

- 2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
- a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
- b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
- c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability 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)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

The Maternal and Child Health (MCH) Title V Block grant program is a Federal-State partnership which ensures the health of the Nation's women of child bearing age, infants, children, and youth, including children and youth with special health care needs and their families. This program is required to complete a comprehensive needs assessment every 5 years. The result of the most recent assessment is to choose access to quality child care as a State Priority Area.

During the past year the Lead Agency has partnered with Iowa Workforce Development to establish a data sharing agreement that has allowed Iowa to identify not only potentially eligible families, but also families that are currently eligible and at or near the child care cliff. This has allowed the Lead Agency to begin development of strategies to assist these families

with a pilot program that will target those families and provide necessary resources and training/educational opportunites.

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

The primary partner for outreach in Iowa is our system of Child Care Resource and Referral agencies.

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?

Lead Agency website, CCR&R, ongoing communication with stakeholders/ECI

2.1.2 How can parents apply for services? Check all that apply.

- [x] Electronically via online application, mobile app or email.

  Provide link https://ccmis.dhs.state.ia.us/MainPortal/

- [ ] In-person interview or orientation.

  Describe agencies where these may occur:

- [x] Phone
- [x] Mail
- [ ] At the child care site
- [x] At a child care resource and referral agency.
- [ ] Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations.

  Describe:

- [x] Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time).

  Describe:

  The Lead Agency provides a multi-program application called OASIS in which parents can apply for Child Care Assistance, Food Assistance and the Family Investment Program (Iowa's TANF program) in one application.

☐ Other strategies.

Describe:

2.2 Consumer Education Website

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP) for which families may also qualify.
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including social and emotional development, early childhood development, meaningful parent and family engagement, and physical health and development (particularly healthy eating and physical activity), and
- State/Territory policies regarding the social-emotional behavioral health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children, in early childhood programs receiving child care assistance (CCDF).

☑ Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implementation of this activity

2.2.2 Describe how the State/Territory makes information availabe about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access

a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public

The Lead Agency has information on our public website that is accessible to families, providers, and the general public. On the website in the "Can We Help?" tab there is a section on Child Care. From that section anyone can access information on:

- the types of child care available with an overview of general requirements for each type of provider

- minimum background checks that are conducted
- the Iowa Quality Rating System
- A link to a system that can search for child care providers that are licensed, registered or approved to accept Child Care Assistance

This website also includes the Parent Guide to Child Development Homes, various resources offered through Iowa Child Care Resource and Referral, the Department of Public Health, and the Department of Education. Anyone can also access information regarding child development. Many of our documents are available in Spanish. The Lead Agency contracts with Child Care Resource and Referral agencies that also have a number of ways they work with parents, providers and the community.

The Lead Agency also has a tab on our public website called "Providers & Partners." In that section there is additional information aimed at child care providers but accessible to anyone that gives more detailed descriptions of the process to become licensed or registered and professional development information.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

A number of documents are available in Spanish. Additionally, The Lead Agency utilizes translation services when working with parents or providers where English is not their primary language. Assistance may be provided with documentation to assure things are documented correctly. The Lead Agency is further working with local services to enhance ability to work with the refugee community.

c) Describe who you partner with to make information about the full diversity of child care choices available

Child Care Resource and Referral, Department of Education, Iowa After School Alliance.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public

Information regarding the state's quality rating and improvement system is distributed through a variety of means. The Lead Agency has a section of their website dedicated to the statewide QRIS. The statewide Child Care Resource and Referral System maintain a comprehensive website that provides extensive information regarding quality child care and the QRIS. CCR&R staff also provide information regarding quality child care and the QRIS via electronic, verbal (on phone and in-person) and written communication with parents, providers and the general public.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

The Lead Agency public website includes information regarding what the Iowa Quality Rating System is and the requirements of each level. This information is also marketed towards child care providers by Child Care Resource and Referral. Information is provided in every mailed and emailed child care referral and the QRIS is discussed with parents during every referral call. CCR&R staff visit businesses across the state and attend numerous events in the community to spread the word about the need and importance of quality child care. They have produced YouTube videos and online trainings, created brochures and pamphlets, purchased billboards, attended numerous community events, handed out child/family friendly incentives, etc.

c) Describe who you partner with to make information about child care quality available

CCR&R, Early Childhood Iowa, Iowa State University Extension and Outreach, TEACH Iowa, Area Education Agencies, Department of Human Services, Department of Public Health, Department of Education, businesses and community based organizations, etc.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs.

For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

a) Temporary Assistance for Needy Families (TANF)

The Lead Agency is also the Lead Agency for TANF and this information is available to families via our public website. Further, the Lead Agency has a financial support application in which families can apply for Family Investment Program, which is Iowa's TANF program, Child Care Assistance, and Food Assistance all at the same time. 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.

b) Head Start and Early Head Start Programs

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. Available to families looking for child care, a list of additional available resources are available on our public website. A direct link to The Iowa Department of Education's Head Start programming is available. There is representation from this program on SCCAC and the ECI Stakeholder's Alliance.

c) Low Income Home Energy Assistance Program (LIHEAP)

Available to families looking for child care, a list of additional available resources are on our public website. A direct link to The Iowa Department of Human Rights LIHEAP program is available.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

Lead Agency is also the Lead Agency for SNAP and this information is available to families via our public website. Further, the Lead Agency has a financial support application in which families can apply for Family Investment Program, which is Iowa's TANF program, Child Care Assistance, and Food Assistance (SNAP) all at the same time.

e) Women, Infants, and Children Program (WIC)

Information about WIC is available to families looking for child care, through a list of additional available resources are on our public website. A direct link to the WIC program is available.

f) Child and Adult Care Food Program(CACFP)

Information about the CACFP is available to families looking for child care, through a list of additional available resources are on our public website. A direct link to the CACFP program is available. CACFP is operated out of the Department of Education. Child Care Resource and Referral Agencies share information regarding this program to providers to assist with easing financial restraints of operating a child care program and participation is also directly related to the QRS program.

g) Medicaid

The Lead Agency is responsible for Medicaid and information regarding the Medicaid program is available on the public website.

h) Children's Health Insurance Program (CHIP)

The Lead Agency is responsible for the Children's Health Insurance Program known as Hawk-I and information regarding this program is available on the public website.

i) Individuals with Disabilities Education Act (IDEA)

Information about IDEA is available to families looking for child care, through a list of additional available resources are on our public website. A direct link to the U.S. Department of Education is available.

j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)

N/A

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

MIECHV is operated by the Iowa Department of Public Health and there is representation from this program on SCCAC and the ECI Stakeholder's Alliance. Child Care Providers also are represented on these committee's and have access to this information.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs.

For example, does the State/Territory provide information to providers through CCR&Routreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc?

a) Temporary Assistance for Needy Families (TANF)

The Lead Agency is also the Lead Agency for TANF and this information is available to providers via our public website.

b) Head Start and Early Head Start Programs

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 supporting their local outreach efforts. Information about Head Start and Early Head Start Programs is available to child care providers, through a list of additional available resources on our public website. A direct link to The Iowa Department of Education's Head Start programming is available. There is

representation from this program on SCCAC and the ECI Stakeholder's Alliance. Child Care Providers also are represented on these committee's and have access to this information.

c) Low Income Home Energy Assistance Program (LIHEAP)

Information about LIHEAP is available to child care providers, Through a list of additional available resources on our public website. A direct link to The Iowa Department of Human Rights LIHEAP program is available.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

The Lead Agency is also the Lead Agency for SNAP and this information is available to providers via our public website.

e) Women, Infants, and Children Program (WIC)

Information on WIC is available to child care providers through a list of additional available resources on our public website. A direct link to the WIC program is available.

f) Child and Adult Care Food Program(CACFP)

Information about CACFP is available to child care providers through a list of additional available resources are on our public website. A direct link to the CACFP program is available. CACFP is operated out of the Department of Education. Child Care Resource and Referral Agencies share information regarding this program to providers to assist with easing financial restraints of operating a child care program and participation is also directly related to the QRS program.

g) Medicaid

The Lead Agency is responsible for Medicaid and information regarding the Medicaid program is available on the public website.

h) Children's Health Insurance Program (CHIP)

The Lead Agency is responsible for the Children's Health Insurance Program known as Hawk-I and information regarding the program is available on the public website.

i) Individuals with Disabilities Education Act (IDEA)

Information about IDEA is available to child care providers through a list of additional available resources are on our public website. A direct link to the U.S. Department of Education is available.

j) Other State/Federally Funded Child Care Programs (example-State Pre-K)

N/A

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

MIECHV is operated by the Iowa Department of Public Health and there is representation from this program on SCCAC and the ECI Stakeholder's Alliance. Child Care Providers also

are represented on these committee's and have access to this information.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public

Available on the Lead Agency public website, there is information specific to child development and best practice techniques.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Links to NAEYC, education.com, American Academy of Pediatrics, Center for Disease Control, pbs.org, zerotothree.org, Caring for Our Children and additional resources. Further, child development home providers receive a quarterly newsletter from the Lead Agency that often outlines best practice guidelines.

c) Describe who you partner with to make information about research and best practices in child development available

Child Care Resource and Referral, Iowa Department of Public Health, Iowa Department of Education, Early Childhood Iowa, in addition to known best practice research available such as the National Resource Center, Caring for Our Children and the National Association for the Education for Young Children.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to 1) parents of eligible children, 2) providers and 3) the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents

A Guide to Choosing Quality Child Care Core Knowledge has been revised to incorporate new areas of emphasis required for consumer education. Information on the state's efforts to implement an Early Childhood Positive Behavioral Intervention and Supports (EC-PBIS) structure within the provider community, an effort to develop an infant mental health endorsement and resources to access for social-emotional and early childhood mental health services are included.Early Childhood Iowa (ECI) and the Iowa Association for Infant and Early Childhood Mental Health (IAIECMH) have collaborated to develop resources on the topic of infant and early childhood mental health.These materials are written in an easy-to-read format, and are available both in print as well as on the ECI and IAIECMH websites.The materials provide information on the importance of early childhood mental health; how mental health is impacted by relationships, experiences and environments; the impact of trauma on the developing brain; the role of protective factors in promoting mental health; and the importance of early identification and intervention.These resources have been disseminated statewide through partnering service organizations for distribution to parents.

ii. Providers

EC-PBIS training, coaching and data support around implementation and outcomes using the Pyramid Model is available throughout the state. Model adaptations have been developed for family child care, that also includes coaching and data collection. Child care centers and other early learning settings are also invited to adopt "program wide" PBIS to ensure all layers of the Pyramid Model are providing support for children, including links to mental health consultation where available.

The Iowa Association for Infant and Early Childhood Mental Health (IAIECMH) is a relatively new public/private partnership created to support providers of early childhood

services in fostering young children's healthy mental development. Membership is diverse, and includes representation from sectors such as child care, family support, mental health, higher education, state government, child protection, Community Action and Head Start. Established in 2013, the IAIECMH strives to promote optimal social, emotional development of infants, young children and their families by fostering a competent workforce which values nurturing child/caregiver relationships and promotes community awareness of the importance of early childhood development. Recently, the IAIECMH purchased the license to implement Michigan's "Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health" endorsement process. Early childhood providers and consultants will be encouraged to participate in this new four-tier competency-based endorsement system, ensuring that Iowa's providers have the knowledge and skills to nurture young children's social, emotional and behavioral wellbeing.

Members of the State Leadership Team for EC-PBIS have been meeting with the ACES 360 workgroup in Polk County and the 1st Five Coordinators. The efforts are aimed at connecting the Pyramid Model with entities promoting mental and behavioral health issues in the state, and encourage a broader vision of mental health that includes the promotion, prevention and intervention.
The SLT will also be working to identify and monitor all PBIS training that has been placed on the Child Care Registry. The purpose is to help assure that all training is supporting the overall mission of the EC-PBIS effort.

iii. General public
Effort is similar to that described for Parents above. In addition, information on PBIS can be found on the state's Early Childhood Iowa website. A partnership between the Central Iowa ACEs (Adverse Childhood Experiences) Steering Committee, Trauma Informed Care Project and the Developing Brain group has started a "Connections Matter" campaign with the intent of sharing the message about the importance of brain development and to engage community members in building healthy relationships. One of the key messages of this campaign is encouraging closer connections with young children and the adults in their lives. The state has also partnered with the University of Kansas to develop a "Lemonade for Life" training curriculum to help develop resilient responses to ACES among adults. Strategies of the IAIECMH to raise awareness among the general public include expanding social media, exhibiting at public events, developing

educational materials, providing community presentations on the topic of early childhood mental health, and advocating for policy change.

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

In addition to the Lead Agency, the Iowa Department of Education and Public Health, ECI Areas, Head Start, CCR&R, Iowa Association for Infant and Early Childhood Mental Health, EC-PBIS State Leadership Team, Community Mental Health Centers, public universities, private mental health clinicians, Child Health Specialty Clinics, University of Iowa Children's Hospital, Zero to Three Safe Babies Court Teams, social service agencies, Iowa Federation of Families for Children's Mental Health, NAMI Iowa Children's Mental Health Coalition, American Academy of Pediatrics, Autism Society of Iowa and Blank Children's Hospital.

c) Does the State have a written policy regarding preventing expulsion of:

Preschool children (from birth to five) in early childhood programs receiving child care assistance?

☐ Yes.

If yes, If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link

☑ No.

School-age children from programs receiving child care assistance?

☐ Yes.

If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link

☑ No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening services. (658E(c)(2)E(ii)) At a minimum,

the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.

Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

☐ Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

List the Lead Agency policy citation(s) and:

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

☑ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Establish procedures to provide information to families and providers (1) Early and

Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.)--The Lead Agency provides links to IDEA resources regarding developmental screening on the agency's website.

A description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.--Descriptions of how to utilize the resources are included in the links on the Lead Agency's website that give information.

Unmet requirement - Identify the requirement(s) to be implemented Establish procedures to provide information to families and providers (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.);

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
Reorganize the Tools and Resources page of the Lead Agency's website to include a category of "Developmental Screenings". Multiple links are already there just need to be clearly identified. This page is avaliable to both families and providers.

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency policy and website staff
Partners - Who is the responsible agency partnering with to complete implementation of this activity
none

Tasks/Activities - What specific steps will you take to implement the unmet

requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Add a link to "Care for Kids" the State of Iowa's Medicaid EPSDT program in the "Developmental Screenings" section of the Tools & Resources page of the Lead Agency's website.

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency Staff policy and website staff

Partners - Who is the responsible agency partnering with to complete implementation of this activity

none

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint

The Lead Agency does not have a formal definition of "substantiated" parental complaint. However, if a complaint is considered to be substantiated, this means that non-compliance with regulations has been found.

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)

The Lead Agency does not have specific record of ONLY parental complaints. The identity of who reported the complaint is not disclosed unless the complainant has waived anonymity. Furthermore, child abuse assessment information is not considered a part of the public file. Complaints are maintained in the program's individual file and records are kept for a minimum of 5 years after a file is closed.

Both licensed child care centers and registered child development homes have recent complaint and compliance reports available on the Lead Agency's website. In addition, a record of all complaints and regulatory violations are kept in a program's individual file and are available to the public upon request. Child care centers are required to post a notice that includes the name, office mailing address and telephone number of the child care licensing

consultant for their center.

