Child Care and Development Fund (CCDF) Plan
For
Iowa
FFY 2019-2021

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1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems, and outline the work they have done on their disaster preparedness and response plans.

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)).Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or 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)).

Effective Date: 06/25/2019

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Iowa Department of Human Services

Street Address: Hoover State Office Building, 5th Floor, 1305 E Walnut Street

City: Des Moines

State: IA

ZIP Code: 50319

Web Address for Lead Agency: www.http://dhs.iowa.gov/

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Gerd

Lead Agency Official Last Name: Clabaugh

Title: Interim Director

Phone Number: 515-281-5452

Email Address: gclabau@dhs.state.ia.us

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or 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 the person with administrative responsibilities and include his or her contact information.

Effective Date: 10/01/2018

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Julie

CCDF Administrator Last Name: Allison

Title of the CCDF Administrator: Child Care Bureau Chief

Phone Number: 515-281-6177

Email Address: jalliso1@dhs.state.ia.us

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address: N/A

City: N/A

State: N/A

ZIP Code: N/A

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

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name: N/A

Title of the CCDF Co-Administrator: N/A

Description of the role of the Co-Administrator: N/A

Phone Number: N/A

Email Address: N/A

Address for the CCDF Co-Administrator (if different from the Lead Agency):

Street Address: N/A

City: N/A

State: N/A

ZIP Code: N/A

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 public or private local agencies as long as it retains overall responsibility for the administration of the program (658D(b)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

Effective Date: 10/01/2018

- [x] All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- [ ] 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.

1. Eligibility rules and policies (e.g., income limits) are set by the:
   - [ ] State or territory
   - [ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

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

   - [ ] Other.

   Describe:

2. Sliding-fee scale is set by the:

☐ State or territory

☐ Local entity (e.g., counties, workforce boards, early learning coalitions).

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

☐ Other.

Describe:

3. Payment rates are set by the:

☐ State or territory

☐ Local entity (e.g., counties, workforce boards, early learning coalitions).

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

☐ Other.

Describe:

4. Other. List and describe other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply

Effective Date: 10/01/2018

a) Who conducts eligibility determinations?

☑ CCDF Lead Agency

☐ Temporary Assistance for Needy Families (TANF) agency

- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [ ] Child care resource and referral agencies
- [ ] Community-based organizations
- [ ] Other.

Describe

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

- [x] CCDF Lead Agency
- [ ] TANF agency
- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [x] Child care resource and referral agencies
- [ ] Community-based organizations
- [ ] Other.

Describe

c) Who issues payments?

- [x] CCDF Lead Agency
- [ ] TANF agency
- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [ ] Child care resource and referral agencies
- [ ] Community-based organizations
- [ ] Other.

Describe

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). Note : The contents of the written agreement may vary based on the role the agency is asked to assume or type of project, but must include at a minimum, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

Effective Date: 10/01/2018

The lead agency contracts with one of the five Child Care Resource and Referral (CCR&R Agencies to provide statewide parent referral services. The contract includes tasks to be preformed, timelines for tasks, and performance measures to assess performance. An itemized budget is submitted by the CCR&Ragency and approved by the Lead Agency in the contracting process. Performance measures for Parent Referral services focus on responsiveness to families, the families' satisfaction and understanding of the information provided. Examples of those performance measures include: 85% of parents/families are satisfied with referral services provided and 85% of the parents /families report an understanding of the Iowa Quality Rating System.

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)).

Effective Date: 10/01/2018

Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

Upon request the lead agency provides information about any code or software built with CCDF funds.

Effective Date: 10/01/2018

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Effective Date: 10/01/2018

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

The Lead Agency’s Employee Manual 1-C, includes policies and guidance that govern the use and disclosure of confidential and personally identifiable information. The manual outlines responsibilities of administrators and employees that have access to confidential information and also discusses the situations in which a person or entity may request access to confidential information. Details on specific situations can be found at https://dhs.iowa.gov/sites/default/files/1-C.pdf

Provider's that want to accept CCDF funds are required to enter into a Child Care Assistance Provider Agreement (CCA PA). The CCA PA includes a Confidentiality clause that states, "I will respect the privacy of the client and keep the client’s relationship with the Department confidential. Personal information about the client may not be shared with anyone but the Department worker and the client. Failure to respect the client’s privacy could result in cancellation of this Agreement and legal sanctions, if warranted." Additionally information that the Lead Agency publishes regarding regulations for licensed centers (Comm 204), child development homes (Comm 143) and child care homes(Comm 95) include guidance to keep files and information about individual children and families confidential.

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation
involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation in the development of the CCDF plan.

Effective Date: 10/01/2018

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

In Iowa the Early Childhood Iowa (ECI) system plays an integral part of how the Lead

Agency consults with a wide range of stakeholders. ECI local boards are a unit of local government and the board's members consist of local elected officials and members of the public in that local area. The ECI Stakeholder's Alliance(SA) is made up of ECI local board members and stakeholders in early care, health and education including state government representatives as well as those from the private and non-profit sector. The ECI SA provides input in the development of a comprehensive integrated early childhood system throughout the state. Local ECI board members regularly attend ECI SA meetings where the Lead Agency's presents information on the CCDF State Plan requirements and asks for feedback. The Lead Agency also participates in every-other-month meetings with a key advisory body to the Agency, the State Child Care Advisory Committee, (SCCAC). This body functions under the umbrella of ECI as a part of the Quality Services and Programs component group. The SCCAC, which is co-chaired by non-Agency 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; HeadStart; a representative from the Early Childhood Iowa Stakeholder's Alliance; and 4 exofficio non-voting members of the legislature representing both the Iowa House and Senate. Many of the members also serve on local Early Childhood Iowa boards, which are predominantly driven by local government entities and agencies.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

In Iowa the Early Childhood Iowa (ECI) Stakeholder's Alliance (SA) serves at the SAC. The ECI SA is made up of stakeholders in early care, health and education and provides input in the development of a comprehensive integrated early childhood system throughout the state. Lead Agency staff regularly attend these meetings, provide updates on activities of the Lead Agency related to the CCDF State Plan and request feedback.

Additionally the whole ECI System plays an integral part of how the Lead Agency consults with a wide range of stakeholders. ECI combines state-level and local level efforts to support services provided to families with young children. At the state-level the ECI State Board promotes the vision and strategic plan and provides oversight of state and local efforts. A staff member of the Lead Agency serves on the ECI Technical Assistance team and works with the ECI State Board. Also at the state level is a series of component groups: Governance, Results, Professional Development, Public Engagement and Quality Services &Programs. Multiple staff members of the Lead Agency are a part of these groups and provide updates and receive feedback at regularly scheduled meetings.

c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for States to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many States and Tribes have consultation policies and procedures in place.

The State Administrator and a staff member met with representatives from Family Services of the Meskwaki Nation in February 2018 and May 2018. Due to change in staff at the Lead Agency the first meeting agenda began with introductions and overviews of child care related responsibilities and duties at the Lead Agency and the Meskwaki Nation. Additionally meetings included discussions regarding child care needs within the Meskwaki Nation and possible collaborations. Representatives of the Lead Agency and the Meskwaki Nation agreed to meet on a quarterly basis.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

The Lead Agency requested feedback on the development of the CCDF plan from numerous stakeholders. These stakeholders include, the Iowa Association for the Education of Young Children, the Iowa Family Child Care Association, the Iowa HeadStart Association, Early Childhood Iowa stakeholders and boards, First Children's Finance, Healthy Child Care Iowa, the Iowa Women's Foundation and Early ACCESS (Iowa's Part C program).

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:
Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

Effective Date: 10/01/2018

a) Date of the public hearing. 06/07/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g. the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in (a). 05/18/2018

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

The Lead Agency worked with CCR&Rto send out a mass e-mail through their constant contact account to all child care providers, and early childhood partners. Additionally the Lead Agency worked with ECI state staff to send e-mails to the ECI mailing list. All e-mails included a link to the page on the Lead Agency's website that contained details about the public hearing and a draft copy of the FFY 19-21 state plan.
https://dhs.iowa.gov/node/2309

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The hearing was held at the Iowa Judicial Building in Des Moines. There was a GoToWebinar link available for participants that could not attend in person but wanted to participate over the phone/technology.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)
A draft version of the plan was made available to the public on the lead agency¿s website starting on May 18, 2018.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Lead Agency staff reviewed all public comments. The vast majority of comments were around the rates being paid to child care providers not being sufficient to support quality care. Based on legislation passed in the 2018 legislative session, provider rates will be increased effective Janyary 1, 2019. There were also some comments related to ideas for consumer education. The Lead Agency is exploring the feasibility of additional consumer education efforts.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: https://www.acf.hhs.gov/occ/resource/pi-2009-01)

Effective Date: 10/01/2018

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

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

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

☑ Working with advisory committees.

Describe:

The Lead Agency submits a bimonthly report to the State Child Care Advisory Committee. The report includes a link to the CCDF Plan and any updates regarding the plan. The Lead Agency also has membership in many component groups within the ECI system in which Lead Agency staff update group members on the CCDF Plan.

☑ Working with child care resource and referral agencies.

Describe:

The Lead Agency coordinates with CCR&Rto send information to child care providers through e-mail.

☐ Providing translation in other languages.

Describe:

☑ Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

The Lead Agency coordinates with CCR&Rto send information through their statewide social media accounts.