Parents are made aware of the compliance and complaint reports through the Lead Agency's website. The link to view compliance and complaint reports online is located under the "Can We Help" tab for Child Care. This is the same place where parents go for general information about the child care and the Child Care Assistance program. Parents that apply for Child Care Assistance are also given a brochure that states that they have the right to look at complaint files on providers in their local DHS office.

c) How does the State/Territory make substantiated parental complaints available to the public on request

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 licensed child care center.The regulatory file for child development homes 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.

At this time, the Lead Agency is working to get the most recent monitoring visit reports uploaded to our public website for all providers.If a report is unavailable, there is a standardized note indicating how to obtain the information.

The Lead Agency is also working to get the most current complaint reports uploaded to the website for public viewing.At this time, the Lead Agency is working to build a new system that will allow greater ease in managing those reports being uploaded.

d) Describe how the State/Territory defines and maintains complaints from others about providers

There is no difference in how complaints are handled in relation to who reports them. The identity of the complainant is not disclosed unless the complainant has waived anonymity.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- [x] Application in other languages (application document, brochures, provider notices)
- [x] 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
- [x] Bilingual caseworkers or translators available
- [ ] Bilingual outreach workers
- [ ] Partnerships with community-based organizations
- [ ] Other

- [ ] None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages

Spanish is the primary language offered. The Lead Agency also has the ablility for translation/interpretation in all primary and secondary languages.

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities

The Lead Agency provides outreach and services to all persons, including those with disabilities. Information about services is provided in a variety of formats, including on-line,

by mail or in person. All offices of the Lead Agency are handicap accessible. On the Lead Agency's website there is a link to a page with information about accessibility. On that page is the phone number for a telecommunications relay service called "Relay Iowa" that provides full telephone accessibility to people who are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking. Additionally there is contact information for anyone that needs more assistance.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing processes for licensing and monitoring child care providers, processes for conducting criminal background checks, and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse.

The State/Territory must make public certain information about the results of such monitoring on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

☐ Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

Provide the link to the website:

and describe how the consumer education website meets the requirements to:

a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe

b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe

c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe

d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe

☑ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) 11/17/2017

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

The Lead Agency website contains provider specific information about health and safety, licensing or regulatory requirements met by the provider that includes the last date of inspection and violation history.

The Lead Agency website contains a description of health and safety and licensing requirements for child care providers and will be further enhanced upon implementation of new regulatory requirements.

The Lead Agency website includes the process for licensing, background checks, monitoring and offenses that prevent individuals from being providers. The site will be updated when new monitoring and background check requirements become effective.

Child care related deaths are currently being tracked since Jan 1, 2016. The definition for serious injury is in development for use on October 1, 2016 and moving forward to be able to post this information on the public website moving forward from that date. The agency already tracked incidences of substantiated (founded) child abuse in child care settings however it is not yet publically available on the website.

The Iowa DHS website is organized in a way to be easily accessible to parents, providers and the general public. It has separated sections for consumers and child care providers that are available from the main menu on the front page of the website. There is a "Tools and Resources" section available to both consumers and child care providers. We have an online mechanism to provide results of inspections in both child development homes and child care centers.

Unmet requirement - Identify the requirement(s) to be implemented Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

At a recent LEAN event it was decided that the Lead Agency would develop a tracking mechanism on its Child Care Compliance Sharepoint site. LEAN is a process improvement approach and is a methodology that eliminates waste and increases efficiency in agency process. The State of Iowa uses LEAN/Kaizen practices for continuous improvement.

Projected start date for each activity: 02/01/2016

Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency policy and field operations staff

Partners - Who is the responsible agency partnering with to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Create "serious injury" definition

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency policy staff

Partners - Who is the responsible agency partnering with to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Founded Child Abuse is already tracked. Develop plan for regular monitoring and website updates of founded child abuse.

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead agency policy and website staff

Partners - Who is the responsible agency partnering with to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Determine how often website needs updated with aggregate data

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency policy and website staff

Partners - Who is the responsible agency partnering with to complete implementation of this activity

none

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents" options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements - and the opportunity for children to form trusting relationships with teachers - are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family's assets may not exceed $1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

In order to be eligible for services, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed $1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves childrenfrom 1 week (weeks/months/years) to 12 years 11 months years (through age 12).

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))

☑ Yes, and the upper age is 18 (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))

☐

Yes and the upper age is (may not equal or exceed age 19)

☑

No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with -

Neither state law nor administrative rules define 'residing with.' However the Lead Agency's administrative rules do clarify that "Parent" means the parent or the person who serves in the capacity of the parent of the child receiving child care assistance services. A parent (as defined by the previous statement) may apply for Child Care Assistance for a child. Child Care assistance applications are processed by household so in the case of joint custody each parent could apply separately for child care assistance for the child based on their own specific household information. In temporary situations, as long as the person meets the definition of "parent" they may apply for Child Care Assistance services for the child.

Household Composition is defined in the following way:

- 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 are temporarily absent from the household. Persons who meet the definition of temporary absence are considered when determining family size.

b) 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.

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define "working, attending job training and education" for the purposes of eligibility at the point of determination? Provide a brief description below,

including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

* working:

a. employed for 28 or more hours per week, or employed an average of 28 or more hours per week during the month or employed and participating in academic or vocational training for 28 or more hours per week or an average of 28 or more hours per week in the aggregate, 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.

* attending job training
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.

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.

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.

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.)

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.

* attending education

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) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

☑ Yes.

☐ No.

If no, describe additional requirements

c) Does the Lead Agency provide child care to children in protective services?

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

1) Definition of 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, an open child in need of assistance assessment, a petition on file for a need of assistance adjudication, 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.

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

☑ Yes.

☐ No.

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 the protective services definition above.

☐ No.

3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?

* Definition of 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) 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 current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI.

☐ **Note** - If the income eligibility limits are not statewide, check here

Describe how many jurisdictions set their own income eligibility limits

N/A

Fill in the chart based on the most populous area of the state.

Family Size	**(a)** **100% of State Median Income (SMI) ($/month)**	**(b)** **85% of State Median Income (SMI) ($/month)** [Multiply (a) by 0.85]	**(c)** **(IF APPLICABLE) $/month Maximum "Entry" Income Level if lower than 85% Current SMI**	**(d)** **(IF APPLICABLE) % of SMI** [Divide (c) by (a), multiply by 100] **Income Level if lower than 85% Current SMI**	**(e)** **(IF APPLICABLE) $/month Maximum "Exit" Income Level if lower than 85% Current SMI**	**(f)** **(IF APPLICABLE) % of SMI** [Divide (e) by (a), multiply by 100] **Income Level if lower than 85% Current SMI**
1	3335	2835	1423	43		
2	4361	3707	1925	44		
3	5387	4579	2428	45		
4	6413	5451	2931	46		
5	7439	6323	3433	46		

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal poverty guidelines are available at http://aspe.hhs.gov/poverty/index.cfm.

c) SMI Source and year Census Bureau-2014

d) These eligibility limits in column (c) became or will become effective on: 7/1/15 for ¿entry level¿. 7/1/16 proposed for ¿exit level¿ of 85% SMI

e) Provide the link to the income eligibility limits http://dhs.iowa.gov/sites/default/files/13-G.pdf (Employee¿s manual 13G, Page 44)

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

- [ ] Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out

- [x] Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 07/01/2016

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) Substantially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

The Lead Agency will be fully implemented on 7/1/16

Unmet requirement - Identify the requirement(s) to be implemented A graduated

phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The administrative rules 441.IAC 170 regarding Child Care Assistance are in the process of being modified. The modified rules specify that as of July 1, 2016 at the time of re-determination if a family has exceeded the initial income eligibility limit but still remains below 85% of SMI they can qualify for another 12 month certification period as long as they meet all other eligibility requirements.

Projected start date for each activity: 12/01/2015
Projected end date for each activity: 07/01/2016
Agency - Who is responsible for complete implementation of this activity Lead agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update policy manuals

Projected start date for each activity: 12/01/2015
Projected end date for each activity: 07/01/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note - this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

- [x] Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement

Iowa's income determination policy is flexible enough to account for fluctuations in income. Iowa's policy requires that the 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.

Effective 7/1/16 family eligibility shall continue during an approved 12-month period when there is a temporary lapse in need for service. A temporary lapse is defined as a period

of not more than 3 consecutive months and the lapse is due to one of the following reasons:

- Maternity leave
- FMLA situations for household members
- Participation in a treatment/rehabilitation program
- Job changes or lapses
- Normal breaks between school terms

Child care assistance will continue without interruption for the family during these temporary breaks in employment or education/training.

☐

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information.

Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01).

☑ Applicant identity.

Describe:

Documented by household on application

☑ Applicant's relationship to the child.

Describe:

Documented by household on application

☑ Child's information for determining eligibility (e.g., identity, age, etc.).

Describe:

Documented by household on application.

☑ Work.

Describe:

Documented by household on application.

☑ Job Training or Educational Program.

Describe:

Class schedules from school.

☑ Family Income.

Describe:

Check stubs or employer statements.

☑ Household composition.

Describe:

Documented by household on application.

☑ Applicant Residence.

Describe:

Documented by household on application.

☐ Other.

Describe:

N/A

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01).

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

☑ Time limit for making eligibility determinations.

Describe length of time :

30 days

☑ Track and monitor the eligibility determination process

☐ Other.

Describe:

N/A

☐ None

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

Per CCDF regulations, Lead Agencies are required 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 (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization. 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.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency Lead Agency

b) Provide the following definitions established by the TANF agency.

"appropriate child care":

- "appropriate child care" means that the child care provider is a licensed center, a registered development home 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":

- "reasonable distance" means that the required travel time from home to the work-related and 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":

- "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 a 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":

- "affordable child care arrangements" means that child care for approved PROMISE JOB 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?

- [x] In writing
- [x] Verbally
- [ ] Other.

Describe:

N/A

- [ ] List the citation to this TANF policy.

List:

N/A

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed $1,000,000. A check-off on the application is sufficient

- [x] Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed $1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable 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. This did notchange under reauthorization. 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))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of "Children with special needs": 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

and describe how services are prioritized:

Higher eligibility level - 200% FPL and higher rate of reimbursement if documention submitted by provider that justifies additional needs for care. Families that have children with special needs are included in the priority group for service during times when a waiting list is in effect.

b. Provide definition of "Families with very low incomes": Children in families with an income of less than 100 percent of FPL who meet the need for service requirements

and describe how services are prioritized:

Co-pays are waived for families below 100% FPL and they are exempt from waiting list criteria if under 100% FPL and on FIP.

c. Describe how services 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 are prioritized (Section 418(b)(2) of the Social Security Act)

Families with an income at or below one hundred percent of the federal poverty level whose members, for at least twenty-eight hours per week in the aggregate, are employed or are participating at a satisfactory level in an approved training program or educational program, and parents with a family income at or below one hundred percent of the federal poverty level who are under the age of twenty-one years and are participating in an educational program leading to a high school diploma or the equivalent.

Parents with a family income at or below one hundred percent of the federal poverty level

who are under the age of twenty-one years and are participating, at a satisfactory level, in an approved training program or in an educational program.

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:

a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements

b. Procedures to conduct outreach to homeless families to improve access to child care services

c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services

☑ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

All families that meet eligibility requirements are able to receive CCDF assistance.

Lead Agency staff have reached out to and met with agencies that serve homeless children and families such as the Iowa Coalition Against Domestic Violence and Iowa Finance Authority Council on Homelessness to discuss barriers to access of child care services. Lead Agency has also provided information and electronic resources to these agencies to help the agencies support families in navigating the application process.

Unmet requirement - Identify the requirement(s) to be implemented 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

agencies, etc.)

Training on homelessness is being included in pre-service training that is being developed.

Projected start date for each activity: 12/01/2015
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency policy staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Lead Agency is contracting with Iowa Department of Public Health and Iowa State University Extension to develop and offer the preservice training.

Unmet requirement - Identify the requirement(s) to be implemented A grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Modify rules to allow grace period for obtaining child file documentation, update communication guides and manuals to provide technical assistance to providers and regulatory workers and staff.

Projected start date for each activity: 12/01/2015
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency policy staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Unmet requirement - Identify the requirement(s) to be implemented 3) conduct specific outreach to homeless families. (658E(c)(3))

Tasks/Activities - What specific steps will you take to implement the unmet

requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Modify the child care assistance application/review that will allow tracking of homeless population seeking CCA.

Complete a service request for the Kindertrack system so Lead Agency can capture and track this information.

Projected start date for each activity: 12/01/2015

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

3.3 Protection for Working Parents

3.3.1 Twelve Month Eligibility

The CCDBG Act of 2014 establishes a 12-month eligibility period for CCDF families. States are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) &(ii))

Note that this change means a State may not terminate CCDF assistance during the 12 month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State may not terminate assistance prior to the end of the 12 month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. For example, if a working parent is temporarily absent from employment due to extended medical leave, changes in seasonal work schedule, or a parent

enrolled in training or educational program is temporarily not attending class between semesters, the state should not terminate assistance.

Describe the status of the State's establishment of a 12-month eligibility re-determination period for CCDF families.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

☑ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 07/01/2016

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other) Substantially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

The Lead Agency will be fully implemented by 7/1/16.

Unmet requirement - Identify the requirement(s) to be implemented A minimum 12-month eligibility and redetermination period for CCDF families.

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The administrative rules 441.IAC 170 regarding Child Care Assistance are in the process of being modified. The modified rules specify that as of July 1, 2016 certification periods will change from 6 to 12 months. Additionally the modifications specify that families remain eligible throughout their certification period unless

income exceeds 85% of SMI or if they have a non-temporary change to employment, education or training. A non-temporary change is defined as lasting more than 3 consecutive months.

Projected start date for each activity: 12/01/2015
Projected end date for each activity: 07/01/2016
Agency - Who is responsible for complete implementation of this activity Lead agency

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update policy manuals

Projected start date for each activity: 12/01/2015
Projected end date for each activity: 07/01/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Submit service request to update the state's Kindertrack IT system to allow 12 month certification periods

Projected start date for each activity: 12/01/2015
Projected end date for each activity: 07/01/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency policy and IT staff

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

none

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option - but does not require them - to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period - the State/Territory may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?

☑ Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY.

List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs

Keeping current 30-day job search for new applicants. In addition, the Lead Agency plans to implement a 3 month job search for families currently receiving CCA who experience a non-temporary change in need for service effective 7/1/16. Assistance will be terminated if the family fails to reengage in work or training within this 3 month period. Rules process and policy citations will be initiated by February 2016.

☐ No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

☑ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

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 Lead Agency 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 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 third 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.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.4 Family Contribution to Payment

The statute requires 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 that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size.

☐ Note - If the sliding fee scale is not statewide, check here

and describe how many jurisdictions set their own sliding fee scale

Fill in the chart based on the most populous area of the State.

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?	(d) Maximum Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	981	8	.8	1423	151.80	10.7
2	1328	8	.6	1925	151.80	7.9
3	1675	8	.5	2428	151.80	6.3
4	2021	8	.4	2931	151.80	5.2
5	2368	8	.3	3483	151.80	4.4

a) What is the effective date of the sliding fee scale(s)? 07/01/2015

b) Provide the link to the sliding fee scale http://dhs.iowa.gov/sites/default/files/13-G.pdf (Employees Manual 13G, page 93)

3.4.2 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.

- ☐ 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
  - ☐ Fee is per child up to a maximum per family
  - ☐ No additional percentage applied charged after certain number of children
  - ☐ Fee is per family

☐ Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

☑ Other.

Describe:

As part of the eligibility determination process the Lead Agency determines if the family is responsible for a co-payment. The Lead Agency 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 Lead Agency. The provider is responsible for collecting the co-payment fee directly from the CCA eligible family.

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

☑ Yes, and describe those additional factors using the checkboxes below.

☐ Number of hours the child is in care

☐ Lower copayments for higher quality of care as defined by the State/Territory

☑ Other.

Describe other factors.

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

•Families at or below 100% of the federal poverty 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.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size.

Will the Lead Agency waive family contributions/co-payments?

☑ Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size.

The poverty level used by the Lead Agency for a family size of 3 is $ 1675

☐ No, the Lead Agency does not waive family contributions/co-payments

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable?

Check all that apply:

☐ Limits the maximum co-payment per family.

Describe:

☐ Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit.

Describe:

☑ Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5.

Describe:

Implementing an "exit eligibility level of 85% SMI effective 7/1/16.

☑ Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying.

Describe:

The provider must accept payment through the Department's payment system and not request additional payment from the parent, except for:

•The applicable co-payment fee.

•A late fee assessed when a child is not picked up timely.

•An "activity fee" to cover field trips, etc.

•Cost of care used beyond the units approved by the Lead Agency.

☐ Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider.

Describe:

☑ Other.

Describe:

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 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 child 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 .4%-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 5.2% - 5.9% 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 annual Federal Poverty Guidelines. 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.

4 Ensure Equal Access to High Quality Child Care for Low-Income Children

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: 1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) 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)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

The Lead Agency issues a child care certificate to parents either before or after the selection of a provider. The certificate identifies the provider the family has chosen (if a provider has been selected at time of approval), the number of units/hours approved, the amount of co-pay the parent will be responsible for, and the timeframe (eligibility period) the family is authorized to receive services.

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories - such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers (658E(c)(2)(A)(i), 658P(2), 658Q))

- [ ] Certificate form provides information about the choice of providers, including high quality providers
- [ ] Certificate is not linked to a specific provider so parents can choose provider of choice
- [x] Consumer education materials on choosing child care
- [x] Referral to child care resource and referral agencies
- [ ] Co-located resource and referral in eligibility offices
- [x] Verbal communication at the time of application
- [ ] Community outreach, workshops or other in-person activities
- [ ] Other.

Describe

N/A

4.1.3 Child Care Services Available through Grants or Contracts

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) **Note:** Do not check "yes" if every provider is simply required to sign an agreement in order to be paid in the certificate program.

- [x] Yes. If yes, **describe**

the type(s) of child care services available through grants or contracts

The The Wrap Around Child Care Program contractor shall provide continuity of services to children who attend core rograms (Head Start, Early Head Start, Shared Visions, Title I preschool programs, or early childhood special education programs) by expanding services to a full day, full week, and full year. The contractor shall limit the frequency of the core program attendee's transitions by providing a stable environment, staff, and services for core program attendees. The contractor is responsible for filling the slots that are funded with regularly attending core program attendees. The Lead Agency reserves the right to reduce a contractor's number of

slots based on a review of the contractor's utilization of slots. The contractor agrees to provide family and child eligibility determination within 60 days of the service's start date.

the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.)

Child care providers and community based agencies.

the process for accessing grants or contracts

Targeted Small Business website and Bid Opportunities website.

the range of providers available through grants or contracts

Providers serving children who attend a core program.

how rates for contracted slots are set for grants and contracts

The estimated half day rate per child per year.

how the State/Territory determines which entities to contract with for increasing supply and/or improving quality

A statewide formal competitive bid process determines eligible bidders and contractors every six years.

if contracts are offered statewide and/or locally:

Statewide

☐ No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

☐ Increase the supply of specific types of care with grants or contracts for:

- ☐ Programs to serve children with disabilities
- ☐ Programs to serve infants and toddlers
- ☐ Programs to serve school-age children
- ☐ Programs to serve children needing non-traditional hour care
- ☐ Programs to serve homeless children
- ☐ Programs to serve children in underserved areas
- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☐ Programs that serve specific geographic areas

- [ ] Urban
- [ ] Rural
- [ ] Other.

Describe:

- [x] Improve the quality of child care programs with grants or contracts for:
  - [x] Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
  - [x] Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
  - [ ] Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
  - [ ] Programs to serve children with disabilities or special needs
  - [ ] Programs to serve infants and toddlers
  - [ ] Programs to serve school-age children
  - [ ] Programs to serve children needing non-traditional hour care
  - [ ] Programs to serve homeless children
  - [ ] Programs to serve children in underserved areas
  - [ ] Programs that serve children with diverse linguistic or cultural backgrounds
  - [ ] Programs that serve specific geographic areas
    - [ ] Urban
    - [ ] Rural
  - [ ] Other.

Describe:

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds.

(658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access

Describe the policies and procedures for unlimited access

The Lead Agency informs parents of this provision on the "Child Care Assistance" pamphlet given to parents at time of approval and it is included on the CCA Provider Agreement. In addition, regulations and handbook for child care centers and child development homes specify that unlimited access by parents must be provided. Example for child care center provider handbook: "Unlimited access. Parents shall be afforded unlimited access to their children and to the provider caring for their children during the center's hours of operation or whenever their children are in the care of a provider, unless parental contact is prohibited by court order. The provider shall inform all parents of this policy in writing at the time the child is admitted to the center."

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

☑ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

☑ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act

Describe:

Must serve a minimum of 3 children.

☑ Restricted based on provider meeting a minimum age requirement

Describe:

Same requirement (age 18) as other non-registered providers.

☐ Restricted based on hours of care (certain number of hours, non-traditional work hours)

Describe:

☐ Restricted to care by relatives

Describe:

☐ Restricted to care for children with special needs or medical condition

Describe:

☑ Restricted to in-home providers that meet some basic health and safety requirements

Describe:

CPR training and background checks are required.

☐ Other

Describe:

☐ No.

4.2 Assessing Market Rates and Child Care Costs

The new law revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval. (see http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the MRS or alternative methodology, including by posting the results on the Internet.

The State must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the State must take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- [x] MRS
- [ ] Alternative Methodology.

Describe:

- [ ] Both.

Describe:

- [ ] Other.

Describe:

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

Describe:

The most recent market rate survey was completed and compiled prior to the new requirement established under the CCDBG Act of 2014. However, the State Child Care Advisory Committee, and advisory body to the Lead Agency (but not the SAC), has served as an ongoing advisory source for the market rate survey over the years. Information on the

process of the survey is provided to them, as well as the results of the analysis. Members of that body also serve on the SAC and other members of the SAC may receive information via the Lead Agency bi-monthly updates to the SCCAC. In addition, the Child Care Resource and Referral Agencies serve as the primary data point for the market rate information via the use of NACCRRAware. By contract, they are to have the private pay rates of providers in their database updated by September first of each year. Prior to the next survey the Lead Agency will engage the SAC, the SCCAC, legislators and other key stakeholders in conversation regarding the CCDBG requirements, the current structure of the MRS process, and suggestions for improvements.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable.

To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

Describe:

Iowa uses the Statewide CCR&R NACCRRAware database of active full-time child care providers for their Market Rate Survey.Iowa CCR&R is required to update rates annually by September 1st, per the state contract.

Iowa uses SPSS Statistical software to analyze their Market Rate Survey data. Both statewide and urban/rural rates are analyzed. For the current 2014 survey, Iowa also ran an additional analysis using hourly rates.
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.

From the 2014 Market Rate Survey, there were a total of 4,067 un-duplicated providers in the survey.

Of these: 1,445 or 36% charge Hourly rates, 983 or 24% charge Daily rates, 2,295 or 56% charge Weekly rates, 88 or 2% charge Monthly rates

Note: The total of the four rate types above is 4,811, because many providers charge multiple rate types.

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

a) Geographic area (e.g., statewide or local markets):

The survey rates are categorized by statewide and urban/rural. Urban counties are separated out using the Metropoltan Statistical Areas defined by the U.S. Office of Management and Budget for Census Data.

b) Type of provider:

Rates are categorized and analyzed for licensed child care center; registered child development home Categories A, B and C; and non-registered child care homes.

c) Age of child:

Rates are categorized and analyzed for infant and toddler (2 weeks to two years), Preschool (aged 2 to kindergarten), and school-aged (in attendance in full day or half-day classes including kindergarten).

d) Describe any other key variations examined by the market rate survey, such as quality level

The reimbursement structure used also categorizes rates for the provider types and ages of children above for children with special needs. However, due to difficulty gathering rate data specific to that type of care, the rates have remained unchanged for those established in 1998. The Lead Agency continues to be interested in exploring alternate methods to supporting the care needs of those children. In addition, the non-registered child care home rates continue to be frozen at pre-1996 rates as an incentive to encourage registration (i.e, regulation).

4.2.5 Describe the process used by the State to make the results of the market rate survey widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016)
12/09/2014

b) Date report containing results were made widely available, no less than 30 days after the completion of the report 01/03/2015

c) How the report containing results was made widely available and provide the link where the report is posted if available

The most recent market rate survey was completed and compiled prior to the new requirement established under the CCDBG Act of 2014, therefore the rates were not made widely available within 30 days. The rate comparison information from that market rate survey was provided to the State Child Care Advisory Committee (SCCAC) in January 2015.

In addition to the sharing with the SCCAC the results and corresponding costs to implement, the information will be made available on the Lead Agency website starting with the 2016/2017 survey.

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children).

☐ Note - If the payment rates are not set by the State/Territory, check here

Describe how many jurisdictions set their own payment rates

a) Infant (6 months), full-time licensed center care in most populous geographic region

Rate $ 16.78 per Half Day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 40

b) Infant (6 months), full-time licensed FCC care in most populous geographic region

Rate $ 12.98 per Half Day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 60

c) Toddler (18 months), full-time licensed center care in most populous geographic region

Rate $ 16.78 per Half Day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 40

d) Toddler (18 months), full-time licensed FCC care in most populous geographic region

Rate $ 12.98 per Half Day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 25

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate $ 13.53 per Half Day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 25

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate $ 12.18 per Half Day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 40

g) School-age child (6 years), full-time licensed center care in the most populous geographic region

Rate $ 12.18 per Half Day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 50

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate $ 10.82 per Half Day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 50

i) Describe the calculation/definition of full-time care:

Rates are set as half day units. A half day unit is up to five hours of care. Full time care is assumed to be at least 10 units a week.

FCC rates above apply to Category A and B homes. Iowa also has rates established for

Category C and non registered providers. Category A & B homes have one provider (although they may have assistants) and have lower group sizes than Category C homes. Category A & B homes are described in more detail in 5.1.4c and 5.1.5c. Category C homes have 2 providers and a larger group size. More detailed information about Category C homes can be found in 5.1.4b and 5.1.5b.

Rates for Category C Homes
Infant Full-Time: $12.44 per Half Day, Percentile 25th
Toddler Full-Time: $12.44 per Half Day, Percentile 25th
Preschooler Full-Time: $12.18 per Half day, Percentile 30th
School-age Full-Time: $10.82 per Half Day, Percentile 45th

j) Provide the effective date of the payment rates : 07/01/2015

k) Provide the link to the payment rates :
https://www.legis.iowa.gov./docs/ACO/chapter/441.170.pdf

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care.

In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, 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, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

☐ Tiered rate/rate add-on for non-traditional hours.

Describe:

N/A

☑ Tiered rate/rate add-on 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. To receive the rates the provider must verify the need for adaptive equipment, increased supervision or care, or specialized training.

☐ Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on).

Describe:

N/A

☑ Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory.

Describe:

The Lead Agency will implement a higher rate for all provider types that achieve a Level 5 in the state's Quality Rating System (QRS). These rates will be effective July 1, 2016. Providers serving children eligible for CCA will be reimbursed at the most recent market survey rates (currently 2014). For centers, the half-day unit rates would increase from $16.78 to$20.50 for infants and toddlers, $13.53 to $17.50 for preschool, and $12.18 to $14.75 for school agers. For Child Development Homes Category's A &B, the half-day unit rate increases would be $12.98 to $13.75 for infants and toddlers, $12.18 to $13.50 for preschoolers, and $10.82 to $12.50 for school agers. For Child Development Homes Category C, the half-day unit rate increases would be $12.44 to $15.00 for infants and toddlers, $12.18 to $13.75 for preschoolers, and $10.82 to $13.00 for school agers.

☐ Tiered rate/rate add-on for programs serving homeless children.

Describe:

N/A

☐ Other tiered rate/rate add-on beyond the base rate.

Describe:

N/A

☐ None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology

Describe:

The Lead Agency must set provider rates in accordance with legislative direction and funding. At the establishment of the 2004 rates, they were set at the 75th percentile of the market rate data. The legislature has subsequently increased the rates 3 different times, 2% , 2% and 4%. When compared to the 2014 market rate information, the current rate structure is set at a level that ranges from the 25th to the 60th percentile. The highest rate covered at the 60th percentile is infant/toddler care in Child Development Home (CDH) Categories A and B. Infant/toddler care in a Child Development Home category C and preschool care in a licensed center are at the lowest end of the range, at the 25th percentile.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014.

For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

Describe:

Lead Agency will implement a higher rate for all provider types that achieve a Level 5 in the state's Quality Rating System (QRS) effective July 1, 2016. Providers serving children eligible for CCA will be reimbursed at the most recent market survey rates (currently 2014). For centers, the half-day unit rates would increase from $16.78 to$20.50 for infants and toddlers, $13.53 to $17.50 for preschool, and $12.18 to $14.75 for school agers. For Child Development Homes Category's A &B, the half-day unit rate increases would be $12.98 to $13.75 for infants and toddlers, $12.18 to $13.50 for preschoolers, and $10.82 to $12.50 for

school agers. For Child Development Homes Category C, the half-day unit rate increases would be $12.44 to $15.00 for infants and toddlers, $12.18 to $13.75 for preschoolers, and $10.82 to $13.00 for school agers.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access - such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- [ ] Payment rates are set at the 75th percentile or higher of the most recent survey.

  Describe:

- [x] Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- [ ] Rates based on data on the cost to the provider of providing care meeting certain standards

  Describe:

- [ ] Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile.

  Describe:

- [ ] Data on the proportion of children receiving subsidy being served by high-quality providers.

  Describe:

☐ Data on where children are being served showing access to the full range of providers. .

Describe:

☐ Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF.

Describe:

☐ Feedback from parents, including parent survey or parent complaints.

Describe:

☑ Other.

Describe:

The Lead Agency must set provider rates in accordance with legislative direction and funding.

At the establishment of the 2004 rates, they were set at the 75th percentile of that market rate data. Iowa has subsequently increased those rates three different times: 2%, 2%, and 4%

Comparison data across the market rate years provided information to set a tiered level for QRS Level 5 providers to support providers achieving the highest and most rigorous level in the QRS and serving children most in need in the high quality setting. Level 5 providers will be paid at the current market rate survey level.

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

☑ Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016.

Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access

The Lead Agency must set provider rates in accordance with legislative direction and

funding.

Iowa's current reimbursement structure applies a maximum statewide rate based on the 75th percentile of the 2004 market rate survey (plus subsequent rate increases of 2%, 2% and then 4%) and reimburses based on 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 home.

When compared to the 2014 market rate information, the current rate structure is set at a level that ranges from the 25th to the 60th percentile. The highest rate covered at the 60th percentile is the infant/toddler care in Child Development Home (CDH) Categories A and B. Infant/toddler care in a Child Development Home category C and preschool care in a licensed center are at the lowest end of the range, at the 25th percentile.