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

Describe:

☐ Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or 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. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the

needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions 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 the quality of services for infants and toddlers through school-age children;
-- linking comprehensive services to children in child care or school age settings; or
-- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

Effective Date: 10/01/2018

☑ (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns.

Describe the coordination goals and process:

Lead Agency staff participate in multiple groups within the Early Childhood Iowa system. ECI local boards are a unit of local government and the board's members consist of local elected officials and members of the public in that local area. The ECI Stakeholder's Alliance(SA) is made up of ECI local board members and stakeholders in early care, health and education including state government representatives as well as those from the private and non-profit sector. The ECI SA provides input in the development of a comprehensive integrated early childhood system throughout the state. Local ECI board members regularly attend ECI SA meetings where the Lead Agency's is involved in discussions on the early childhood system and presents information from a child care perspective and asks for feedback. The work of ECI is guided by the ECI strategic plan which has three goals for the 2016-2018 time period (1)Establish and promote a solid infrastructure to advance the early childhood system; (2) Ensure access to high quality services for young children and their families and (3) Build public will for supporting young children and their families.

☑ (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(I)(A)(i) of the Head Start Act).

Describe the coordination goals and process:

The ECI Stakeholder's Alliance meets quarterly and is attended by staff of the Lead Agency's Child Care Bureau. Agency staff provide updates to the Alliance and take feedback back to Child Care Bureau team meetings or the appropriate program manager with the Child Care Bureau. The work of ECI is guided by the ECI strategic plan which has three goals for the 2016-2018 time period (1)Establish and promote a solid infrastructure to advance the early childhood system; (2) Ensure access to high quality services for young children and their families and (3) Build public will for supporting young children and their families.

☑ Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

☑ (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes.

Describe the coordination goals and process, including which tribe(s) was consulted:

The Lead Agency met with representatives from the Meskwaki Nation to discuss coordination of statewide child care services available to the tribe's members. At this meeting information and resources were shared, one example is the weblink for the "Essentials" preservice/orientation training that Lead Agency funds was shared so that child care providers within the Meskwaki Nation could have free access to online health and safety training. Representatives from the Lead Agency and the Meskwaki Nation have agreed to meet quarterly sometimes alternating locations to facilitate understanding of operations and norms within the respective organizations. The goals of this partnership are to continue sharing information about both statewide and tribal child care services and exploring strategies to better coordinate efforts and maximize resources.

☐ N/A-There are no Indian tribes and/or tribal organizations in the State.

☑ (REQUIRED) State/territory agency(ies) 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 and Part B, Section 619 for preschool).

Describe the coordination goals and process:

The Lead Agency has a staff position that is responsible for being the liaison between the Agency and Iowa's Part C program called Early ACCESS. The Liaison duties are:

•Attend monthly Early ACCESS state staff team meetings and attend monthly Early ACCESS AEA/ Regional Grantee meetings.

•Assist the Department of Education (DOE) in the maintenance and improvement of an interagency early intervention system (implementing IDEA/Part C).

•Provide targeted technical assistance according to needs of the system as directed by the (DOE) administration.

•Provide technical assistance to the Department of Human Services and to private/public constituents as identified in action plans or as directed by the Department of Education and DHS Signatory Agency administrators.

•Provide information and guidance to the Department of Education and Early ACCESS state staff team about public/private child welfare, child care and Medicaid issues, and DHS resources and change efforts.

•Coordinate system change efforts for improving early intervention services to children in foster care and children with founded cases of abuse or neglect (CAPTA) including data sharing of referrals with parental consent.

•Represent the state Early ACCESS office and/or DHS as a Signatory Agency Liaison on identified and agreed-upon initiatives/groups/committees, including, but not limited to, Early Childhood Iowa, Iowa Association for Infant and Early Childhood Mental Health, and Quarterly Institute Leadership Group

•Provide information, training, and guidance to DHS and other constituents about Early ACCESS.

Additionally, a Lead Agency staff member is part of Iowa's Early Childhood Inclusion Team lead by the Department of Education, which is responsible for both Part C and Part B, Section 619. The mission of the team is, " to design and implement cross-sector system supports, including policies and practices, to ensure young children of all abilities, and their families, experience inclusion across all early childhood settings and services that result in a sense of belonging, partnerships, positive social relationships, friendships, development, and learning to meet the full potential of each and every child." The team meets at least once a month to work on goals identified to promote inclusion throughout all early childhood settings.

☑ (REQUIRED) State/territory office/director for Head Start state collaboration.

Describe the coordination goals and process:

The Head Start State Collaboration Office for Iowa is housed within the Iowa Department of Education. The Head Start State Collaboration Office Coordinator is actively engaged in multiple component groups as well as the Steering Committee within the ECI system including Governance, Planning and Administration, Professional Development, Results Accountability and Quality Services and Programs. His work connects with child care programs through workforce supports (e.g., T.E.A.C.H. and WAGE$, early childhood equity, family engagement, suspension/expulsion work, Early Childhood Positive Behavioral Interventions and Supports, the State Child Care Advisory Committee and ongoing support for Early Head Start-Child Care Partnerships). Lead Agency staff that are also members of the ECI groups coordinate based on the goals defined by the ECI strategic plan (as listed above). Recently two lead agency staff participated in a meeting with the goal of providing child care input into the Head Start Collaboration Office 5 year plan. Additionally, Lead Agency staff meets with the Head Start Collaboration Coordinator on specific issues such as background checks, child care assistance, licensing, Head Start participation in the state's QRS system, and aligning services.

☑ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

The Lead Agency contracts with the Iowa Department of Public Health to run a program called Healthy Child Care Iowa. Healthy Child Care Iowa (HCCI) is funded to maintain a system that supports the health and safety of Iowa children while they are enrolled in child care and early education settings. The HCCI Coordinator is a member of the Iowa QRS Oversight Team which meets monthly with the Lead Agency's Quality Program Manager to provider input and oversight of the Iowa Quality Rating System. Healthy Child Care Iowa representation and child care nurse consultants are also participants in ECI systems in which the Lead Agency participates. Additionally HCCI was a major contributor in the development of and continued updates for the Preservice/Orientation "Essentials" training in the 10 required content areas of the reauthorized CCDBG. Also, the Lead Agency consults with the HCCI Coordinator for regulatory guidance and best practice considerations on specific issues that arise.

☑ (REQUIRED) State/territory agency responsible for employment services/workforce development.

Describe the coordination goals and process:

Iowa was selected to receive a grant from the National Governor's Association (NGA) in 2016-2017 year (FY17). Through multiple public and non-public agency partnerships, a policy audit of the early care and education workforce led to the identification of component area goals to strengthen the growth and enhancement of the current and future early care and education workforce. Iowa Workforce Development participated with this grant opportunity as well as ECI members and the lead agency. A suggested strategy for Iowa's communities is to build community partnerships, identify community needs, and promote quality early care and education from "growing their own" skilled workforce. Community partnerships may begin from collaborations amongst Early Childhood Iowa Areas, WIOA Workforce Boards, public and private partnerships, higher education, community colleges, and high school human service and early childhood courses. Efforts as a result of this grant is also adding an early childhood voice to the Future Ready Iowa Council. Future Ready Iowa has a vision that 70% of Iowan's in the workforce have education or training beyond high school by 2025. Presentations have been provided on how the early care and education workforce contributes to the Future Ready Iowa vision as well as the success of of the current businesses in Iowa.

☑ (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK).

Describe the coordination goals and process:

The Lead Agency meets with staff from the Iowa Department of Education in multiple capacities. The Regulatory Program manager meets with DE staff two times per year to discuss coordination for licensing before and after school programs as well as e-mail and phone conversations on an ongoing basis as specific issues arise. Two Lead Agency staff serve on the Child Development Coordinating Council (CDCC) which advises and assists the Department of Education with implementation of two state-funded at-risk programs for children ages birth to five. This group typically meets every other month but at least 4 times per year. The Early ACCESS Liaison (as described above) meets with DE staff multiple times a month to coordinate early intervention services. In addition, the state administrator and the Early ACCESS Liaison attend the Early ACCESS Council which meets on a quarterly basis to advise and assist the Iowa

Department of Education on the implementation of the Early ACCESS program. Starting in 2016 a member of the Lead Agency meets with early childhood staff in the DE monthly to work on an inclusion project. The Mission of Iowa's Early Childhood Inclusion Team is to design and implement cross-sector system supports, including policies and practices, to ensure young children of all abilities, and their families, experience inclusion across all early childhood settings and services that result in a sense of belonging, partnerships, positive social relationships, friendships, development, and learning to meet the full potential of each and every child. Additionally many members of the DE and the Lead Agency participate in ECI component group meetings in which there is coordination within based on the ECI strategic goals mentioned above.

☑ (REQUIRED) State/territory agency responsible for child care licensing.

Describe the coordination goals and process:

The Lead Agency is responsible for child care licensing.

☑ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs.

Describe the coordination goals and process:

The Lead Agency and CACFP staff are in contact in reference to regulatory oversight of programs and follow-up on requirements. The Lead Agency often presents at the CACFP annual conference around licensing and regulatory requirements, oversight, and professional development. The Professional Development Program Manager has ongoing contact with CACFP staff regarding professional development opportunities and use of the training registry.

☑ (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons.