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. Disparities are growing in pockets around the state between the state rates and current private pay rates. The efforts of the Iowa Legislature to increase rates to the 2004 market rate (plus the subsequent 2%, 2% and 4% increases) have narrowed the margin of disparity for families and providers.

The implementation and on-going refinement of Iowa's 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 parent's eligibility status. Other strategies allow providers to bill every two weeks and allow absent days for children.

An analysis of urban and rural rates supports that the current rate structure provides equal access. 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 -- $21.80/ half-day unit vs.$16.78/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 $13.75/half-day unit for rural, and 2) school-age care, which is $13.50/half-day unit for urban and $12.50/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 2014 rate at the 75th percentile was $16.78/half-day unit and $21.80 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 seven 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 75th percentile. Rates from the 1998 survey continue to be used. The Lead Agency continues to review the policies of other states and explore alternative methods of reimbursing providers in the context of the basic rate structure.

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 state determines the number of persons in the family, the monthly family income, and the number of children in care. Based on this determination, the sliding fee schedule is applied. 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 type of provider. 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 .4%-1.4% of the family's gross monthly income. 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 4.8% - 5.5% of the family's gross monthly income. Iowa adjusts the eligibility levels annually (July 1st of each year) based on the revised FederalPoverty Guidelines. 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.

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 9% of all the children in state fiscal year 2015 and accounted for 8% of all expenditures, a decrease in both categories.The Lead Agency is monitoring other trends to determine the relationship between payment rates and access.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned

activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory - so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory

- [x] Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.
- [ ] Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child

care providers to serve children who receive CCDF assistance. Check all that apply and describe.

The Lead Agency

☐ Pays prospectively prior to the delivery of services.

Describe:

☑ Pays within no more than 21 days of billing for services.

Describe:

State law requires DHS to pay providers within 10 business days. The Lead Agency meets the requirement 99%+ of the time.

☑ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance.

Describe including the State/Territory's definition of occasional absences

Iowa supports fixed costs of providing child care by paying for up to 4 days of absence per child per month. This accounts for a child's occasional absences.

☑ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe

Specify percent and describe

Iowa supports fixed costs of providing child care by paying for up to 4 days of absence per child per month. This accounts for a child's occasional absences.

☑ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month.

Specify the number of absence days allowed and paid for and describe

Iowa supports fixed costs of providing child care by paying for up to 4 days of absence per child per month. This accounts for a child's occasional absences.

☑ Pays on a full-time or part-time basis (rather than smaller increments such as hourly)

Describe:

Rates are set at a half-day unit up to 5 hours.

☐ Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)

Describe:

☑ Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment

Describe:

Provider receives notice of any change in family eligibility status.

☑ Has a timely appeal and resolution process for payment inaccuracies and disputes.

Describe:

Provider can file an appeal at no cost if they disagree with a decision or payment amount. If they file within 10 days of the decision or before the decision takes effect, they can continue to receive payments pending the final decision on the appeal.

☑ Other.

Describe:

Allowing on-line attendance and invoicing for providers, direct deposit of payments, and providers can bill every two weeks.

☑ For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory.

While some providers charge for care prospectively, not all do. Since Iowa pays providers directly instead of families, the decision has been made to collect attendance and only pay for care after the service has been provided by the vendor.The payments are timely as state law requires DHS to pay providers within 10 business days and the Lead Agency meets this requirement over 99% of the time.

While some providers have various types of fees, not all do. Iowa has made the decision not to pay these fees, and any provider who wishes to be paid by Iowa's CCA program must agree to waive these fees for eligible families in order to participate in the CCA program (it is part of the terms and conditions language on our CCA Provider Agreement).

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

- [x] Policy on length of time for making payments.

  Describe length of time:

  10 business days from the receipt of a complete and accurate billing or attendance form.

- [x] Track and monitor the payment process

  Describe:

  Completion of a timely-paid report.

- [x] Use of electronic tools (e.g., automated billing, direct deposit, etc.)

  Describe:

  electronic invoicing, direct deposit

- [ ] Other.

  Describe:

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

- [x] Yes.

  Describe data sources

  The Lead Agency has compared areas of the state with lower concentrations of children receiving CCA vs. the known child population in those areas (data sources used: State MIS and Woods & Poole Population Estimates). Also, ongoing monitoring of the percent of QRS child care providers vs. total child care providers in the state (data sources used: State MIS and QRS database), as well as increases/decreases in the number of

providers within the five quality levels of Iowa QRS.

☐ No.

If no, how does the State/Territory determine most critical supply needs?

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

- ☑ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ Recruitment of providers
- ☑ Tiered payment rates (as discussed in 4.4.1)
- ☑ Other.

Describe

CCR&R efforts including offering the PTIC training and consultation, Regional Education Laboratory (REL) Survey, and Child Trends evaluation.

b) Children with disabilities (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ Recruitment of providers
- ☑ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other.

Describe

c) Children who receive care during non-traditional hours (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks

- [ ] Start-up funding
- [ ] Technical assistance support
- [ ] Recruitment of providers
- [ ] Tiered payment rates (as discussed in 4.4.1)
- [x] Other.

Describe

The Lead Agency does not currently use any of the above methods to increase supply specifically for children who receive care during non-traditional hours. However the statewide CCR&R system which the Lead Agency funds and supports provides technical assistance support to all child care programs.

d) Homeless children (check all that apply)

- [ ] Grants and contracts (as discussed in 4.1.3)
- [ ] Family child care networks
- [ ] Start-up funding
- [ ] Technical assistance support
- [ ] Recruitment of providers
- [ ] Tiered payment rates (as discussed in 4.4.1)
- [x] Other.

Describe

The Lead Agency does not currently use any of the above methods to increase supply specifically for homeless children. However the statewide CCR&R system which the Lead Agency funds and supports provides technical assistance support to all child care programs. Additionally the Lead Agency has chosen to include a training module on homelessness in our required preservice/orientation training for child care providers. The Lead Agency anticipates that this training module will increase understanding of homelessness and increase the capacity of current child care programs to more adequately serve the homeless population.

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and

unemployment and that do not have such high-quality programs. (658E(c)(2)(Q))

Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

☐ Fully implemented and meeting all Federal requirements outlined above.

Describe

☑ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

The Lead Agency is in the process of analyzing data to identify areas with high concentrations of poverty/unemployment.

Unmet requirement - Identify the requirement(s) to be implemented increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The Lead Agency will analyze data on areas of the state with high concentrations of poverty/unemployment vs. where our current higher-rated QRS homes/centers are located.

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency Staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Once data is analyzed Lead Agency will provide this information to CCR&R and the Wrap Around Child Care Program Manager to help fill in the gaps and make these areas of the state a higher priority for services.

Projected start date for each activity: 07/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency staff including Wrap Around Child Care Program Manager

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

CCR&R

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014

requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State is required to certify it has in effect licensing requirements applicable to all child care services provided within the State (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(I)(i))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to child care services provided within the State.

(658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

"Licensed center" means a center issued a full or provisional license by the department or a center for which a license is being processed.

"Child development home" means a person or program registered under section 237A.3A that may provide child care to six or more children at any one time.

"Child care home" means a person or program providing child care to five or fewer children at any one time that is not registered to provide child care.

A child care home, with an active provider agreement, may receive CCDF Funds.

"In-home" means care which is provided within the child's own home. An in-home provider, with an active provider agreement, may receive CCDF Funds.

5.1.2 Does your State/Territory exempt any child care providers from its licensing requirements?

☑ Yes.

Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

A child care home with an active provider agreement, although not subject to all regulatory requirements of a Child Development Home, is still required to follow minimum health and safety standards. The current health and safety requirements for child care homes are available on the Lead Agency website in Communication Guide 95 (https://ccmis.dhs.state.ia.us/providerportal/DocumentsandForms.aspx). Additionally, as of October 1, 2016 child care homes will have updated health and safety requirements, annual unannounced inspections and preservice training as outlined in sections 5.1.6 and 5.2.2 of this plan.

In-home providers are required to have background checks, CPR training and First Aid training. Because In-home providers are providing care in the child's home the parents of the eligible child are responsible for the upkeep and safety of the home environment. Additionally as of October 1, 2016 in-home providers will be required to take preservice training as outlined in section 5.1.6 of this plan.

☐ No.

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

☑ Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary

report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
   - State/Territory age definition:

The Lead Agency defines "Infant" as a child who is less than twenty-four months of age.
   - Ratio:

1 Adult:4 Infants

- Group Size:

The current maximum group size for a facility in it's entirety is 448. Facilities are broken up into individual rooms based on age groups.

2. Toddler
   - State/Territory age definition:

The definition of infant is utilized through 24 months of age.
   - Ratio:

1 Adult:4 Infants
   - Group Size:

The current maximum group size for a facility in it's entirety is 448. Facilities are broken up into individual rooms based on age groups.

3. Preschool:
   - State/Territory age definition:

The definition ofpreschool is a child that is over 24 months of age but not yet in Kindergarten or a higher grade level.
   - Ratio:

1 Adult:12 Four year olds, 1 Adult: 8 Three year olds, 1 Adult: 6 Two year olds.
   - Group Size:

The current maximum group size for a facility in it's entirety is 448. Facilities are broken up into individual rooms based on age groups.

4. School-Age
   - State/Territory age definition:

The Lead Agency defines 'school age" as a child in kindergarten or a higher grade level
   - Ratio:

1 adult:15 children

- Group Size:

The current maximum group size for a facility in it's entirety is 448. Facilities are broken up into individual rooms based on age groups.

5. If any of the responses above are different for exempt child care centers, describe:

N/A

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups.

Combinations of age groupings for children four years of age and older may be allowed and may have staff ratio determined on the age of the majority of the children in the group. If children three years of age and under are included in the combined age group, the staff ratio for children aged three and under shall be maintained for these children. Preschools shall have staff ratios determined on the age of the majority of the children, including children who are three years of age. If a child between the ages of 18 and 24 months is placed outside the infant area the staff ratio of 1 to 4 shall be maintained as would otherwise be required for the group until the child reaches the age of two.

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition:

The Lead Agency defines "Infant" as a child who is less than twenty-four months of age.

- Ratio:

1 Adult:4 Infants

- Group Size:

4 total under 24 months

2. Toddler

- State/Territory age definition:

The definition of infant is utilized through 24 months of age.

- Ratio:

1 Adult:4 Infants

- Group Size:

4 total under 24 months

3. Preschool:
   - State/Territory age definition:

The definition ofpreschool is a child that is over 24 months of age but not yet in Kindergarten or a higher grade level

- Ratio:

1 Adult :8 Preschool children (If two providers present 12 preschool children permitted)

- Group Size:

12

4. School-Age
   - State/Territory age definition:

The Lead Agency defines 'school age" as a child in kindergarten or a higher grade level

- Ratio:

1Adult : 8 School-Age children (If two providers are present 16 school-age children would be permitted

- Group Size:

16

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

Category C Child Development Homes that have a co-provider can care for up to 16

children.All of the provider's own children that are not in Kindergarten or a higher grade level are counted in the ratio.

No more than 12 children who do not attend Kindergarten or a higher grade level can be present at any one time.Of those 12, no more than four children 24 months of age or younger may be present.The provider may have four children under 18 months but if so, both providers must be present.In addition to the 12 preschool aged children, an additional two school aged children may be present for a period of less than two hours at any one time.In addition to those 14, no more than two additional children may be present when utilizing part time hours.
Category C Child Development Homes that do not have a co-provider can only provide care for up to 8 children.

6. If any of the responses above are different for exempt group child care homes, describe

N/A

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

CATEGORY A Child Development Homes: No more than six children who do not attend kindergarten or a higher grade level shall be present at any one time. Of these six children, no 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 Child Development Homes: No more than six children who do not attend

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 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.

Describe the group size:

The group limits for Child Development Homes are embedded within the overall capacity and limits on hours of care pertaining to child ages/child count. Catogory A homes maximum group size of 8 and Category B homes maximum group size of 12.

Describe the threshold for when licensing is required:

registration is required when the 6th child is present,

Describe the maximum number of children that are allowed in the home at any one time:

Category A Child Development Home = 8, Category B Child Development Home = 12,

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

In determining the number of children cared for at any one time in a child development home, each child present shall be considered to be receiving care unless the child is described by one of the following exceptions: a. The child's parent, guardian, or custodian established or operates the child development home and either the child is attending school or the child receives child care full-time on a regular basis from another person. b. The child has been present in the child development home for more than 72 consecutive hours and meets the requirements of the exception in paragraph "a" as though the person who established or operates the child development home is the child's parent, guardian, or custodian,

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

Category A, not more than 4 children who are 24 months of age or younger may be in care. Of the 4 children under 24 months of age, no more than 3 may be 18 months of age or younger. In addition, not more than 2 children who attend school may be present for less than 2 hours at a time. Category B not more than 4 children who are 24 months of age or younger may be in care. Of the 4 children under 24 months of age, no more than 3 may be 18 months of age or younger. In addition to these six children, up to four children who attend school may be present.

2. If any of the responses above are different for exempt family child care home providers, describe

Non-registered child care homes may care for five or less children. There are no age restrictions for the children served.

d) Any other eligible CCDF provider categories:

Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

Non-registered child care homes may care for five or fewer children. There are no age restrictions, In-home providers may care for children from the same family in the child(ren)'s own home, no age restrictions group size Non-registered child care homes may care for five or fewer children, In-home providers may only care for children from the same immediate family

Describe group size:

Non-registered child care homes may care for five or fewer children. There are no age restrictions, In-home providers may care for children from the same family in the child(ren)'s own home, no age restrictions group size Non-registered child care homes may care for five or fewer children, In-home providers may only care for children from the same immediate family

Describe the threshold for when licensing is required:

Non-Registered providers must become registered if they care for more than 5 children, In-home providers cannot become registered

Describe maximum number of children that are allowed in the home at any one time:

Non-registered child care homes may care for five or fewer children. There are no age restrictions, In-home providers may care for children from the same family in the child(ren)'s own home, no age restrictions group size Non-registered child care homes may care for five or fewer children, In-home providers may only care for children from the same immediate family

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

Providers own children that are under school-age are included in ratio and group size.

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

N/A

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed,minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher

High School diploma or GED / Must be at least age 16 years of age. Any person under the age of 18 must be under direct supervision of an adult.

and assistant teacher qualifications:

Must the at least 16 years of age, if under 18 then must be under the direct supervision of an adult

2. Toddler lead teacher

High School diploma or GED / Must be at least age 16 years of age. Any person under the age of 18 must be under direct supervision of an adult.

and assistant teacher qualifications:

Must the at least 16 years of age, if under 18 then must be under the direct supervision of an adult

3. Preschool lead teacher

High School diploma or GED / Must be at least age 16 years of age. Any person under the age of 18 must be under direct supervision of an adult.

and assistant teacher qualifications:

Must the at least 16 years of age, if under 18 then must be under the direct supervision of an adult

4. School-Age lead teacher

High School diploma or GED / Must be at least age 16 years of age. Any person under the age of 18 must be under direct supervision of an adult.

and assistant teacher qualifications:

Must the at least 16 years of age, if under 18 then must be under the direct supervision of an adult

5. Director qualifications:

a. Is at least 21 years of age.

b. Has obtained a high school diploma or passed a general education development test.

c. Has completed at least one course in business administration or 12 contact hours in administrative-related training related to personnel, supervision, record keeping, or budgeting or has one year of administrative-related experience.

d. Has certification in infant, child, and adult cardiopulmonary resuscitation (CPR), first aid, and Iowa's training for the mandatory reporting of child abuse.

e. Has achieved a total of 100 points obtained through a combination of education, experience, and child development-related training as outlined in the following list:

EDUCATION

75-Bachelor's or higher degree in early childhood, child development or elementary education

50-Associate's degree in child development or bachelor's degree in a child-related field

40-Child Development Associate (CDA) or 1-year diploma in child development from a community college or technical school

40-Bachelor's degree in a non-child related field

20-Associate's degree in a non-child-related field or completion of at least two years of a four-year degree.

EXPERIENCE (Points multiplied by years of experience)

20-Full-time (20 hours or more per week) in a child care center or preschool setting

10-Part-time (less than 20 hours per week) in a child care center or preschool setting

10-Full-time (20 hours or more per week) child-development-related experience

5-Part-time (less than 20 hours per week) child development-related experience
10-Registered child development home provider
5-Nonregistered family home provider
CHILD DEVELOPMENT-RELATED TRAINING
One point per contact hour of training

In obtaining the total of 100 points, a minimum of two categories must be used, no more than 75 points may be achieved in any one category, and at least 20 points shall be obtained from the experience category. (2) Points obtained in the child development-related training category shall have been taken within the past five years. (3) For directors in centers predominantly serving children with special needs, the directors may substitute a disabilities-related or nursing degree for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, experience in working with children with special needs in an administrative or direct care capacity shall be equivalent to full-time experience in a child care center or preschool in determining point totals. (4) For directors in centers serving predominantly school-age children, the directors may substitute a degree in secondary education, physical education, recreation or related fields for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, child-related experience working with school-age children shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

b) Licensed Group Child Care Homes:

1. Infant lead teacher

One provider who meets the following qualifications must always be present:
(1) The provider shall be at least 21 years old.
(2) The provider shall have a high school diploma, GED, or documentation of current or previous enrollment in credit-based coursework from a postsecondary educational institution that is an accreditedcollege or university.
(3) The provider shall either:
1. Have five years of experience as a registered or nonregistered child care provider, or
2. Have a child development associate credential or any two-year or four-year degree in a child care-related field and four years of experience as a registered or nonregistered child care home provider.

and assistant qualifications:

The coprovider shall meet the requirements of a Catogory B Provider. Child Development Home Category B: High School Diploma or GED plus 2 years experience as a registered or non-registered or possess a CDA or a 2 or 4 year degree in a child related field and 1 year experience; must be at least 20 years of age

2. Toddler lead teacher

One provider who meets the following qualifications must always be present:

(1) The provider shall be at least 21 years old.

(2) The provider shall have a high school diploma, GED, or documentation of current or previous enrollment in credit-based coursework from a postsecondary educational institution that is an accreditedcollege or university.

(3) The provider shall either:

1. Have five years of experience as a registered or nonregistered child care provider, or

2. Have a child development associate credential or any two-year or four-year degree in a child care-related field and four years of experience as a registered or nonregistered child care home provider.

and assistant qualifications:

The coprovider shall meet the requirements of a Catogory B Provider. Child Development Home Category B: High School Diploma or GED plus 2 years experience as a registered or non-registered or possess a CDA or a 2 or 4 year degree in a child related field and 1 year experience; must be at least 20 years of age

3. Preschool lead teacher

One provider who meets the following qualifications must always be present:

(1) The provider shall be at least 21 years old.

(2) The provider shall have a high school diploma, GED, or documentation of current or previous enrollment in credit-based coursework from a postsecondary educational institution that is an accreditedcollege or university.

(3) The provider shall either:

1. Have five years of experience as a registered or nonregistered child care provider, or

2. Have a child development associate credential or any two-year or four-year degree in a child care-related field and four years of experience as a registered or nonregistered child care home provider.

and assistant qualifications:

The coprovider shall meet the requirements of a Catogory B Provider. Child Development Home Category B: High School Diploma or GED plus 2 years experience as a registered or non-registered or possess a CDA or a 2 or 4 year degree in a child related field and 1 year experience; must be at least 20 years of age

4. School-Age lead teacher

One provider who meets the following qualifications must always be present:

(1) The provider shall be at least 21 years old.

(2) The provider shall have a high school diploma, GED, or documentation of current or previous enrollment in credit-based coursework from a postsecondary educational institution that is an accreditedcollege or university.

(3) The provider shall either:

1. Have five years of experience as a registered or nonregistered child care provider, or

2. Have a child development associate credential or any two-year or four-year degree in a child care-related field and four years of experience as a registered or nonregistered child care home provider.

and assistant qualifications:

The coprovider shall meet the requirements of a Catogory B Provider. Child Development Home Category B: High School Diploma or GED plus 2 years experience as a registered or non-registered or possess a CDA or a 2 or 4 year degree in a child related field and 1 year experience; must be at least 20 years of age

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications

Child Development Home Category A: Provider must have 3 references and be at least 18 years of age.

Child Development Home Category B: High School Diploma or GED plus 2 years experience as a registered or non-registered or possess a CDA or a 2 or 4 year degree in a child related field and 1 year experience; must be at least 20 years of age

d) Other eligible providers qualifications:

18 years of age or older

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics.

(658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State certifies that it has health and safety requirements for individuals (providers) receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation

☐ Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016.

Provide a citation and a link if available

☑ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Initial draft of rule changes is done and being reviewed

Unmet requirement - Identify the requirement(s) to be implemented Prevention and control of infectious diseases (including immunization)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Submit rule changes

Projected start date for each activity: 03/15/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency and rule committee

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update communications and forms

- Draft changes to manual and handbook andsubmit for review and finalization

- Modify form templates and submit for review to field and finalization

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency policy staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Unmet requirement - Identify the requirement(s) to be implemented Prevention of sudden infant death syndrome and use of safe sleeping practices

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Submit rule changes

Projected start date for each activity: 03/15/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead agency and rules committee

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update communications and forms

- Draft changes to manual and handbook andsubmit for review and finalization
- Modify form templates and submit for review to field and finalization

Projected start date for each activity: 01/01/2016

Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency policy staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Unmet requirement - Identify the requirement(s) to be implemented Administration of medication, consistent with standards for parental consent

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Submit rule changes

Projected start date for each activity: 03/15/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency and rules committee

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update communications and forms

- Draft changes to manual and handbook andsubmit for review and finalization
- Modify form templates and submit for review to field and finalization

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency policy staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

☐ Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016.

Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements

☑ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Lead Agency has reviewed options and costs of developing a preservice training. The options and plan were reviewed with SCCAC and ECI PD committee. The Lead Agency has a contract for development of the training.

Unmet requirement - Identify the requirement(s) to be implemented pre-service (prior to initial service) or orientation (period from when service started) appropriate to the provider setting that address each of the requirements relating to the required topic areas

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Contractors complete development of training modules and platform.

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Iowa Department of Public Health, ISU Extension

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Draft rule changes and submit rules

Projected start date for each activity: 12/01/2015
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update communications, including:

Draft changes to manual and handbook for CCCAU & field and submit for review and finalization

Modify form templates and submit for review to field and finalization

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Determine and implement registry system needs to accommodate the developed preservice training

Projected start date for each activity: 04/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

☑ Nutrition (including age appropriate feeding).

Describe:

Child Development Homes: Regular meals and midmorning and midafternoon snacks

shall be provided which are well-balanced, nourishing, and in appropriate amounts as defined by the USDA Child and Adult Care Food Program. Children may bring food to the child development home for their own consumption, but shall not be required to provide their own food.

Child Care Centers: Nutritionally balanced meals or snacks. The center shall serve each child a full, nutritionally balanced meal or snack as defined by the USDA Child and Adult Care Food Program (CACFP) guidelines and shall ensure that staff provide supervision at the table during snacks and meals.

Children remaining at the center two hours or longer shall be offered food at intervals of not less than two hours or more than three hours apart unless the child is asleep.

Menu planning. The center shall follow the minimum CACFP menu patterns for meals and snacks and serving sizes for children aged infant to 13 years. Menus shall be planned at least one week in advance, made available to parents, and kept on file at the center. Substitutions in the menu, including substitutions made for infants, shall be noted and kept on file. Foods with a high incident rate of causing choking in young children shall be avoided or modified. Provisions of this subrule notwithstanding, exceptions shall be allowed for special diets because of medical reasons in accordance with the child's needs and written instructions of a licensed physician or health care provider.

Feeding of children under two years of age.

a. All children under 12 months of age shall be fed on demand, unless the parent provides other written instructions. Meals and snacks provided by the center shall follow the CACFP infant menu patterns. Foods shall be appropriate for the infant's nutritional requirements and eating abilities. Menu patterns may be modified according to written instructions from the parent, physician or health care provider. Special formulas prescribed by a physician or health care provider shall be given to a child who has a feeding problem.

b. All children under six months of age shall be held or placed in a sitting-up position sufficient to prevent aspiration during feeding. No bottles shall be propped for children of any age. A child shall not be placed in a crib with a bottle or left sleeping with a bottle. Spoon feeding shall be adapted to the developmental capabilities of the child.

c. Single-service, ready-to-feed formulas, concentrated or powdered formula following the manufacturer's instructions or breast milk shall be used for children 12 months of age and younger unless otherwise ordered by a parent or physician.

d. Whole milk for children under age two who are not on formula or breast milk unless otherwise directed by a physician.
e. Cleaned and sanitized bottles and nipples shall be used for bottles prepared on site. Prepared bottles shall be kept under refrigeration when not in use

Food preparation, storage, and sanitation. Centers shall ensure that food preparation and storage procedures are consistent with the recommendations of the National Health and Safety Performance Standards and provide:
a. Sufficient refrigeration appropriate to the perishable food to prevent spoilage or the growth of bacteria.
b. Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent the transmission of disease, infestation of insects and rodents, and the spoilage of food. Staff preparing food who have injuries on their hands shall wear protective gloves. Staff serving food shall have clean hands or wear protective gloves and use clean serving utensils. c. Sanitary methods for dish-washing techniques sufficient to prevent the transmission of disease.
d. Sanitary methods for garbage disposal sufficient to prevent the transmission of disease and infestation of insects and rodents.

☑ Access to physical activity.

Describe:

Child Development Homes Activity program. There shall be an activity program which promotes self-esteem and exploration and includes: a. Active play. b. Quiet play. c. Activities for large muscle development. d. Activities for small muscle development. e. Play equipment and materials in a safe condition, for both indoor and outdoor activities which are developmentally appropriate for the ages and number of children present.

Child Care Centers: Develop a curriculum or program structure that uses developmentally appropriate practices and an activity program appropriate to the developmental level and needs of the children. Activities. The center shall have a written curriculum or program structure that uses developmentally appropriate practices and a written program of activities planned according to the developmental level of the children. The center shall post a schedule of the program in a visible place. The child care program shall complement but not duplicate the school curriculum. The program shall be designed to provide children with: a. A curriculum or program of activities that promotes

self-esteem and positive self-image; social interaction; self-expression and communication skills; creative expression; and problem-solving skills. b. A balance of active and quiet activities; individual and group activities; indoor and outdoor activities; and staff-initiated and child-initiated activities. c. Activities which promote both gross and fine motor development. d. Experiences in harmony with the ethnic and cultural backgrounds of the children. e. A supervised nap or quiet time for all children under the age of six not enrolled in school who are present at the center for five or more hours.

☐ Screen time.

Describe:

☑ Caring for children with special needs.

Describe:

Child Care Centers Policies for children requiring special accommodations: Reasonable accommodations, based on the special needs of the child, shall be made in providing care to a child with a disability. Accommodation can be a specific treatment prescribed by a professional or a parent, or a modification of equipment, or removal of physical barriers. The accommodation shall be recorded in the child's file.

Play equipment, materials and furniture: The center shall provide sufficient and safe indoor play equipment, materials, and furniture that conform with the standards or recommendations of the Consumer Product Safety Commission or the American Society for Testing and Materials for juvenile products. Play equipment, materials, and furniture shall meet the developmental, activity, and special needs of the children.

☑ Recognition and reporting of child abuse and neglect.

Describe:

Providers are required to receive two hours of approved child abuse and neglect mandatory reporter training.

☐ Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety.

Describe:

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from these CCDF health and safety requirements.

Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics?

☐ Yes, all relatives are exempt from all health and safety training requirements.
If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care.

☐ Yes, some relatives are exempt from health and safety training requirements.
If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

☑ No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory shall have in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

☐ Yes.
The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation

☑ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Centers already fully meet these requirements as they have a pre-license visit and annual inspections to ensure compliance.

Child Development Homes have annual inspections to ensure compliance.

Unmet requirement - Identify the requirement(s) to be implemented policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

A LEAN event was held in Feb. 2016 to develop processes for annual inspections for Non-Registered child care homes receivingCCDF funding. LEAN participants will continue with follow-up meetings and homework to be ready to start the new process by 10/01/2016. LEAN is a process improvement approach and is a methodology that eliminates waste and increases efficiency in agency process. The State of Iowa has been using LEAN & Kaizen practices for continuous improvement.

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency policy and field staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Provide recommendations to Service Business Team regarding staffing and IT barriers.

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

☐ Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in

related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

☑ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) 11/19/2017

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Not yet started

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Individuals hired to inspect child care facilities must meet minimum qualifications.

At a minimum the inspectors must have:

Graduated from an accredited four year institution

OR

the equivalent of four years of full-time technical work experience involving direct contact with people in overcoming their social, economic, psychological, or health problems;

OR

A combination of education and experience substituting the equivalent of one year of full-time qualifying work experience for one year (thirty semester or equivalent hours) of the required education to a maximum substitution of four years.

Unmet requirement - Identify the requirement(s) to be implemented ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Lead Agency staff that inspect child development homes and non-registered homes will receive the same Health and Safety training modules as child care providers will be recieving in their preservice/orientation modules.

DHS Child Care consultants for licensed centers will also receive the same health and safety training.

Projected start date for each activity: 12/01/2015

Projected end date for each activity: 11/19/2016

Agency - Who is responsible for complete implementation of this activity Lead Agency staff & local field offices of lead agency

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Healthy Child Care Iowa, Iowa State University Extension

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

☐ Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits

☑ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Preinspections and annual unannounced visits are already completed on licensed child care centers.

Annual unannounced visits are already completed on registered child development homes.

Unmet requirement - Identify the requirement(s) to be implemented require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

LEAN event was held in Feb 2016 to develop the process for doing preinspections for registered child development homes. LEAN participants will continue with follow-up meetings and homework to be ready to start the new process by 10/01/2016.

Projected start date for each activity: 02/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Discuss LEAN recommendations with Service Business Team and State Child

Care Advisory Committee.

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

State Child Care Advisory Committee

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Submit rule changes that will align with new compliance requirements

Projected start date for each activity: 03/15/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update Communication guides for child care prvoiders

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)**) - It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

☐ Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements:

☑ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

LEAN event was held to develop process for annual inspections for licensed-exempt homes

Draft of rule changes is completed and being reviewed

Unmet requirement - Identify the requirement(s) to be implemented policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B))).

Tasks/Activities - What specific steps will you take to implement the unmet

requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

LEAN event was held in Feb 2016 to develop the process for doing annual inspections for licensed-exempt homes. LEAN participants will continue with follow-up meetings and homework to be ready to start the new process by 10/01/2016.