Describe the coordination goals and process:

On 4/24/18, in partnership with the Iowa Afterschool Alliance, the Lead Agency conducted a webinar with the Iowa Department of Education McKinney-Vento liaison and local district liaisons that are working directly with families experiencing homelessness. A recording of webinar was made available to those unable to participate. Continued partnerships are expected. Additionally, the Child Care Bureau

has reached out to the Iowa Coalition Against Domestic Violence (ICADV). A webinar was held for partners with ICADV across the state and a PowerPoint was made available showing the Lead Agency's goals towards meeting the needs of children and families experiencing homelessness, the CCA program and eligibility, and potential partners. The Lead Agency also navigated the website to show information that may further assist them. Another partner identified was the Iowa Finance Authority and the Iowa Council on Homelessness. A Continuum of Care project is a federal program through the U.S. Department of Housing and Urban Development and is designed to promote a community-wide commitment to the goal of ending homelessness, provide funding efforts by non-profit providers, and state and local governments to quickly rehouse homeless individuals and families. The Iowa Council on Homelessness in partnership with the Iowa Finance Authority is working to develop coordinated service regions for homeless assistance in the Iowa Balance of State Continuum of Care. On 4/17/18, the Lead Agency met with Continuum of Care partners to discuss child care resources and partnerships available and provided the same webinar that was provided to ICADV. The PowerPoint was also made available.

☑ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

The Lead Agency is also responsible for TANF which allows coordination of resources and goals within the leadership of a single agency. The Lead Agency coordinates TANF and CCA through funding decisions, an integrated information management system and policies and procedures. Funding: As the administrator for CCDF, TANF and state child care funds, the Lead Agency is able to make budget proposals involving all three sources and takes into account other needs and uses of TANF as well as child care needs. The Lead Agency uses a mix of TANF funds transferred to the CCDF as well as TANF funds appropriated for direct use for child care. Additionally the Lead Agency has flexibility in using additional TANF funds for child care when funds are available and there is an increased child care need. Information Management System: A single automated information management system is used for child care eligibility determination and tracking, as well as for issuing provider payments. This includes both TANF and non-TANF families receiving child care assistance. Policies and Procedure: The Lead Agency's employee manuals detail the eligibility process for child care assistance for both TANF and non-TANF families,

including transitioning from one status to the other, and are designed to ensure continuity of assistance with minimal disruption or additional requirements of the family. TANF families with a need for child care services are eligible for child care assistance without regard to financial eligibility requirements. TANF families do not need to file an application for child care assistance. Coordination goals include: (1) Using CCDF, TANF and state funds in the most cost effective and efficient way possible to maximize the use of these funds in fully meeting the costs for child care assistance in the state to avoid the need for waiting lists while giving priority to those most in need of this assistance and (2) Providing child care assistance in the most seamless manner possible regardless of the basis for need or eligibility, including as this basis changes over time.

☑ (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals and process:

The Lead Agency is responsible for Medicaid and Iowa's CHIP program known as Hawk-i.

☑ (REQUIRED) State/territory agency responsible for mental health

Describe the coordination goals and process:

In Iowa multiple agencies have roles in mental health initiatives and key stakeholders meet through multiple groups. In recent years a cross-systems children's mental health workgroup, led by the Lead Agency was charged by the legislature with providing recommendations regarding a children's mental health system. Within the ECI structure there are 3 focus areas; one for early learning, one for family support and one for health, mental health and nutrition. Members of the health, mental health and nutrition group discuss coordination of resources regarding mental health in concert with the goals of the ECI strategic plan. The Iowa Department of Public Health is leading an effort around developing a coordinated system to deliver Early Childhood Mental Health Consultation to early childhood settings, including child care. Additionally, recent legislative and executive direction will provide additional opportunities to coordinate within Iowa's mental health system. In the 2018 session the legislature passed and the governor signed a mental health bill which is intended to increase coordination and expand services throughout the state. Additionally on 4/23/18 Governor Reynolds signed an executive order creating a Children's Mental

Health Board which is charged with reviewing current resources and developing a strategic plan with specific recommendations.

☑ (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.

Describe the coordination goals and process:

There are 5 Regional Child Care Resource and Referral areas in the state. The Lead Agency contracts with all 5 agencies, individually, to provide services in each region. The goals of the contract are defined by performance measures in the contract and focus on services to families, child care providers and communities. Examples of performance measures include increasing the number of providers participating in the new Quality Rating and Improvement System and contacting all providers referred by the Lead Agency to offer services. In addition, each regional agency must employ a full-time regional director to oversee CCR&Rservices in their region. The regional directors, along with the Lead Agency's Quality Program Manager, comprise the CCR&RNetwork Team. The Network Team meets monthly and is responsible for making statewide decisions for the Child Care Resource and Referral System.

☑ (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable).

Describe the coordination goals and process:

One of the Lead Agency's staff members serves on the Iowa Afterschool Alliance's Strategic Leadership Team (SLT) and presented at the alliance's IMPACT Conference in April 2018. The Alliance seeks to improve access to high quality out of school time programming. Work is done through three teams, policy and partnerships, practice support, and outreach and engagement. The Strategic Leadership Team meets every other month. Two members of the SLT are also members of the Iowa School Age Care Alliance, an alliance of volunteers working to improve professional development opportunities to school age based programs.

☑ (REQUIRED) Agency responsible for emergency management and response.

Describe the coordination goals and process:

One of the Lead Agency's staff members shares information, as appropriate, with a senior staff person in the Iowa Homeland Security and Emergency Management

Department (HSEMD). Since all emergencies/disasters begin and end at the local level, the same Lead Agency staff person coordinates semi-annual meetings with a representative from the Iowa Emergency Management Association (IEMA) and a representative from CCR&R The meetings provide an opportunity to share resources and identify next steps for ways to coordinate work related to emergency preparedness, response and recovery. To keep community child care needs related to emergency preparedness and opportunities to partner in the minds of county emergency managers, CCR&Rstaff will meet annually with county emergency managers at their regional meetings beginning in the fall of 2018 and the Lead Agency staff member will attend meetings, as appropriate.

The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

☑ State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

Staff members from the Lead Agency meet with an EHS-CCP grantee bimonthly to discuss processes and policies that facilitate the partnership. The goals of the partnership are to increased knowledge of Child Care Assistance and Child Care Regulatory policies and to share promising practices and data regarding outcomes of the EHS-CCP.

☑ State/territory institutions for higher education, including community colleges

Describe

Iowa's community colleges have formed an alliance of early childhood faculty and programs. Through this alliance, the community colleges have developed a set of core classes that have the same course number and content at each Alliance school. They have also developed articulation agreements for early childhood curriculum (course offerings and overall degrees). Through their collaboration, they utilize technology to support their students for ease of access to coursework. Lead Agency staff worked with the Alliance to ensure that their Health, Saftey and Nutrition class covered all the content areas required in the reauthorized CCDBG for preservice/orientation training. Current efforts involving the Early Childhood Community College Alliance, Department

of Education and Area Education Agencies as well as private partners is to promote strategies and expansion of the CDA for high school students. Model options include leadership from school personnel, community college, and Iowa Workforce Development (apprenticeship options). Through state-level partnerships that began with the NGA grant, we are encouraging and addressing identified barriers with the goal to increase the quality of early care and education providers.

☐ 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

In Iowa the Department of Public Health houses the Maternal and Child Home Visitation programs. Two Lead Agency staff and state-level staff from the Department of Public Health are exploring the possibility of sharing some professional development resources that would relate to both the child care and home visitation workforces.

☐ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

☑ State/territory agency responsible for child welfare.

Describe

The Lead Agency is responsible for child welfare. The DHS Service Business Team is responsible for taking the lead to enhance safety, permanency, and well-being by setting direction, monitoring and adjusting, and maximizing resources for child care, child welfare, and dependent adult services. The Service Business team representatives include two Service Area Managers, the Child Care Bureau Chief, the Child Welfare Bureau Chief, the Quality Assurance Bureau Chief, the Information Technology Bureau Chief and the Field Operations Bureau Chief. The Lead Agency's Field Operations Division is divided into service areas throughout the state. The service areas have staff that address both child welfare concerns and child care

regulation. Leadership within the service areas are knowledgeable of both child care and child welfare processes. Staff from the Child Care Bureau meets with the leadership for the service areas approximately one to two times per year to discuss processes. Additionally, Lead Agency staff responsible for child welfare work with the Early ACCESS liaison to collaborate the state's Part C early intervention program within child welfare processes.

☐ State/territory liaison for military child care programs.

Describe

☐ Provider groups or associations.

Describe

☐ Parent groups or organizations.

Describe

☐ Other.

Describe

1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

Optional Use of Combined Funds:
States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those 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, children experiencing homelessness, 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 to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive 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 a 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 Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start 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 CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start ' Child Care Partnerships:

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

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- [x] No (If no, skip to question 1.5.2)
- [ ] Yes. If yes, describe at a minimum:

  a) How you define "combine"

  b) Which funds you will combine

  c) Your purpose and expected outcomes for combining funds, 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

  d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

e) How are the funds tracked and method of oversight

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?

Note:
The Lead Agency must check at least public and/or private funds as matching, even if preK funds also will be used.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

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- ☐ N/A - The territory is not required to meet CCDF matching and MOE requirements
- ☑ Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

  -- If checked, identify the source of funds:

  State General Funds

  -- If known, identify the estimated amount of public funds that the Lead Agency will

receive: $ 40,816,931

☐ Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
-- If checked, are those funds:

☐ donated directly to the State?

☐ donated to a separate entity(ies) designated to receive private donated funds?

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

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

☐ State expenditures for preK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent):

-- If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: $

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

☐ State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
-- The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

☐ No

☐ Yes

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

-- Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent):

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

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: $

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (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 the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level-state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

The Early Childhood Iowa (ECI) State Board's Public Private Partnership Committee is focusing on child care as a business and local/state economic issue. A staff member of the Lead Agency participates in that committee. The committee is moving forward with strategies to engage business and economic leaders across Iowa and identify ways in which the private sector can support child care. The committee has developed some one-pagers that include data of why child care matters to Iowa business, communities and policymakers. Other strategies include meeting with the president of the Iowa Association of Business and

Industry and the executive director of the Iowa Business Council. An Early Childhood Summit is planned for October 2018 that includes a business and economic leader track. Summit speakers that will engage business and economic leaders include Bill Millett, Scope View Strategic Advantage; the U.S. Chamber of Commerce Foundation and a chamber member from another state engaged in the Foundation's work related to child care; and a panel of Iowa employers that have lead efforts to support the child care needs of their employees. With Iowa's unemployment rate continuing to drop, several ECI area boards and CCR&R regions have engaged the private sector in discussing child care supply/demand issues and are identifying ways to work together to resolve the issue. A Lead Agency staff member provides recent publications and information to assist ECI area boards with the community discussions. For communities that have not yet engaged the private sector, the Public Private Partnership Committee is developing a toolkit for local ECI area boards, in partnership with CCR&R, to engage business and community leaders to discuss local child care issues and work toward solutions. The committee is also partnering with the Iowa Women's Foundation on their partner challenge to identify and work toward solutions and increase child care investments in nine Iowa communities. The Iowa Women's Foundation has established a child care grantmaking fund and is committed to the work for at least the next four years. A staff member of the Lead Agency is staff to the Public Private Partnership Committee and also serves on committees with the Iowa Women's Foundation.

Effective Date: 10/01/2018

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

Lead Agencies may use CCDF funds to establish or support a system of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional

CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part C of the Individuals with Disabilities Education Act;

- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;

- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, what services are provided and how it is structured and use section 7.6.1 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

Effective Date: 10/01/2018

- ☐ No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- ☑ Yes. The state/territory funds a CCR&R system. If yes, describe the following:

a) What services are provided through the CCR&R organization?

The Lead Agency contracts with five Child Care Resource and Referral (CCR&R Agencies. Some services are provided at the regional level and some services are provided on a statewide basis. For regional services each CCR&Ragency serves its assigned counties. For statewide services one of the five CCR&Ragencies provides the service to the entire state. All five agencies provide the following regional services: (1)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). (2)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. One of the resources that CCR&Rprovides for communities is data on the supply and demand of child care. Data per county, per region and statewide is collected and made available in a user-friendly format on the CCR&Rwebsite. The following services are provided statewide: (1) Parent Services: Provide parent referral services that are accessible and meet the needs of families. Referrals are provided by telephone, on-line and by mail. CCR&Rreferral staff assesses the child care needs and preferences of the parent(s) and provide a list of programs that correspond with the parent's needs and preferences. In addition to a list of child care providers, CCR&Rreferrals 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. (2) Communications: This service is intended to assist with engaging and informing parents, providers and communities statewide about CCR&Rservices as well as child care in general. (3) Training Coordinator/Curriculum Developer: This service is intended to maintain and develop high quality professional development opportunities for the child care workforce. A focus of this service is ensuring that professional development opportunities are available in on-line as well as face-to-face formats. (4) Iowa Child Care Complaint Hotline: The CCR&Ragency responsible for this service maintains a toll-free phone number and staff available to answer the number during designated hours. If someone calls after hours CCR&Rstaff will follow up with any messages left. CCR&Rstaff document information regarding complaints reported to

the hotline and enter this information into the Lead Agency's system for further evaluation by Lead Agency staff.
CCR&Rprovides information to both parents and providers about services under Section 619 and Part C of the Individuals with Disabilities Education Act but does not collect data on those services as these services are overseen by the Iowa Department of Education who collects data on them.

b) How are CCR&R services organized, include how many agencies, if there is a statewide network and if the system is coordinated?
There are 5 Regional Child Care Resource and Referral areas in the state. The Lead Agency contracts with all 5 agencies, individually, to provide services in their region. Additionally the agency contracts with 2 of the 5 agencies to provide the statewide services. Each agency must employ a full-time regional director to oversee CCR&Rservices in their region. The regional director, along with the Lead Agency's Quality Program Manager, comprise the CCR&RNetwork Team. The Network Team meets frequently and is responsible for making statewide decisions for the Child Care Resource and Referral System.

1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children'including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)'through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(I)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

The Lead Agency is the state human services agency and is also responsible for licensing. Staff from the Lead Agency worked with CCR&R, Healthy Child Care Iowa (part of the state health department) and the Iowa Emergency Management Association (IEMA) to develop the initial draft of the Iowa Statewide Child Care Emergency Preparedness and Response Plan. The draft plan was then reviewed by both subsidy and regulatory DHS field operations and policy staff, the DHS Continuity of Operations (COOP)/Continuity of Governance (COG) liaison, the DHS State Emergency Operation Center (SEOC) liaison, Iowa Homeland Security and Emergency Management Department, CCR&R regional directors and the Early Childhood Iowa Office which provides staffing to both Iowa's State Advisory Council on Early Childhood Education and Care and the State Child Care Advisory Committee. The plan continues to be a "living, breathing document" as collaborations continue to ensure agencies and organizations identified in the plan can meet the framework outlining preparedness, response and recovery activities. For example, CCR&R established a workgroup with representation from each CCR&R region to identify and implement strategies to strengthen their role/activities in the plan. The Lead Agency has a staff person that attends the workgroup meetings to provide any state plan clarification and assist with activities and assignments. Also, beginning in the fall of 2018, CCR&R staff will annually attend county emergency management regional meetings to share information and discuss how they can work together to support the Iowa Statewide Child Care Emergency & Response Plan.

Effective Date: 10/01/2018

1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

The Iowa Statewide Child Care Emergency & Response Plan includes possible actions of the state child care administrator, DHS subsidy and regulatory field operations staff, both the child care subsidy and regulatory program managers, CCR&R and Healthy Child Care Iowa (HCCI) to ensure the continuation of child care subsidies and child care services. CCR&R and field operations staff will complete initial assessments of providers after disaster to assess needs. The Regulatory Program Manager is the contact person for coordination between CCR&R, HCCI and field operations who offer initial support. The Child Care Subsidy Program Manager is the contact person responsible for coordination between the CCA Eligibility unit and the CCA Payments and Registration Unit. As damage and exact conditions of the disaster are assessed, the lead agency will review administrative code and determine if any expetions to policy are needed. Note: The Lead Agency has no authority over temporary, respite and emergency child care based on Iowa law. However, in a disaster the Lead Agency can provide technical assistance to agencies that may be brought in to augment needed child care and, if necessary, can expedite helping them through the regulatory process. Federal CPG-101 guidance for ESF 6 Mass Care provided by Iowa Homeland Security and Emergency Management Department to county emergency managers includes child care as a need to be considered under the concept of operations.

Effective Date: 10/01/2018

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

The Iowa Statewide Child Care Emergency & Response Plan includes possible actions of the state child care administrator, DHS subsidy and regulatory field operations staff, the child care regulatory program manager, CCR&R and Healthy Child Care Iowa to ensure the post-disaster recovery of child care services. The Regulatory Program Manager is the contact person for coordination between CCR&R, HCCI and field operations who offer initial support and assessment. The Child Care Subsidy Program Manager is the contact person responsible for coordination between the CCA Eligibility Unit and the CCA Payments and Registration Unit.

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place-evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

This is required by child care regulations in Iowa and checked during annual inspection visits.

In Centers the regulation requires that, "The center shall have written emergency plans and diagrams for responding to fire, tornado, and flood (if area is susceptible to flood), and plans for responding to intruders within the center, intoxicated parents, and lost or abducted children. In addition, the center shall have guidelines for responding or evacuating in case of blizzards, power failures, bomb threats, chemical spills, earthquakes, or other disasters that could create structural damage to the center or pose health hazards. If the center is located within a ten-mile radius of a nuclear power plant or research facility, the center shall also have plans for nuclear evacuations. Emergency plans shall include written procedures including plans for the following: (1) Evacuation to safely leave the facility. (2) Relocation to a common, safe location after evacuation. (3) Shelter-in-place to take immediate shelter when the current location is unsafe to leave due to the emergency issue. (4) Lockdown to protect children and providers from an external situation. (5) Communication and reunification with parents or other adults responsible for the children which shall include emergency telephone numbers. (6) Continuity of operations. (7) To address the needs of individual children, including those with functional or access needs.

b. Emergency instructions, telephone numbers, and diagrams for fire, tornado, and flood (if area is susceptible to floods) shall be visibly posted by all program and outdoor exits. Emergency plan procedures shall be practiced and documented at least once a month for fire and for tornado. Records on the practice of fire and tornado drills shall be maintained for the current and previous year. c. The center shall develop procedures for annual staff and volunteer training on these emergency plans and shall include information on responding to fire, tornadoes, intruders, intoxicated parents, and lost or abducted children in the orientation provided to new employees and volunteers. d. The center shall conduct a daily check to ensure that all exits are unobstructed.

In Child Development Homes and Child Care Homes the regulation states that, "Emergency plans in case of man-made or natural disaster shall be written and posted by the primary and secondary exits. The plans shall clearly map building evacuation routes and tornado and flood shelter areas. a. Fire and tornado drills shall be practiced monthly, and the provider shall keep documentation evidencing compliance with monthly practice on file for the current year and the previous year. b. The provider must have procedures in place for the following: (1) Evacuation to safely leave the facility. (2) Relocation to a common, safe location after evacuation. (3) Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue. (4) Lockdown to protect children and providers from an external situation. (5) Communication and plans for reunification with families. (6) Continuity of operations. (7) To address the needs of individual children, including those with functional or access needs.

Iowa Administrative Code citations: Child Care Centers, 441 Chapter 109.10(15); Child Development Homes, 441 Chapter 110.8(4); and Non-Registered Child Care Homes, 441 Chapter 120.8(4).

To support providers in developing procedures, the Lead Agency, in collaboration with CCR&R, Healthy Child Care Iowa, the Iowa Emergency Management Association, and Early Childhood Iowa, developed an emergency preparedness and response planning guide and optional tools and templates. These resources are available at https://iowaccrr.org/training/EP

Effective Date: 10/01/2018

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers-emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

This is required by child care regulations in Iowa and checked during inspection visits. Iowa Administrative Code citations: Child Care Centers, 441 Chapter 109.10(15); Child Development Homes, 441 Chapter 110.8(4); and Non-Registered Child Care Homes, 441

Chapter 120.8(4). Additionally the provider healthy and safety training series Iowa developed, The Essentials Child Care Pre-Service, includes an emergency preparedness module, “Essentials for Emergency Preparedness.”

Effective Date: 10/01/2018

1.8.6 Provide the link to the website where the statewide child care disaster plan is available:

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

Effective Date: 10/01/2018

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to 'promote involvement by parents and family members in the development of their children in child care settings' (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

Effective Date: 10/01/2018

- [x] Application in other languages (application document, brochures, provider notices)
- [ ] Informational materials 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
- [x] Partnerships with community-based organizations
- [ ] Other.

  Describe:

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

Effective Date: 10/01/2018

- [ ] Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- [ ] Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- [ ] Caseworkers with specialized training/experience in working with individuals with disabilities
- [ ] Ensuring accessibility of environments and activities for all children
- [ ] Partnerships with state and local programs and associations focused on disability-related topics and issues
- [ ] Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- [ ] Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- [ ] Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- [x] Other.

Describe:

The Lead Agency's website contains an accessibility link on the bottom of all pages. This link contains multiple contact methods for the agency, including a number for Relay Iowa which is a Telecommunications Relay Service (TRS) that provides full telephone accessibility to people who are deaf, hard of hearing, deaf-blind or have difficulty speaking over a Text Telephone (TTY) or verbally to hearing parties. Specially-trained Communication Assistants (CAs) process relay calls and stay on the line to confidentially relay conversations.

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16; 98.32).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

The Lead Agency has contracted with Iowa Child Care Resource and Referral to offer the Iowa Child Care Complaint Hotline at 844-786-1296. This hotline is available to any consumer wishing to report regulatory violations of child care providers. This phone number is also available on the DHS website.

Effective Date: 10/01/2018

2.2.2 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

Iowa CCR&R answers the Iowa Child Care Complaint Hotline and enters complaint information on all types of child care providers (licensed and license exempt) into the Child Care Regulatory Information System (CRIS) and all complaints entered are recorded. The complaint form specifically asks whether the complainant is a parent to a child in care at the facility and we are able to access data to identify trends in reporting. The identity of who reported the complaint is not disclosed unless the complainant has waived anonymity. The complaint is sent to the supervisor of the respective service area region. The supervisors review all allegations and determine whether if true, the complaint would result in a

regulatory violation. If so, the complaint is assigned to a compliance or licensing worker to evaluate. If there is a concern of abuse or neglect, this information is further reported to the Iowa Child Abuse Hotline and a joint investigation may occur if the concern rises to the level of a child protective services assessment. Child abuse assessment information is not considered a part of the public file. Upon evaluation of the concern, a report is written outlining the alleged violation and whether a violation was found. A supervisor then reviews this information. The target timeframe for the department's issuance of the report concerning an inspection or other regulatory visit to a child care facility is sixty calendar days. Once the report is complete, incidents in which there was a violation found are located at: https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport Parents are made aware of the compliance and complaint reports through the Lead Agency's website, consumer statement and the CCR&R website. Complaints are maintained in the program's individual file and records are kept for a minimum of 5 years after a file is closed. 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.

Effective Date: 10/01/2018

2.2.3 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

Iowa CCR&R takes complaint information on all child care providers both CCDF providers and non-CCDF providers. They enter complaint information into the Child Care Regulatory Information System (CRIS). The complaint is sent to the supervisor of the respective service area region. In Iowa an unregistered non-CCDF provider may legally operate in their home with 5 or less children in care. If the concern for an unregistered non-CCDF provider is for overcapacity which would violate Iowa Code 237A, a letter is sent, advising that there is concern of overcapacity reported. This information is also submitted to the local County Attorney. If there is concern of abuse or neglect it is referred to the Iowa Child Abuse and Neglect Hotline. Other concerns will be "denied" for evaluation as the Lead Agency does not have regulatory authority over unregistered, non-CCDF providers.

Effective Date: 10/01/2018

2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

As previously indicated, the Lead Agency tracks specifically if the caller is a parent of a child in care. The Lead Agency also tracks the “life of a case” of a complaint intake, indicating if the complaint was accepted, if a violation was found, and what the violation type was. We are able to cross-reference substantiated concerns with whether the initial incident was report by a parent. This information is tracked for all provider types (licensed and license exempt) by our Child Care Regulatory Information System (CRIS).

Effective Date: 10/01/2018

2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

Licensed child care centers, registered child development homes and child care homes with a CCA provider agreement have recent complaint and compliance reports available on the Lead Agency's website. https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport 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. 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.

Effective Date: 10/01/2018

2.2.6 Provide the citation to the Lead Agency's policy and process related to parental complaints:

Iowa Administrative Rule 441-109.3; 441-110.12; 441-120.12. Additionally the Lead Agency has process maps that outline decision points of the complaint process for field staff.

Effective Date: 10/01/2018

2.3 Consumer Education Website

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

The Lead Agency's website address has been shortened to www.dhs.iowa.gov, which improves ease of memory for users. It is also easily found by using search engines and is referenced in documents that the Lead Agency provides to parents and child care providers. Once on the site, it is organized into sections for parents and providers. Within each section there are menu items on the left side of the page that allow users to easily access the topic area they are interested in. If users need assistance, there is a "Contact Us" link at the bottom of each page for the user.

Effective Date: 10/01/2018

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

The Lead Agency translates information about child care assistance and the application for Child Care Assistance into Spanish. Both of these forms are available on the Lead Agency's Website. According to the Iowa Data Center over 96% of Iowa families speak English and/or Spanish, with English only speakers over 92%. Since Spanish is the second most used language in Iowa, it was most reasonable to include Spanish translation of available documents. The Lead Agency also has additional resources to assist families that speak languages other than English such as our Bureau of Refugee Services, bilingual staff, and a language line for assistance with languages not spoken within the lead agency.

Effective Date: 10/01/2018

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

The Lead Agency's website contains an accessibility link on the bottom of all pages. This link

contains multiple contact methods for the agency, including a number for Relay Iowa which is a Telecommunications Relay Service (TRS) that provides full telephone accessibility to people who are deaf, hard of hearing, deaf-blind or have difficulty speaking over a Text Telephone (TTY) or verbally to hearing parties. Specially-trained Communication Assistants (CAs) process relay calls and stay on the line to confidentially relay conversations. For those needing to provide concerns or feedback, they may do so at https://dhs.iowa.gov/accessibility

The State of Iowa, including the Lead Agency follows website accessibility standards as outlined here: https://ocio.iowa.gov/website-accessibility-standard. The State of Iowa also adopts all Web Content Accessibility Guidelines (WCAG)2.0 levels A and AA as Iowa's standard for website accessibility. (See World Wide Web Consortium (W3C) website for definition of terms: http://www.w3.org).

Effective Date: 10/01/2018

2.3.4 Lead Agency processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

Effective Date: 10/01/2018

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:
https://dhs.iowa.gov/childcare/overview

b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:
https://dhs.iowa.gov/childcare/overview

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:
http://dhs.iowa.gov/childcare/provider-record-checks

2.3.5 List of providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

Effective Date: 10/01/2018

a) Provide the website link to the searchable list of child care providers:
http://ccmis.dhs.state.ia.us/ClientPortal/ProviderSearch.aspx

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- ☐ License-exempt center-based CCDF providers
- ☑ License-exempt family child care (FCC) CCDF providers
- ☐ License-exempt non-CCDF providers
- ☐ Relative CCDF child care providers
- ☐ Other.

Describe

c) Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

Licensed Providers

- [x] Contact Information
- [x] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

  Describe:

License-Exempt, non-CCDF Providers

- [ ] Contact Information
- [ ] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [ ] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

  Describe:

License-Exempt CCDF Center Based Providers

- [ ] Contact Information
- [ ] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [ ] Quality Information
- [ ] Monitoring Reports

- [ ] Other.

  Describe:

License-Exempt CCDF Family Child Care

- [x] Contact Information
- [x] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [ ] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

  Describe:

Relative CCDF Providers

- [ ] Contact Information
- [ ] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [ ] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

  Describe:

Other.

Describe:

- [ ] Contact Information
- [ ] Enrollment Capacity

- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [ ] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

  Describe:

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

Effective Date: 10/01/2018

a) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- [x] Quality rating and improvement system
- [ ] National accreditation
- [ ] Enhanced licensing system
- [ ] Meeting Head Start/Early Head Start requirements
- [ ] Meeting prekindergarten quality requirements
- [ ] School-age standards, where applicable
- [ ] Other.

  Describe

b) For what types of providers are quality ratings or other indicators of quality available?

- [x] Licensed CCDF providers.

Describe the quality information:

Licensed CCDF providers are eligible to receive a quality rating. A list of all providers with a quality rating containing Program Name, City, County, Rating Level and Expiration Date is on the website at: http://dhs.iowa.gov/iqrs/providers . There are separate lists for Child Development Homes and Centers/Preschools.

☑ Licensed non-CCDF providers.

Describe the quality information:

Preschool programs that operate out of local school districts under the authority of the Iowa Department of Education arenot eligible to receive CCA funds but are eligible to receive a quality rating. A list of all providers with a quality rating containing Program Name, City, County, Rating Level and Expiration Date is on the website at: http://dhs.iowa.gov/iqrs/providers . These programs would be found on the Centers/Preschools list.

☐ License-exempt center-based CCDF providers.

Describe the quality information:

☐ License-exempt FCC CCDF providers.

Describe the quality information:

☑ License-exempt non-CCDF providers.

Describe the quality information:

Preschool programs operated by school districs are not required to be licensed but are eligible to apply for a quality rating. A list of all centers/preschools with a quality rating containing Program Name, City, County, Rating Level and Expiration Date is on the website at: http://dhs.iowa.gov/iqrs/providers .

☐ Relative child care providers.

Describe the quality information:

☐ Other.

Describe

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

Effective Date: 10/01/2018

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

The Lead Agency defines plain language in the context of compliance and complaint reports as using common everyday words and short sentences to describe the findings of an inspection or required actions by the provider. If parents or the public were to provide feedback regarding the readability of a report the feedback would be sent to the report author's supervisor to address with the individual staff member. If the agency receives multiple contacts on reports from various authors and the practice is pervasive, the Lead Agency's Regulatory Program Manager would issue feedback and guidance to the Field Operations staff who complete the reports.

b) Are monitoring and inspection reports in plain language?

☑ If yes,

include a website link to a sample monitoring report.

https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport

☐ If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

- [x] Date of inspection
- [x] Health and safety violations, including those violations that resulted in fatalities or serious injuries.

Describe how these health and safety violations are prominently displayed.

Reports of fatalities or serious injuries would be evaluated through the Lead Agencies complaint process. The lead agency investigates any allegations of fatalities or serious injuries and if the allegations were substantiated a complaint report would be available to the public on the same website as the compliance reports.

- [x] Corrective action plans taken by the State and/or child care provider.

Describe

For Centers/Preschools section IV of the report identifies areas that fall below standards and must be addressed. For Child Development Homes the non-compliance letter summarizes all findings of non-compliance and requirements for the provider to remedy those items. If a follow up visit is conducted to determine compliance of areas with corrective action, follow up documentation is completed and also uploaded to the public website.

d) The process for correcting inaccuracies in reports.

If the Lead Agency is contacted regarding inaccuracies in reports, Lead Agency staff will work with the provider to try to remedy the inaccuracies and update the report.

e) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded.

Formal appeals are reserved for negative actions taken as a result of a compliance or compliant visit. If a provider has a concern regarding the context of a report, they may work with the compliance or licensing consultant to discuss. Each service area within the department has supervisors, social work administrators, and a service area manager

within the hierarchical structure for complaint reporting. A provider may also choose to provide written documentation outlining their response to a report that will be maintained within the public file.

f) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of 'timely' and describe how it ensures that reports are posted within its timeframe. Note: While Lead Agencies define 'timely,' we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken

Iowa Code requires a 60 day target completion for reports, however many do not take this long. Compliance and complaint documentation is completed in the child care regulatory information system (CRIS). After supervisory review and approval of the report the report automatically uploads to the public website.

g) Describe the process for maintaining monitoring reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

Inactive child care providers do not have monitoring and inspection reports public, however if they later become active again, this information is again available. All paper files are maintained for a minimum of 5 years after a child care provider closes.

h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

- ☐ License-exempt non-CCDF providers
- ☐ Relative child care providers
- ☐ Other.

  Describe

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. This aggregate information on serious injuries and deaths must be

organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

Effective Date: 10/01/2018

a) The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

Child care providers submit reports of serious injuries or deaths to the Lead Agency. This information is entered into the Child Care Regulatory Information System and there is a report mechanism to gather aggregate data on number of serious injuries or deaths occurring in child care facilities by provider type

b) The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

The Lead Agency defines substantiated child abuse as cases that are determined to be "Founded" or "Confirmed". FOUNDED means based on a preponderance of credible evidence available to DHS, the allegation of abuse is confirmed and it is the type of abuse that requires placement on the Child Abuse Registry. CONFIRMED means based on a preponderance of all of the credible evidence available to DHS, the allegation of abuse is confirmed; however, the abuse will not be placed on the Child Abuse Registry because the incident is minor, isolated and not likely to reoccur.

c) The definition of "serious injury" used by the Lead Agency for this requirement.

The Lead Agency uses the definition of "serious injury" found in Iowa Code Section 702.18. "Serious injury" means any of the following: a. Disabling mental illness. b. Bodily injury which does any of the following: (1) Creates a substantial risk of death. (2) Causes serious permanent disfigurement. (3) Causes protracted loss or impairment of the function of any bodily member or organ. c. Any injury to a child that requires surgical repair and necessitates the administration of general anesthesia. "Serious injury" includes but is not limited to skull fractures, rib fractures, and metaphyseal fractures of the long bones of children under the age of four years.

d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.
http://dhs.iowa.gov/childcare/statistics

2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

The lead agency includes contact information and/or links to CCR&R agencies on two pages of the website: http://ccmis.dhs.state.ia.us/ClientPortal/ProviderSearch.aspx
http://dhs.iowa.gov/childcare/tool-and-resources

Effective Date: 10/01/2018

2.3.10 The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. Describe and include a website link to this information:

The main page for Child Care on the Lead Agency's website has contact information for any questions. http://dhs.iowa.gov/childcare

Effective Date: 10/01/2018

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

http://dhs.iowa.gov/childcare

Effective Date: 10/01/2018

2.3.12 Other. Identify and describe the components that are still pending per the instructions on
CCDF Plan Response Options for Areas where Implementation is Still in Progress
in the Introduction.

N/A

Effective Date: 10/01/2018

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state preK, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

The Lead Agency has information on our public website that is accessible to families, providers, and the general public. There are two sections related to child care. One under the “Can We Help” menu is designed for parents and the general public. The other under the “Providers & Partners” menu is designed for child care providers. Within the section designed for parents and the general public there is an overview page that describes the types of child care available, the requirements for each type of care, the Child Care Assistance (CCA) program and the Iowa Quality Rating System. Also within the section for families and the general public is a Tools and Resources webpage that has brief descriptions of additional programs families may be eligible for and links to find out more information. Families that apply for CCA are given a consumer statement in a form that matches the way the application was requested. If the application is completed on-line the consumer statement is a PDF viewed on line. If the application was requested in paper the consumer statement is given in paper with the application. The Consumer Statement details the purpose of the CCA program, CCR&R information and other resources the family may be eligible for. The “Providers & Partners” section of the website contains information about the types of child care in the state, progams the families they care for may be eligible for and information about how to participate in the CCA program.

Effective Date: 10/01/2018

2.4.2 The partnerships formed to make information about the availability of child care services available to families.

The Lead Agency contracts with Child Care Resource and Referral which also has a website containing consumer education information. Additionally CCR&R agencies use social media accounts to post articles and resources of interest to both parents, the general public and child care providers. Local CCR&R staff frequently have booths at community fairs or gatherings to inform parents and the general public about child care choices and the importance of quality child care.

Effective Date: 10/01/2018

2.4.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description include, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

Effective Date: 10/01/2018

☑ Temporary Assistance for Needy Families program:

The Lead Agency website hastwo sections for child care; one under "Can We Help?" that is geared towards families and another under "Providers and Partners" geared towards our child care providers and stakeholders. The tools and resources listed under each respective area link to the same location to assure that both families and providers can receive the same information about available resources. The TANF program which is called Familiy Investment Program (FIP) in Iowa is listed under the heading "Additional Programs for Families" on the tools and resources page of the Lead Agency's website.

☑ Head Start and Early Head Start programs:

The Lead Agency website hastwo sections for child care; one under "Can We Help?" that is geared towards families and another under "Providers and Partners" geared towards our child care providers and stakeholders. The tools and resources listed under each respective area link to the same location to assure that both families and providers can receive the same information about available resources. This program is listed under the heading "Additional Programs for Families" on the child care Tools and Resources page of the Lead Agency's website. A link is provided to the program's home page.

☑ Low Income Home Energy Assistance Program (LIHEAP):

The Lead Agency website hastwo sections for child care; one under "Can We Help?" that is geared towards families and another under "Providers and Partners" geared towards our child care providers and stakeholders. The tools and resources listed under each respective area link to the same location to assure that both families and providers can receive the same information about available resources. This program is

listed under the heading "Additional Programs for Families" on the child care Tools and Resources page of the Lead Agency's website. A link is provided to the program's home page.

☑ Supplemental Nutrition Assistance Programs (SNAP) Program:

The Lead Agency website hastwo sections for child care; one under "Can We Help?" that is geared towards families and another under "Providers and Partners" geared towards our child care providers and stakeholders. The tools and resources listed under each respective area link to the same location to assure that both families and providers can receive the same information about available resources. This program is listed under the heading "Additional Programs for Families" on the child care Tools and Resources page of the Lead Agency's website. A link is provided to the program's home page.

☑ Women, Infants, and Children Program (WIC) program:

The Lead Agency website hastwo sections for child care; one under "Can We Help?" that is geared towards families and another under "Providers and Partners" geared towards our child care providers and stakeholders. The tools and resources listed under each respective area link to the same location to assure that both families and providers can receive the same information about available resources. This program is listed under the heading "Additional Programs for Families" on the child care Tools and Resources page of the Lead Agency's website. A link is provided to the program's home page.

☑ Child and Adult Care Food Program(CACFP):

The Lead Agency website hastwo sections for child care; one under "Can We Help?" that is geared towards families and another under "Providers and Partners" geared towards our child care providers and stakeholders. The tools and resources listed under each respective area link to the same location to assure that both families and providers can receive the same information about available resources. This program is listed under the heading "Additional Programs for Families" on the child care Tools and Resources page of the Lead Agency's website. A link is provided to the Iowa CACFP program's home page.

☑ Medicaid and Children's Health Insurance Program (CHIP):

The Lead Agency website hastwo sections for child care; one under "Can We Help?" that is geared towards families and another under "Providers and Partners" geared towards our child care providers and stakeholders. The tools and resources listed under each respective area link to the same location to assure that both families and providers can receive the same information about available resources. The term "Health Care" is listed under the heading "Additional Programs for Families" on the child care Tools and Resources page of the Lead Agency's website. A link is provided that directs viewers to a page where both Medicad and CHIP (in Iowa called Hawk-i) are described and links to the programs are provided.

☑ Programs carried out under IDEA Part B, Section 619 and Part C:

The Lead Agency website hastwo sections for child care; one under "Can We Help?" that is geared towards families and another under "Providers and Partners" geared towards our child care providers and stakeholders. The tools and resources listed under each respective area link to the same location to assure that both families and providers can receive the same information about available resources. Both of these programs are listed under the heading "Screening and Early Intervention" on the child care Tools and Resources page of the Lead Agency's website. Links are provided to the program's home pages.

2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

The Lead Agency website hastwo sections for child care; one under “Can We Help?” that is geared towards families and another under “Providers and Partners” geared towards our child care providers and stakeholders. The tools and resources listed under each respective area link to the same location to assure that both families and providers can receive the

same information about available resources. On the tools and resources webpage of the Lead Agency's website there is a section on Child Development that includes links to resources that have information on child development, including physical health and development , such as the Center for the Developing Child at Harvard University and HealthyChildren.org from the American Academy of Pediatrics.
A variety of Iowa stakeholders, such as CCR&R, and State agencies that partner with the Early Childhood Iowa initiative, support and utilize the same tools as listed by the Lead Agency.

A consumer statement is also provided to all families applying for Child Care Assistance and includes information on Developmental Screening resources such as Early Access, Care for Kids: Early Periodic Screening, Diagnosis, and Treatment, and information on the Individuals with Disabilities Education Act.

The Lead Agency uses multiple communication methods to engage parents as no one method works for every parent. As described above there are multiple on-line resources all collected on one tools and resources webpage for families. We offer the consumer statement in both digital and paper format based on the family's preference. Additionally the Lead Agency contracts with CCR&R to engage families in understanding child development when choosing child care. CCR&R offers the option of talking with a parent specialist directly or receiving easy to understand information through mail or e-mail depending on what the parent prefers. This information can be provided in multiple languages with the aid of language line services that CCR&R has available.

Effective Date: 10/01/2018

2.4.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and

include any partners in providing this information.

A staff member of the Lead Agency is a member of the Early Childhood Positive Behavior Interventions and Supports (EC-PBIS) State Leadership Team. The team supports implementation of the pyramid model (developed by the Center on the Social and Emotional Foundations for Early Learning) in all early childhood settings. The EC-PBIS State Leadership Team promotes trainings, coaching and data collection to support implementation of the pyramid model for preschool classrooms, infant & toddler classrooms, family child care, family support workers and families. There are five trainings available one for each setting: infant/toddler classrooms; preschool aged classrooms; family child care; family support workers and parents/families. Multiple organizations hold these trainings, including local area education agencies, CCR&R, local ECI boards, local community-based organizations that serve families. The Lead Agency contracts with CCR&R to offer the preschool classroom, infant/toddler classroom and family child care versions of the trainings as well as TA statewide to child care providers based on the pyramid model practices. Child care programs that decide to implement the pyramid model practices after taking the training develop family engagement strategies to help inform enrolled families of the pyramid model and teach parents strategies to support their children's social emotional development.

Effective Date: 10/01/2018

2.4.6 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

Iowa Administrative Code for child development homes (441-110), child care homes (441-120) and licensed centers/preschools (441-109) addresses using positive discipline practices that promote self-esteem and problem-solving. The Iowa Quality Rating system is currently under revision and criteria in the revised system will require participating programs to develop and implement a policy that eliminates or severely limits expulsion, suspension, punitive or other exclusionary discipline.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.5.1 Certify by describing:

Effective Date: 10/01/2018

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

Information and links related to developmental screenings are contained on the Child Care Tools and Resources page of Lead Agency's website http://dhs.iowa.gov/childcare/tool-and-resources. There is also information about developmental screenings in the Consumer statement that the Lead Agency gives to all families applying for child care assistance.

b) The procedures for providing information on and referring families and child care providers to the 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.).

Information regarding Iowa's EPSDT program (Care for Kids), Part B, Section 619 and Part C (Early Access) is on the Child Care Tools and Resources page of the Lead Agency's website http://dhs.iowa.gov/childcare/tool-and-resources and contained in the consumer statement given to all families applying for child care assistance.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

All families applying for Child Care Assistance Receive a Consumer Statement along with their application. The statement is provided in the same format that the family fills out the application either in paper or digitally. The statement contains the following information about developmental screenings:

Developmental Screenings

While all children develop, learn, and grow at different paces, children do develop in predictable ways.

Early Access is an early intervention service for children ages 0-3. Early Access works with families to identify needs and determines eligibility for services.

Iowa Family Support Network - www.iafamilysupportnetwork.org/early-access-iowa/what-is-ea

For more information on developmental screenings, please consider reviewing the material at the below links:

•Care for Kids: Early Periodic Screening, Diagnosis, and Treatment - www.dhs.iowa.gov/ime/members/Medicaid-a-to-z/care-for-kids-epsdt

•Early Access: Department of Education - www.educateiowa.gov/pk-12/earlychildhood/early-access

•Individuals with Disabilities Education Act (IDEA) - www.idea.ed.gov/

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

Both the Child Care Tools and Resources page of the DHS website and the Consumer Education Statement direct parents to websites where they can learn how to request developmental screening services.

e) How child care providers receive this information through training and professional development.

Providers receive developmental screening information and resources, including Early ACCESS contact information in the Child Development module of the Essentials Preservice training. They can also use the Child Care Tools and Resources page of the DHS website http://dhs.iowa.gov/childcare/tool-and-resources to access information on screening and early intervention.

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

The form number for the consumer education statement is 470-5464. The DHS website is updated as needed if information or websites change.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.6.1 Certify by describing:

Effective Date: 10/01/2018

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

Families that apply for CCA are given a consumer statement in a form that matches the

way the application was requested. If the application is completed on-line the consumer statement is a PDF viewed on line. If the application was requested in paper the consumer statement is given in paper with the application.

b) What is included in the statement, including when the consumer statement is provided to families.

The Consumer Statement starts with a description of how the Child Care Assistance program is designed to promote equal access to quality child care. The statement then gives a link to review resources on the types of child care in Iowa and a link where provider compliance and complaint history can be viewed as well as determining if they participate in the voluntary quality rating system. Additionally, information on how to access Iowa Child Care Resource and Referral, the Child Care Complaint Hotline and Developmental Screening resources are provided. Information is provided to all families at the time they request a CCA application.

c) Provide a link to a sample consumer statement or a description if a link is not available.

http://ccmis.dhs.state.ia.us/clientportal/DocumentViewer.aspx?ID=28

3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, 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 a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local prekindergarten, and other collaborative programs to finish the program year. This type pf policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 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 said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

3.1.1 Eligibility criteria based on a child's age

Effective Date: 10/01/2018

a) The CCDF program serves children

from 1 week

(weeks/months/years)

through 12

years (under age 13). . Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

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))

- ☐ No
- ☑ Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/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.

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))

☑ No.

☐ Yes

and the upper age is

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

"residing with":

• 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.

"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.

3.1.2 Eligibility criteria based on reason for care

Effective Date: 10/01/2018

a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

"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 90 consecutive days. 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.

"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.In determining the 24 month time limit a "fiscal month" is used instead of a calendar month. A fiscal month is defined as beginning on the first day of training/classes and continuing to the same calendar day of the next month. Example: August 28 through September 27 = 1 fiscal month. Months are determined in this manner so that when training/classes start or end in the middle of a calendar month it does not unnecessarily count as a whole month toward the 24 month time limit. Time spent in high school education, GED, or English as a second language does not count toward the 24 month 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.

"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.

"Attending job training or education" (e.g. number of hours, travel time):
Must attend full-time as determined by the training/education facility.

3.1.2 Eligibility criteria based on reason for care

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)?

☐ No.

If no, describe the additional work requirements:

☑ Yes.

If yes, describe the policy or procedure:
Iowa Administrative Code 441.170 states that each parent in the home must meet one or more of the requirements for need for service. One of the requirements that parents can meet is attending academic or vocational training.

3.1.2 Eligibility criteria based on reason for care

c) Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search)

☐ No.

☑ Yes.

If yes, describe the policy or procedure. (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

Job seeking is an eligible "need for service" and a family that meets all other eligibility requirements will be approved for a certification period. If employment is not obtained, assistance will be canceled after 3 consecutive months. If employment is obtained, the already established 12-month certification period shall continue. If during the certification period the parent subsequently looses employment and needs to seek employment again they would follow the temporary lapse guidelines. If at redetermination the parent was job seeking and met all other eligibility criteria a certification period would be approved in the same manner as initial eligibility determination.

3.1.2 Eligibility criteria based on reason for care

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

☐ No.

☑ Yes. If yes:

i. Please provide the Lead Agency's 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.

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

- [x] No
- [ ] Yes

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

- [ ] No
- [x] Yes

iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- [x] No
- [ ] Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

Effective Date: 10/01/2018

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

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 at the time of initial determination. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c) below the table.

	(a)	(b)	(c)	(d)
Family Size	100% of SMI($/Month)	85% of SMI ($/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) ($/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	$3521	$2993	$1467	42
2	$4605	$3914	$1989	43
3	$5688	$4835	$2511	44
4	$6772	$5756	$3033	45
5	$7855	$6677	$3555	45

c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

None

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03.

d) SMI source and year. Census Bureau-2017

e) Identify the most populous area of the State used to complete the chart above.

All information is statewide

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 07/01/2018

g) Provide the citation or link, if available, for the income eligibility limits.
http://dhs.iowa.gov/sites/default/files/13-G.pdf (Employee¿s manual 13G, Page 44)

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed $1,000,000, as certified by a family member (98.20(a)(2)(ii)).

Effective Date: 10/01/2018

a) Describe how the family member certifies that family assets do not exceed $1,000,000 (e.g., a checkoff on the CCDF application).

Checkoff on the child care application/review

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

☐ No.

☑ Yes.

If yes, describe the policy or procedure and provide citation:

Income and asset limits can be waived, if necessary, for a family needing protective child care services.

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

None

Effective Date: 10/01/2018

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Check the approaches, if applicable, that the Lead Agency uses when considering

children's development and promoting continuity of care when authorizing child care services.

Effective Date: 10/01/2018

- [ ] Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules
- [ ] Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- [ ] Establishing minimum eligibility periods greater than 12 months
- [ ] Using cross-enrollment or referrals to other public benefits
- [ ] Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- [ ] Providing more intensive case management for families with children with multiple risk factors;
- [ ] Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- [x] Other.

Describe:

Authorization policies of the Lead Agency that promote consideration of children's development and continuity of care include differentiated eligibility criteria and differentiated provider reimbursement rates for children with special needs. For families that have a child that meets the definition of child with special needs the family income eligibility limit is increased from 145% of the federal poverty level to 200% and the age limit is increased from 13 to 19 years-of-age. Additionally an increased maximum reimbursement rate can be available to child care providers who are caring for a child who meets the definition of a child with special needs. To be eligible for the special needs rate, the provider must submit documentation to the child's service worker that the child needing services has been assessed by a qualified professional and meets the definition for "child with special needs," and a description of the child's special needs, including, but not limited to, adaptive equipment, more careful supervision, or special staff training.

3.1.7 Policies and processes for graduated phase-out of assistance at redetermination.

Effective Date: 10/01/2018

Lead Agencies are required to provide for a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income. Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

i. 85 percent of SMI for a family of the same size
ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:

(A) Takes into account the typical household budget of a low-income family
(B) Provides justification that the second eligibility threshold is:
(1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
(2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the copayment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any

additional reporting requirements do not constitute an undue burden on families.

Effective Date: 10/01/2018

a) Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

☐ N/A - The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

☐ N/A - The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

☑ The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

Describe the policies and procedures.

A family whose income exceeds 145% FPL at their annual redetermination review will be eligible for the new CCA Plus program. The family will be eligible for another 12-month certification period or until their income exceeds 85% SMI, whichever comes first. All other policies including need for service, authorizing units, payments, and co-pays will still apply.

Provide the citation for this policy or procedure.

http://dhs.iowa.gov/sites/default/files/13-G.pdf (Employee's manual 13G, Page 115)

☐ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

Provide the second tier of eligibility for a family of three.

Describe how the second eligibility threshold:

i. Takes into account the typical household budget of a low-income family:

ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

iv. Provide the citation for this policy or procedure:

☐ Other.

Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

☑ No

☐ Yes

i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)*

☐ No.

☐ Yes.

Describe:

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)). Check the processes, if applicable, that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

Effective Date: 10/01/2018

☑ Average the family's earnings over a period of time (i.e. 12 months).

Describe:

Iowa accounts for minor variations by allowing for averaging income over a period of time, not to exceed 6 months.

☑ Request earning statements that are most representative of the family's monthly income.

Describe:

Iowa's policy requires the use of a method of projecting that is most indicative of future income. If a family indicates that income documentation requested is not representative of the families' monthly income, they may provide other employer information such as a letter from the employer.

☑ Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

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.

☐ Other.

Describe:

3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

Effective Date: 10/01/2018

☑ Applicant identity.

Describe:

Documented by household on the application

☑ Applicant's relationship to the child.

Describe:

Documented by household on the application

☑ Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Describe:

Documented by household on the application

☑ Work.

Describe:

Documented by household on the application

☑ Job training or educational program.

Describe:

Class schedules from the school

☑ Family income.

Describe:

Check stubs or employer statements

☑ Household composition.

Describe:

Documented by household on the application

☑ Applicant residence.

Describe:

Documented by household on the application

☐ Other.

Describe:

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

Effective Date: 10/01/2018

☑ Time limit for making eligibility determinations

Describe length of time:

30 days

☑ Track and monitor the eligibility determination process

☐ Other.

Describe:

☐ None

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

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 younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure 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/territory 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.

Effective Date: 10/01/2018

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

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

"Appropriate child care":

means that the child care provider is a licensed center, a registered development home, an exempt facility or someone who can pass child abuse and criminal record checks and can meet the minimum health and safety requirements for nonregistered child care home providers.

"Reasonable distance":

means that the required travel time from home to the work-related activity does not exceed one hour each way including the travel time necessary to take a child to a child care provider.

"Unsuitability of informal child care":

means a child care center who has not completed the licensing process or a nonregistered child care provider who cannot pass child abuse or criminal record checks or who cannot meet the minimum health and safety requirements for nonregistered child care home providers.

"Affordable child care arrangements":

means that child care for approved PROMISE JOB components is provided at no cost, except for the Monitored Employment component which may include a co-pay. Co-payments are based on a sliding fee schedule in accordance with 441--IAC 170.4(2)

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

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

Describe:

d) Provide the citation for the TANF policy or procedure:

Iowa Administrative Code 441-93.13(2)J and 441-93.4(5)

3.2 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:
CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.2.1 Describe how the Lead Agency defines:

Effective Date: 10/01/2018

a) "Children with special needs":

A "child with special needs" is defined as 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.

b) "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.

3.2.2 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

Effective Date: 10/01/2018

a) Identify how services are prioritized for children with special needs. Check all that apply:

- [ ] Prioritize for enrollment
- [ ] Serve without placing these populations on waiting lists
- [ ] Waive copayments
- [x] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [x] Other.

Describe:

Services are prioritized using a higher eligibility level - 200% FPL and higher rate of reimbursement if documentation submitted by provider that justifies additional needs for care.

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

- [ ] Prioritize for enrollment
- [ ] Serve without placing these populations on waiting lists
- [x] Waive copayments
- [x] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [ ] Other.

Describe:

c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- [ ] Prioritize for enrollment
- [x] Serve without placing these populations on waiting lists
- [ ] Waive copayments
- [x] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [ ] Other.

Describe:

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- [ ] Prioritize for enrollment
- [x] Serve without placing these populations on waiting lists
- [x] Waive copayments
- [x] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [ ] Other.

Describe:

3.2.3 List and define any other priority groups established by the Lead Agency.

Families with protective care needs and families receiving a state adoption subsidy for a child.

Effective Date: 10/01/2018

3.2.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

Both families with protective care needs and families receiving a state adoption subsidy are served without being placed on waiting lists and pay higher rates for access to higher quality care.

Effective Date: 10/01/2018

3.2.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

Effective Date: 10/01/2018

a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

Child Care programs are instructed to provide families experiencing homelessness additional time to obtain required documentation when enrolling in the program. Child Development Homes and Child Care Homes with a CCA agreement have administrative rules that require them to waive child file medical documentation for up to 60 days if the family meets the definition of homelessness outlined in the McKinney Vento Act when identified at enrollment. The Child Care Center Licensing Standards and Procedures document, Comm 204, is a document provided to child care centers to provide rationale and recommendation regarding policies. The definition of McKinney Vento and the 60 day waiver is outlined in this document as well as Communication guides for other program types.

b) Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- [ ] Lead Agency accepts applications at local community-based locations
- [x] Partnerships with community-based organizations
- [x] Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- [x] Other

The Child Care Bureau has reached out to the Iowa Coalition Against Domestic Violence (ICADV). A webinar was held for partners with ICADV across the state and a powerpoint was made available showing the Lead Agency's