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Discuss LEAN recommendations with Service Business Team and State Child Care Advisory Committee.

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

State Child Care Advisory Committee

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Submit rule changes that will align with new compliance requirements

Projected start date for each activity: 03/15/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update Communication guides for child care providers

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

d) **Ratio of Licensing Inspectors**) - It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

☑ Yes.

The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors:

Current ratios of licensing inspectors for centers (1:120) and child development homes (1:218) allow the Lead Agency to meet state policies regarding annual checks.

Centers: 441-109.3(1) At least one unannounced on-site visit shall be conducted each calendar year.

Child Development Homes: 441-110.6(237A) Compliance checks. During a calendar year, the department shall seek to check 100 percent of all child development homes in each county for compliance with registration requirements.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target

completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

e) **Child Abuse and Neglect Reporting** - That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

☑ Yes.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s):

232.69 Mandatory and permissive reporters - training required.

1. The classes of persons enumerated in this subsection shall make a report within twenty-four hours and as provided in section 232.70, of cases of child abuse. In addition, the classes of persons enumerated in this subsection shall make a report of abuse of a child who is under twelve years of age and may make a report of abuse of a child who is twelve years of age or older, which would be defined as child abuse under section

232.68, subsection 2, paragraph "a", subparagraph (3) or (5), except that the abuse resulted from the acts or omissions of a person other than a person responsible for the care of the child

232.69(2) "b" (5) An employee or operator of a licensed child care center, registered child development home, head start program, family development and self-sufficiency grant program under section 216A.107, or healthy opportunities for parents to experience success - healthy families Iowa program under section 135.106.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from inspection requirements.

Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

☐ Yes, all relatives are exempt from all inspection requirements.
If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.

☐ Yes, some relatives are exempt from inspection requirements.
If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

☑ No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search

of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.
Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.
Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.
Fees for background checks - Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.
Transparency - The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.
Appeals process - The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.
Privacy considerations - Lead Agency may not publicly release the results of individual background checks.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

☐ Fully implemented and meeting all Federal requirements outlined above.

List the policy citation within the Lead Agency's rules and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

☑ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and

descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2017) 09/30/2017

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Iowa currently conducts state criminal and sex offender registry checks in Iowa but not other states the applicant has lived in within the last 5 years.
Iowa currently conducts state child abuse and englect registry checks in Iowa but not other states the applicant has lived in within the last 5 years.

Collaboration with Iowa Department of Public Safety has begun in regards to timelines for background checks and potential for rap back.

The lead agency has also had discussions with the Department of Education regarding a cost analysis for electronic fingerprinting equipment.

The NPRM has more specific information regarding expectations of the NCIC search. The lead agency additionally is awaiting federal guidance regarding cross-state checks and accessibility to information within condensed timeframes.

The Department has begun evaluation into the "5 year" timeframe and has sought further clarification regarding allowances to re-check persons during that timeframe without the availability of rap-back, in accordance with the federal law.

The Iowa Department of Public Safety is the State repository and therefore, all checks are submitted to the FBI through DPS.
DPS does not use an FBI channeler or 3rd party to run checks.
DPS is working towards a new AIFIS but It will not be available by 9/30/17. Rap back is a subscription service that would have additional cost requirements that need to be analyzed.

To implement requirement for State fingerprint checks, a code change to Iowa Code 692.2 would be required as Iowa does not conduct and is not mandated to complete finger record checks. This is outside of the lead agency purview

Unmet requirement - Identify the requirement(s) to be implemented. National Crime Information Center (run by the FBI)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The NPRM has more specific information regarding expectations of the NCIC search. Await guidance from federal rules and federal TA team on what files with in NCIC must be checked and the process to do so.

Projected start date for each activity: 12/01/2015
Projected end date for each activity: 09/30/2017
Agency - Who is responsible for complete implementation of this activity Lead agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

none

Unmet requirement - Identify the requirement(s) to be implemented. National Sex Offender Registry.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Await federal guidance on how to contuct check of NSOR

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2017
Agency - Who is responsible for complete implementation of this activity Lead agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

none

Unmet requirement - Identify the requirement(s) to be implemented. Conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Lead agency policy staff are in discussions with the Iowa Department of Public Safety to review options for completing the background checks within the required time frame

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2017
Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Department of Public Safety

Unmet requirement - Identify the requirement(s) to be implemented. State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years;

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Collaboration with Iowa Department of Public Safety has begun. The lead agency additionally is awaiting federal guidance regarding cross-state checks and accessibility to information within condensed timeframes.

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2017
Agency - Who is responsible for complete implementation of this activity Lead agency policy staff

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

Other States

Unmet requirement - Identify the requirement(s) to be implemented. State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years,

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Collaboration with Iowa Department of Public Safety has begun. The lead agency additionally is awaiting federal guidance regarding cross-state checks and accessibility to information within condensed timeframes.

Projected start date for each activity: 01/01/2016

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity Lead Agency policy staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Other States

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks.

Describe:

The Lead Agency conducts the state background checks at a minimum of every 2 years and FBI fingerprint-based checks at a minimum of every 4 years and when the Lead Agency or the provider becomes aware of any possible transgressions by staff.

Child Development Homes send completed record check authorization forms and fingerprint checks to the Lead Agency and they are submitted for processing no more than 2 days after

received. An acceptable print card is submitted to the Department of Public Safety who then submits to the FBI for review. The FBI returns results to the Department of Public Safety who then provides this information to the lead agency. If a possible transgression is identified, the lead agency will request a record check evaluation form from the person subject to the record check. A record check evaluation will be completed and the child development home provider will be advised if somone subject to a record check is approved to be involved in child care. Specific information regarding the transgression is not disclosed. Child Development Homes may utilize the single contact repository (SING) to complete criminal and child abuse record checks in Iowa if they have subsitutes or assistants.

Licensed child care centers may utilize the single-contact repository (SING) to complete criminal and child abuse record checks in Iowa. If a possible transgression is identified, the system will advise that further evaluation is required and the center must then work with the lead agency to have this completed. The licensed center is also required to submit fingerprints to the Department of Public Safety for staff members. The center will be asked to facilitate completion of the record check evaluation form for the person with the transgression. Once an evaluation has been completed by the department, the center will receive a notice of decision on whether the Department has approved the person's involvement with child care. Information outlining the specific transgressions is not included.

APPEALS:

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 forHearing 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.

5.3.3 Describe how the State/Territory is assisting other States process background checks, including which agency/entity is responsible for working with other states

Describe:

We do not have a specific process at this time.

5.3.4 Does the State have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

☑ Yes.

Describe:

The Lead Agency has a record check evaluation process that includes a mandatory prohibition and a mandatory time limited prohibition.

A forcible felony requires a mandatory prohibition.

A conviction of a controlled substance offense under Iowa Code Chapter 124 is subject to a 5 year mandatory prohibition.

After 5 years has passed, an evaluation will still be required. The evaluation requires an assessment of the following factors:

1. The nature and seriousness of the transgression in relation to the position sought or held.

2. The time elapsed since the commission of the transgression.
3. The circumstances under which the transgression was committed.
4. The degree of rehabilitation.
5. The likelihood that the person will commit the transgression again.
6. The number of transgressions committed by the person.

☐ No.

5.3.5 Does the Lead Agency disqualify child care staff members based on their conviction for other crimes not specifically listed above?

☑ Yes.

Describe:

The lead agency identifies the following transgressions as a mandatory prohibition from involvement with child care:

(1) Founded child or dependent adult abuse that was determined to be sexual abuse.

(2) Placement on the sex offender registry.

(3) Felony child endangerment or neglect or abandonment of a dependent person.

(4) Felony domestic abuse.

(5) Felony crime against a child including, but not limited to, sexual exploitation of a minor.

(6) Forcible felony

Additionally, there is a minimum 5 year prohibition from involvement in child care for founded child abuse that was determined to be physical abuse and a conviction of a controlled substance offense under Iowa Code Chapter 124.

☐ No.

5.3.6 Does your State State/Territory exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from background checks?

☐ Yes, all relatives are exempt from all background check requirements.

☐ Yes, some relatives are exempt from the background check requirements. If the State /Territory exempts some relatives from background check requirements, describe which relatives are exempt. from which requirements (some or all).

Describe.

☑ No, relatives are not exempt from background checks.

5.3.7 Describe how fees charged for completing the background checks do not exceed the actual cost of processing and administration, including how the State State/Territory ensures that 3rd party vendors or contractors do not charge fees that exceed the actual cost of processing and administration, if applicable.

Lead Agencies can report that no fees are charged if applicable:

Describe.

Costs of the state background checks are $15.00

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

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

Costs for the state background checks and FBI fingerprint-based in Child Development Homes are the responsibility of the Lead Agency. The Lead Agency does not obtain a fee from providers in excess of that charged by state DCI and FBI.

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue:

Describe.

The following information is available on our website for parents and providers:

Who needs background checks?

·A person who is being considered for licensure or registration

·A person is being considered for employment and will have direct responsibility for a child or access to a child when alone

·A person who will reside in a child care facility or non-registered child care home that receives or has applied to receive public funding to provide child care

·A person who has applied for or receives public funding for providing child care

What Background Checks are completed?

·Criminal and child abuse record checks in Iowa every 2 years

·Iowa Sex Offender Registry and Dependent Adult Abuse records are also reviewed every 2 years

·National fingerprint background check every 4 years

What if a person has a record?

·If a person has a transgression, a record check evaluation must be completed.

·A transgression is any of the following:

o Conviction of a crime

o Record of founded child or dependent adult abuse

o Is on the sex offender registry

o Has committed a public or civil offense

o The person has had a revocation of a child care registration or license as a result of continued or repeated failure to operate in compliance

What is an evaluation?

·In an evaluation, the Department must consider:

·The type and seriousness of the transgression

·Time passed since the transgression

·The circumstances under which the transgression was committed

·The degree of rehabilitation

·The likelihood that the person will commit the transgression again

·The number of transgressions committed by the person involved.

Who is not allowed to be involved in child care?

·Any person that has a record of founded child or dependent adult abuse that was determined to be sexual abuse

·Any person listed on the sex offender registry

·Has committed the following felony offenses:

o Child endangerment or neglect or abandonment of a dependent person'

o Domestic abuse

o A crime against a child including but not limited to sexual exploitation of a minor

o A forcible felony

·The following have a 5 year prohibition:

o Convicted of a controlled substance offense

o Found to have committed physical abuse

o The department has the authority to determine if a person shall be prohibited from child care through completing an evaluation. If a person is prohibited, they may not be involved unless a new record check is completed and they are approved.

5.3.9 Does the Lead Agency release aggregated data by crime?

☐ Yes.

List types of crime included in the aggregated data:

☑ No.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications

that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State's training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.)

c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

- ☐ Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.
- ☑ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your

responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities);

Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Unmet requirement - Identify the requirement(s) to be implemented (provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities);

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Career ladders are already developed by ECI-PD and are ready for implementation. Create focus group/subcommittee to create a plan for:

- how the pathways can be placed within the state child care system
- stregthen the approved pathways for school age care

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

ECI PD, School Age Care Association and the State Child Care Advisory Committee, Iowa AEYC

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Submit a service request for the training registry to include the pathways.

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

N/A

Unmet requirement - Identify the requirement(s) to be implemented Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Create focus group/subcommittee to determine what additional trainings should be offered and where they would be placed in the career ladder.

Projected start date for each activity: 04/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency Staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

ECI PD, State Child Care Advisory Committee, Iowa AEYC

6.1.2 Describe how the State provides ongoing training and professional development, provides for a progression of professional development (such as allows an individualto build on entry- and mid-level training and education both in terms of the skills and knowledge they attain but also in terms of credit that leads toward a higher level credential or certification, including articulation agreements) reflecting research and best practice to meet the developmental needs of participating children and improve the quality and stability of the child care workforce:

☑ State/Territory professional standards and competencies.

Describe.

The teacher/provider competencies based on NAEYC were developed and adopted by ECI PD in 2010. The program administrator/director competencies were developed and adopted by ECI PD in 2015. Adult educator competencies were developed and adopted by ECI PD. CCRR consultant competencies were developed and recommended by ECI PD. All of these competencies are used on a voluntary basis. ECI PD (our SAC) is developing strategies to attain competencies through appropriate training and pathways. There is a plan to incorporate these competencies within the professional development and workforce registry, and to ensure more courses are offered to meet these requirements.

☑ Career ladder or lattice.

Describe.

Career ladders (knowledge and competency framework) for teacher/provider roles and administrator/director roles have been developed and adopted by ECI PD and are ready for implementation. Courses offered by the primary professional development organizations (CCRR and ISU Extension) have been infused into the ladder at recommended levels. Some of these courses (but not extensively statewide) are offered in languages other than English. After 120 hours of basic training, the teacher/provider/administrator is encouraged to apply for the CDA credential, supported by T.E.A.C.H. funding (some of which comes from CCDF). The CDA articulates into the community college A.A.S. or A.S. programs.

☑ Articulation agreements between two- and four-year postsecondary early childhood education or degree programs.

Describe.

Multiple articulation agreements exist between ECE associate degree programs and four-year non-teacher licensure degree programs. Strong agreements exist between AA programs and teacher licensure four-year programs. The state-level professional development system building committees continue to engage higher education faculty in these conversations on behalf of the current child care workforce.

☑ Community-based training approved by a state regulatory body to meet licensing or regulatory requirements.

Describe.

Only approved trainings can be used to meet licensing or registration requirements. Iowa requires affiliation with an approved training organization and listing on the workforce and professional development registry for trainings to count toward the minimum training hours.

☑ Workforce data, including recruitment, retention, registries or other documentation, and compensation information.

Describe.

The last workforce study was completed in 2010. Next workforce study will be complete in 2016 through the Child Care WAGE$ Iowa program for child care centers only. The T.E.A.C.H. program collects and verifies education levels, retention, and compensation for the 1800 providers who have participated in the program over the past twelve years. Discussions about using the registry system to collect core data elements, verify data and desegregate reports are underway.

☑ Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework.

Describe.

ECI PD Exec and Early Learning Leadership, as part of a larger Early Childhood Iowa Alliance (our SAC) and the Iowa School Age Care Association provides recommendations in all of these areas.

☑ Continuing education unit trainings and credit-bearing professional development.

Describe.

All required training is tracked in clock hours. 1 CEU equals 10 clock hours, 1 semester credit of college coursework applicable to the role and setting equals 15 clock hours.

☑ State-approved trainings.

Describe.

State (DHS) has developed a number of trainings with the support of CCRR, ISU Extension, and other partners for basic-level training for family child care providers (ChildNet), center staff (NSO), and administrators (NAC), IELS, EC-PBIS, PITC, etc. These and other trainings are offered regularly, statewide. Iowa requires affiliation with a training organization and listing on the workforce and professional development registry for trainings to count toward the minimum training hours. Many community based organizations use this as a way to offer training to those trying to meet DHS requirements

☐ Inclusion in state and/or regional workforce and economic development plans.

Describe.

☐ Other.

Describe.

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

Describe.

The State Child Care Advisory Committee, Early Childhood Iowa Professional Development, the ECI PD Executive Committee, T.E.A.C.H Advisory Council, Iowa Afterschool Alliance, the Iowa School Age Care Association and providers were represented when making recommendations to the Lead Agency. The recommendations were approved with the ECI PD Leadership and the ECI PD Executive Committees before submitting to the Lead Agency.

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements

Describe.

Training on Iowa Early Learning Standards and EC-PBIS is available to child care providers, but is not required. The approved pathway has training that includes: health and safety standards, early learning standards, and socio-emotional/behavioral content.

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

Describe.

All providers living in the state have access to approved training and professional development offered within the state, including tribal organizations receiving CCDF funds.

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Describe.

The Lead Agency training requirements apply to all regulated providers in the state. Providers who work with the diverse needs of children have access to training that meet these requirements. Training provided to Iowa child care providers shall offer instruction that is consistent with regulatory standards, Iowa Early Learning Standards, and the philosophy of developmentally appropriate practices. Training and professional development is reviewed and approved by the Lead Agency. Training organizations that are approved meet the above

standards. Additional pre-service and educational recommendations for CCDF regulated and funded providers will require more courses to be developed and available to meet the special needs of some populations of children.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

☑ Financial assistance for attaining credentials and post-secondary degrees.

Describe.

T.E.A.C.H. Early Childhood® IOWA is supported by Quality funds and Infant-Toddler Quality Setaside funding and supports financial costs to providers and their programs for attaining credentials and degrees.

☑ Financial incentives linked to education attainment and retention.

Describe.

Child Care WAGE$® IOWA offers financial incentives in the form of compensation stipends for teachers and child care providers with attained higher education who care for children on CCA and participate in a quality initiative such as our QRS or NAEYC accreditation.

☐ Registered apprenticeship programs.

Describe.

☑ Outreach to high school (including career and technical) students.

Describe.

Through the T.E.A.C.H. program, high school early childhood or family and consumer science teachers are being approached about assisting their students to attain the CDA credential by high school graduation. CCR&R staff and others are frequently asked to speak in high school classes about child care as a career option. In addition, the T.E.A.C.H. Career Directory is updated every 2-3 years and sent out electronically to all high school guidance counselors and principals across the state. http://www.iowaaeyc.org/iowa-career-directory.cfm

☐ Policies for paid sick leave.

Describe.

☐ Policies for paid annual leave.

Describe.

☐ Policies for health care benefits.

Describe.

☐ Policies for retirement benefits.

Describe.

☐ Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services).

Describe.

☐ Other.

Describe.

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

Describe.

The CCR&R system has translated several of their outreach materials in to Spanish and recently offered two of their core/beginning trainings in Spanish. The Iowa Early Learning Standards were recently translated into Spanish. Local agencies throughout the state provide technical assistance and educational opportunities to refugees who provide home child care. The Lead Agency will explore ways to develop and support child care services within and for communities of color, especially immigrant communities where English is not the first language for families. Lead agency will work with the ECI Equity committee and other partners with similar needs to develop a successful plan.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- [x] Informational materials in non-English languages
- [x] Training and technical assistance in non-English languages
- [x] CCDF health and safety requirements in non-English languages
- [x] Provider contracts or agreements in non-English languages
- [ ] Website in non-English languages
- [x] Bilingual caseworkers or translators available
- [x] Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- [ ] 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 primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages

Spanish

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

- [ ] Yes.

The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers

☑ No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

The Lead Agency has identified organizations to provide this training.

Unmet requirement - Identify the requirement(s) to be implemented Use CCDF for activities to improve quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Include identifying and serving homeless children/families in pre-service/orientation training that is being developed.

Projected start date for each activity: 01/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Iowa Department of Public Health, Iowa State University Extension, CCR&R, Heathly Child Care Iowa, CCR&R,Iowa School Age Care Association, Approved

Training Organizations

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Collaborate with community partners on education and outreach to homeless populations, including the Department of Education's implementation of the Mckinney-Vento Homlessness Act and the Iowa Finance Authority's Council on Homelessness.

Projected start date for each activity: 12/01/2015
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency policy staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Department of Education, Iowa Finance Authority's Council on Homelessness

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update provider communication guides and employee manual

Projected start date for each activity: 02/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity Lead Agency Staff

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

CCR&R

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 If checked yes to 7.1 in the next section, check which content is included training and professional development activities. Check all that apply.

☑ Yes, If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

The statewide CCR&R contract mandates each R&R provides training, technical assistance and consultation services to providers. Through this contract, the CCR&R agencies provide a menu of professional development opportunities to providers (mostly free of charge) to assist them in reaching the goal of improving their quality of care. The CCR&R agencies have statewide training policies and procedures that require a standardized approval process for all training curriculum and trainers every 5 years. Additionally, the Lead Agency contracts with Iowa State University Extention and Outreach to provide numerous additional professional development opportunites to providers, aimed at increasing quality of care.

b) Indicate which funds will be used for this activity (check all that apply)

☑ CCDF funds.

Describe:

Quality funds support training and assessment of training outcomes, as well as needed updates to the workforce and professional development registry for data collection needs.

☑ Other funds.

Describe:

Early Childhood Iowa Professional Development, Head Start, AEA and ISU Extension

c) Check which content is included in training and professional development activities. Check all that apply.

- [x] Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c.

Describe:

The Lead Agency and/or other approved training organizations offer approved training that meet CDA content areas.

- [x] Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2).

Describe:

The Lead Agency and/or other approved training organizations offer approved training that meet CDA content areas.

- [x] Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development.

Describe:

The Lead Agency and/or other approved training organizations offer approved training that meet CDA content areas.

- [x] Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards.

Describe:

The Lead Agency and/or other approved training organizations offer approved training that meet CDA content areas.

- [x] On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development.

Describe:

The Lead Agency and/or other approved training organizations offer approved training that meet CDA content areas.

☐ Using data to guide program evaluation to ensure continuous improvement.

Describe:

☐ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe:

☑ Caring for and supporting the development of children with disabilities and developmental delays.

Describe:

The Lead Agency and/or other approved training organizations offer approved training that meet CDA content areas.

☑ Supporting positive development of school-age children.

Describe:

The Lead Agency and/or other approved training organizations offer approved training that meet CDA content areas.

☐ Other.

Describe:

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

☑ Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

☑ State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

☑ Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

☐ Other.

Describe:

☐ No.

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas?

States and Territories are encouraged to consult with Caring for our Children for best practices and recommended time needed to address training hour requirements.

☑ Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content

None

2) Number of on-going hours and any required areas/content

ALL STAFF:

Within first 6 months of employment

Mandatory Reporter (2 hours)

Universal Precautions and Infectious Disease (1 hour)

STAFF OVER 20 HOURS AND CENTER DIRECTORS:

During 1st full year of employment:10 contact hours of training from one or more of specific content areas (MCART, 1st AID/CPR do not count towards total)

At least four hours of the ten contact hours of training shall be received in a group setting

Center directors and on-site supervisors shall receive all ten hours of training in a group setting

Staff who have completed a comprehensive training package of at least ten contact hours offered through a child care resource and referral agency or community college within six months prior to initial employment shall have the first year's ten contact hours of training waived.

Following 1st full year of employment:

Maintain current certification for Iowa's training for the mandatory reporting of child abuse; infant, child and adult CPR; and infant, child and adult first aid.

Receive six contact hours of training annually from one or more of the content areas

Center directors and on-site supervisors shall receive eight contact hours of training annually from one or more of the content areas. At least four of the eight contact hours shall be in a group setting.

STAFF UNDER 20 HOURS:

During their first year of employment

Five contact hours of training from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence.

At least two of the five contact hours shall be in a sponsored group setting

Staff who have completed a comprehensive training package of at least ten contact hours offered through a child care resource and referral agency or community college within six months prior to initial employment shall have the five contact hours required in the first year waived.

Following their first year of employment:

Maintain current certification for Iowa's training for mandatory reporting of child abuse.

Receive four contact hours of training annually from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence.

At least two of the four contact hours shall be in a sponsored group setting.

Summer Only Programs

Two hours of Iowa's training for mandatory reporting of child abuse.

At least one hour of training regarding universal precautions and infectious disease control.

1 staff person on duty when children are present have CPR/1st Aid

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content

None

2) Number of on-going hours and any required areas/content

During the first 3 months of registration:

First Aid/CPR(must remain current)

Mandatory Reporter (and every 5 years thereafter)

During the 1st year of registration, at least 12 hours of training in specific content

areas. At least 6 hours in group setting (MCART 1st aid/CPR do not count in the 12 hours)
During the 2nd year of registration and each succeeding year, a minimum of 12 hours of training in specific content areas. (MCART, 1st aid/CPR do not count in the 12 hours)

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content

None

2) Number of on-going hours and any required areas/content

During the first 3 months of registration:
First Aid/CPR(must remain current)
Mandatory Reporter (and every 5 years thereafter)

During the 1st year of registration, at least 12 hours of training in specific content areas. At least 6 hours in group setting (MCART 1st aid/CPR do not count in the 12 hours)
During the 2nd year of registration and each succeeding year, a minimum of 12 hours of training in specific content areas. (MCART, 1st aid/CPR do not count in the 12 hours)

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content

None

2) Number of on-going hours and any required areas/content

Non-registered, license-exempt - Must have a valid first-aid and cardiopulmonary resuscitation (CPR) certificate or a first-aid certificate, which includes rescue breathing.

☐ No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

☑ Fully implemented - as of March 1, 2016.

Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

Iowa partners and contracts with First Children's Finance, a national nonprofit organization, to administer a full range of business development services designed to improve all areas of provider business knowledge and practices; including fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications.

First Children's Finance business development services include:

- Business trainings; approved by Iowa DHS and by NACPA for National Administrator Credential (NAC) renewal; specifically focused on helping directors, owners, managers, and board members address the unique challenges of sustaining a strong child care business; whether center or home-based, for-profit or not-for-profit. At least 6 of the trainings are provided annually by contract with the Lead Agency.
- Business technical assistance and consulting for child care centers, homes and communities. At least 60 hours are provided annually through the contract with the Lead Agency.
- Collaboration with partners; which helps target and build resources to serve the geographic areas and providers with the greatest business challenges. Currently, areas of high need include, but are not limited to: infant and toddler care, Early Head Start partner programs, rural child care, nontraditional child care, services to families of low income, programs experiencing significant transition and large complex programs.

Comprehensive Business Development Cohort Programs that focus on business quality, sustainability and growth, like the Growth Fund Program and Guided Growth Program.

Through an application process, child care centers or homes participating in First Children's Finance's business development programs must demonstrate: a need for support, a commitment to involve the director and board or owners, a commitment to quality, services to low income families, and a desire to improve business practices. First Children's Finance selects participants into cohorts of 3-5 programs for an extended period (1.5 to 2.5 years); during which time they receive in-depth technical assistance to assess their practices and financial status, write their unique business plan and/or goals, and implement improvements to their practices, quality and sustainability. Trainings and group guidance are provided to

complement the learning and improvement process. First Children's Finance also recruits a team of advisors (business and early childhood leaders from the community), who provide business guidance, connections, and encouragement to the participants. Over the last six years, cohort graduates have successfully developed and implemented business plans; increased business knowledge; increased enrollment; increased ratings in Iowa's Quality Rating System; increased financial viability; increased services to low-income families; implemented numerous unique improvements to facilities; and learned how to better engage their boards or owners as partners-all resulting in improving the quality of their programs and expanding access for families. At least one cohort is supported annually through the contract with the Lead Agency.

CCR&R offers National Administrator Credential(NAC) training for those interested in earning the credential and NAC approved continuing education hours so credentialed administrators can maintain their credential.

NAFCC offers their members Tom Copeland business practices training

Community colleges offer early childhood administration/management certificates

CDA credentialed providers have a professionalism training requirement

Providers business practices are supported in the QRS

Program Administrator workgroup of ECI PD provides recommendations in this area for regulation and for the QRS

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State's early learning and development guidelines appropriate for children from birth to kindergarten entry.

☑ The State assures that the early learning and development guidelines are:
- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency

· Revised in 2012, the ECI PD groups recommend updating every five years, with the next update underway by 2017.

☑ Fully implemented and meeting all Federal requirements outlined above - as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with to complete implement this activity

6.3.2 Check for which age group(s) the State has established early learning and development guidelines:

☑ Birth-to-three

Provide a link:

http://www.state.ia.us/earlychildhood/files/early_learning_standarda/IELS_2013.pdf

☑ Three-to-Five

Provide a link:

http://www.state.ia.us/earlychildhood/files/early_learning_standarda/IELS_2013.pdf

☐ Birth-to-Five

Provide a link:

☐ Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards).

Describe and provide a link:

☐ Other.

Describe:

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

☑ Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

☐ Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

☑ Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines.

Describe:

Multiple training organizations, including CCR&R, offer trainings about developing and implementing curriculum and learning activities based on the Iowa Early Learning Standards. Trainings focused on the enhancement of early learning and

development guidelines are also eligible to be taken for points within the QRIS system. The CCR&R agency is mandated by contractual obligations to actively provide consultation for the purposes of achieving, maintaining and increasing QRIS ratings.

☑ The technical assistance is linked to the State's/Territory's quality rating and improvement system.

Describe:

Many of the trainings developed and/or delivered by the statewide CCR&R System are contained within (are mandated or pointable items) the QRIS system. Various other trainings focused on the enhancement of early learning and development guidelines are also eligible to be taken for points within the QRIS system. The CCR&R agency is mandated by contractual obligations to actively provide consultation for the purposes of achieving, maintaining and increasing QRIS ratings.

☑ Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Each CCR&R agency is mandated to employ an infant and toddler specialist. This individual is available for consultation to providers and other agency staff. Additionally, the CCR&R agencies provide specialized infant and toddler training (PITC and EC-PBIS IT) to providers across the state.

☑ Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

The CCR&R agencies provide specialized training for providers of preschool-aged children (EC-PBIS for PS, EC-PBIS for FCC) across the state.

☑ Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Each CCR&R agency is mandated to employ child care consultants. They are available for consultation to providers and other agency staff.

b) Indicate which funds are used for this activity (check all that apply)

☑ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Quality Set Aside

☑ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State General Funds

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used to deny children eligibility to participate in the CCDF program
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

☑ Yes.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in

three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

1) Supporting the training and professional development of the child care workforce (as described in Section 6)

2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)

3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services

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

5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)

6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)

7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children

8) Supporting providers in the voluntary pursuit of accreditation

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

10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example,

activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement?

Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

Through the work of an extensive Regional Educational Laboratory (REL) evaluation that included surveys of both home and center providers across the state and the work of the QRS Oversight Team (OT) on a proposed recalibration of the QRS system, the Lead Agency developed the following goals for the FFY16-18 timeframe:

Goal 1 - Increase participation in the QRS system by using a tiered reimbursement for providers that links the current Market Rate Survey reimbursement level to the highest level of QRS.

Goal 2 - Complete work on the recalibration of the QRS to ensure a more Continuous Quality Improvement (CQI) approach and an increased reliance on evidence-based practices within the system.

Goal 3 -- Follow-up on recommendations of the REL evaluation once the final report has been prepared and released.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

- [x] Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2. Indicate which funds will be used for this activity (check all that apply)
  - [x] CCDF funds.

    Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

    Targeted and Set-aside
  - [x] Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State General Funds

- [x] Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3. Indicate which funds will be used for this activity (check all that apply)
  - [x] CCDF funds.

    Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

    Targeted and Set-aside
  - [x] Other funds.

    Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

    State General Funds
- [x] Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4. Indicate which funds will be used for this activity (check all that apply)
  - [x] CCDF funds.

    Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

    Targeted and Set-aside
  - [x] Other funds.

    Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

    State General Funds
- [x] Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5. Indicate which funds will be used for this activity (check all that apply)
  - [x] CCDF funds.

    Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

    Targeted and Set-aside
  - [x] Other funds.

    Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

    State General Funds

☐ Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6. Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

☐ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

☐ Supporting accreditation. If checked, respond to 7.7. Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

☐ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

☑ Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8. Indicate which funds will be used for this activity (check all that apply)

☑ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Targeted

☑ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State General Funds

☐ Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9. Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

☐ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

☑ Yes, the State/Territory has a QRIS operating State/Territory-wide.

Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available

The QRIS program in Iowa operates statewide and is administered by the the Lead Agency.

http://dhs.iowa.gov/quality-rating-system

☐ Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels

Provide a link, if available

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

☑ Participation is voluntary

☐ Participation is mandatory for providers serving children receiving subsidy.

If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.)

☐ Participation is required for all providers

☐ Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels

- [x] Supports and assesses the quality of child care providers in the State/Territory
- [x] Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- [ ] Embeds licensing into the QRIS.

Describe:

- [x] Designed to improve the quality of different types of child care providers and services
- [x] Describes the safety of child care facilities
- [x] Addresses the business practices of programs
- [x] Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- [x] Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services.

If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

The higher reimbursement incentive linked to families receiving Child Care Assistance is in addition to the achievement bonus the provider is eligible to receive.

QRS Achievement Bonuses

The following schedule of bonuses applies to Child Care Centers, Preschools, and school-based programs:

QRS LevelCenter licensed to care for:

up to 25 childrenCenter/26-50 children/51-100 children/more than 100 children

Level 2: $400/$800/$1200/$1600

Level 3: $600/$1200/$1800/$2400

Level 4: $800/$1600/$2400/$3200

Level 5: $1000/$2000/$3000/$4000

The following schedule of bonuses applies to Registered Child Development Home providers:

QRS LevelAchievement Bonus

Level 2: $400

Level 3: $600

Level 4: $800

Level 5: $1000

Achievement bonuses will be paid each time the rating is re-determined. You will receive the amount listed for your initial application. For subsequent applications, you will receive the amount listed if you achieve a higher level or maintain your level 5 rating . You will receive 50% of the amount listed if you achieve the same level or a lower level.

- [x] Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- [x] Licensed child care centers
- [x] Licensed family child care homes
- [ ] License-exempt providers
- [x] Early Head Start programs
- [x] Head Start programs
- [x] State pre-kindergarten or preschool program
- [x] Local district supported pre-kindergarten programs
- [x] Programs serving infants and toddlers
- [x] Programs serving school-age children
- [x] Faith-based settings
- [ ] Other.

Describe:

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Describe:

The Lead Agency will measure progress in improving the quality of child care programs through our Child Care Resource and Referral contract performance measures relating to the statewide QRIS. The contracts specifically require that CCR&R annually increase the number of child care providers that participate in levels 2-5 of QRIS. Additionally, the Lead Agency tracks this measure through its own performance measures that are reported to the Director.

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers?

Check all that apply and describe.

- [x] Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

  Describe:

  Partnerships with community organizations are established throughout the state to support high quality child care. Early Childhood Iowa (ECI) areas support these quality efforts with their community partners. One example of a partnership to improve the quality of child care for their community for children with the most risk factors most at-risk is the partnership with Polk County Early Childhood Iowa (Polk County ECI) and United

Way of Central Iowa (United Way). They have partnered for more than a decade with child care centers in the urban core of the metro area to form the Des Moines Area Child Care Coalition (the Coalition). Both community organizations have prioritized expanding the availability and improving the quality of child care available in the urban core in neighborhoods of high poverty.

Funding has been used to improve the quality of care through ongoing professional development for staff, ongoing onsite technical assistance, grants to invest in quality improvement materials for classrooms, improvement to facilities and playgrounds, staff salary subsidies and increased compensation for highly qualified center directors.

The Coalition is a cooperative group of 19 high-quality child care centers serving high percentages (80-100%) of state subsidized children. The majority of Coalition centers are located in neighborhoods of concentrated high poverty in the city of Des Moines. The Des Moines Area Child Care Coalition centers serve a diverse population: one is in a residential drug treatment center, two are in high schools serving teen parents, one is in a low-income housing project, one is a bilingual program, and three are in areas with access to serve the homeless.

Extensive support is offered to the child care centers by the Coalition Resource Team, funded collaboratively by United Way (private funds) and Polk County ECI (state funds). The Resource Team includes highly trained and experienced child care consultants, literacy specialists, mental health clinicians and child care nurse consultants. The Resource Team also provides ongoing professional development for center directors and teaching staff. Staff of Coalition centers are encouraged and supported to participate in the national model programs of T.E.A.C.H. and Child Care WAGE$ IOWA, both administered by the Iowa Association for the Education of Young Children. The T.E.A.C.H. and WAGE$ programs share the outcome goals of increased education, compensation and retention for the early childhood workforce. By increasing retention of the workforce, children receive continuity of care.

This community-based commitment to increase access to, and quality of, child care enabled the community to create an innovative partnership to increase year-round, full day care for infants and toddlers through receipt of five years of funding through the Early Head Start Child Care Partnership. This grant will allow the community to double the number of infants and toddlers enrolled through Early Head Start in eight of the Coalition child care centers. Drake University collaborated with United Way and Polk County ECI to identify participating centers and develop a plan to implement the grant. The grant and ongoing collaboration among Drake, United Way, and Polk County ECI will further

enhance the quality of early childhood care offered to infants and toddlers in the partnership centers.

☐ Establishing or expanding the operation of community or neighborhood-based family child care networks.

Describe:

☑ Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

Program for Infant Toddler Care (PITC), Early Childhood-Positive Behavior Interventions and Supports (EC-PBIS) and CCR&R child care consultants with infant and toddler expertise

☐ Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care.

Describe:

☑ Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists.

Describe:

Program for Infant and Toddler Care (PITC) and CCR&R child care consultants with infant and toddler expertise.

☑ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)

Describe:

The State Child Care Administrator participates on the Early Access Council and is active in the planning and implementation of the work of the council. This work includes monitoring progress of early intervention specialists that provide the services, ensuring that referrals are made for children in the child welfare system, and oversight of training requirements for Lead Agency social workers as it relates to Early Access.

☑ Developing infant and toddler components within the State's/Territory's QRIS.

Describe:

Program for Infant and Toddler Care (PITC).

☐ Developing infant and toddler components within the State's/Territory's child care licensing regulations.

Describe:

☑ Developing infant and toddler components within the early learning and development guidelines.

Describe:

The Iowa Early Learning Standards were developed and are reviewed every five years. These standards include fully developed infant/toddler standards.

☑ Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care.

Describe:

CCR&R parent referral and education services

☑ Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being.

Describe:

Healthy Child Care Iowa (HCCI) 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, the HCCI state health consultant and projected staff is funded through CCDF. The model also allows for direct linkage between child care settings/regulation and key Iowa Department of Public Health resources about child and provider health, immunizations, communicable disease, environmental health, and nutrition.

☐ Other.

Describe:

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory

Describe:

The Lead Agency will measure progress in improving the quality of child care programs

through our Child Care Resource and Referral and HCCI contract performance measures.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

☑ State/Territory has a CCR&R system operating State/Territory-wide.

Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary

The Lead Agency contracts with 5 regional Child Care Resource and Referral (CCR&R) Agencies. Each CCR&R Agency is responsible for providing the following core services: Parent Services and Referral Services

Provider Services: Provides training, technical assistance (TA) and consultation services that support the child care provider's ability to achieve and maintain regulatory status in good standing and work to achieve and maintain performance at higher quality levels in Iowa's Quality Rating System (QRS).

Community Services: Provides resources and education about child care issues to community and business leaders, supports early care and education initiatives throughout the regional service area, and serves as an advocate to community and business leaders to engage their support for child care issues.

☐ State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide

Describe:

☐ State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

The Lead Agency will measure progress in improving the quality of child care programs

through our Child Care Resource and Referral contract performance measures relating to the statewide QRIS. The contracts specifically require that CCR&R annually increase the percentage of child care providers that participate in levels 2-5 of QRIS.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards?

Describe:

The Lead Agency funds: CCR&R consultants, CCR&R training, HCCI contracts, Child Care Nurse Consultants and training, Universal Precautions training, and Mandatory Child Abuse Reporter Training.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

The Lead Agency monitors compliance with inspections for both homes and centers. Training for licensing and compliance staff is created to address areas of concern as identified by CCR&R consultants, CCR&R training, HCCI contracts, and Child Care Nurse Consultants. The Lead Agency uses monthly reports to determine compliance with numbers and billing to alert field staff of potential compliance problems.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings.

Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children

The Lead Agency measures the quality and effectiveness of child care programs in the state through our QRS program. Currently the program is voluntary in the state. The Lead Agency used comparison data across the market rate years to provide information to set a tiered level of payment for QRS Level 5 providers to support providers achieveing the highest and most rigorous level in the QRS and serving children most in need in a high quality setting. This tiered system will be implemented by the Lead Agency prior to October 1st, 2016.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

The Lead Agency will measure progress in improving the quality of child care programs through our Child Care Resource and Referral contract performance measures relating to the statewide QRIS. The contracts specifically require that CCR&R annually increase the number of child care providers that participate in levels 2-5 of QRIS. Additionally, the Lead Agency tracks this measure through its own performance measures that are reported to the Director.

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

☐ Yes, the State/Territory has supports operating State/Territory-wide.

Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation

☐ Yes, the State/Territory has supports operating as a pilot or in a few localities

Describe:

☐ No, but the State/Territory is in the development phase

☑ No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

N/A

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development?

Please describe:

The Lead Agency has been operating the Iowa Quality Rating System since 2006, which sets standards for programs to achieve a quality rating. The QRS oversight team is currently recalibrating the system to strengthen those standards.

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Programs submit an application for the QRS and are awarded a rating based on the quality activities they have completed and documented in their application.

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

Early Childhood Iowa (ECI) area boards through community needs assessments, identify gaps in services for childcare within their communities. Based on the needs identified, they provide additional supports for child care which include: behavioral intervention supports, curriculum, Child Care Nurse Consultants, bilingual staff, professional development through conferences and training, equipment purchase and incentives.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both

unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State ensures that their definitions for violations have been modified, staff trained, and program integrity procedures revised to reflect new requirements.

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 conducts ongoing quality control reviews of cases with respect to eligibility determination, authorizations and payments. Lead Agency data analyst and quality control staff compiles and reports error rate information, updates the corrective action plan, and ensures 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.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements.

Check all that apply.

- [x] Issue policy change notices
- [x] Issue new policy manual
- [x] Staff training
  - [x] Orientations
  - [x] Onsite training
  - [ ] Online training
- [ ] Regular check-ins to monitor implementation of the new policies.

  Describe:

- [x] Other.

  Describe:

  The Income Maintenance Training Academy conducts policy/procedure training on child care assistance as well as child care system training for all Child Care Registration and Payment staff on a regular basis.

  Child Care Licensing Consultants meet quarterly and receive some training. Regulatory staff working with Child Development Homes (CDH) meet bi-annually and also participate in monthly CIDS calls with the state's child care regulatory program manager. Additionally, CDH regulatory staff meets at least bi-annually with local Child Care Resource and Referral staff. Training and necessary policy and procedure updates are

handled at each of these meetings as applicable.

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF.

The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. 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.

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93).Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors").The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

Describe:

The Lead Agency 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.

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions 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. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

- [x] Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- [x] Run system reports that flag errors (include types)

  Describe:

  The Lead Agency completes two montly reports both focusing on monitoring for overcapacity and overpayment.
- [x] Review of enrollment documents, attendance or billing records
- [x] Conduct supervisory staff reviews or quality assurance reviews
- [ ] Audit provider records
- [x] Train staff on policy and/or audits
- [ ] Other.

  Describe:

- [ ] None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- [x] Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or 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)

  Describe:

- [x] Review of enrollment documents, attendance or billing records
- [x] Conduct supervisory staff reviews or quality assurance reviews
- [ ] Audit provider records
- [x] Train staff on policy and/or audits
- [ ] Other.

  Describe:

- [ ] None.

  Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or 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.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

- [ ] Require recovery after a minimum dollar amount in improper payment.

  Identify the minimum dollar amount:

- [x] Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- [x] Recover through repayment plans
- [ ] Reduce payments in subsequent months
- [x] Recover through State/Territory tax intercepts
- [ ] Recover through other means
- [ ] Establish a unit to investigate and collect improper payments.

  Describe:

- [ ] Other.

  Describe:

- [ ] None.

  Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- [ ] Require recovery after a minimum dollar amount in improper payment.

  Identify the minimum dollar amount:

- [x] Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- [x] Recover through repayment plans
- [ ] Reduce payments in subsequent months
- [x] Recover through State/Territory tax intercepts
- [ ] Recover through other means
- [ ] Establish a unit to investigate and collect improper payments.

  Describe composition of unit below

☐ Other.

Describe:

☐ None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, include action steps and completion timelines:

c) Check which activities the Lead Agency will use for 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)

☑ Recover through repayment plans

☐ Reduce payments in subsequent months

☑ Recover through State/Territory tax intercepts

☐ Recover through other means

☐ Establish a unit to investigate and collect improper payments.

Describe composition of unit below

☐ Other.

Describe:

☐ None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

☐ 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 provider fails to follow child care rules, their CCA Provider Agreement (which allows them to be paid by the CCA Program for eligible families) may be terminated, and the department may refuse to enter into new agreements with the provider.

The department may refuse to enter into or may revoke the Child Care Assistance Provider Agreement, Form 470-3871 or 470-3871(S), if any of the following occur:

a. The department finds a hazard to the safety and well-being of a child, and the provider cannot or refuses to correct the hazard.

b. The provider has submitted claims for payment for which the provider is not entitled.

c. The provider failsto cooperate with an investigation conducted by the department of inspections and appealsto determine whether information the providersupplied to the department regarding payment for child care services is complete and correct. Once the agreement is revoked for failure to cooperate, the department shall not enter into a new agreement with the provider until cooperation occurs.

d. The provider does not meet one of the applicable requirements to be a provider.

e. The provider fails to comply with any of the terms and conditions of the Child Care Assistance Provider Agreement, Form 470-3871 or 470-3871(S).

f. The provider submits attendance documentation for payment and the provider knows or should have known that the documentation is false or inaccurate.

g. An overpayment of CCA funds with a balance of $3,000 or more exists for a provider and that provider fails to enter into a repayment agreement with the department of inspections and appeals (DIA) or does not make payments according to the repayment agreement on file with DIA.

h. The provider is found to have more children in care at one time than allowed for the provider type.

If a Child Care Assistance Provider Agreement, Form 470-3871 or 470-3871(S), is terminated for any of the reasons above, the agreement shall remain terminated for the

time periods set forth below:

a. The first time the agreement is terminated, the provider may reapply for another agreement at any time.

b. The second time the agreement is terminated; the provider may not reapply for another agreement for 12 months from the effective date of termination.

c. The third or subsequent time the agreement is terminated, the provider may not reapply for another agreement for 36 months from the effective date of termination.

d. The department shall not act on an application for a child care assistance provider agreement submitted by a provider during the sanction period.

If a child care provider is convicted of fraudulently receiving Child Care Assistance (CCA) funds, they are also 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.

Lead Agency 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 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 re-hearing. 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.

- [x] Prosecute criminally
- [ ] Other.

Describe: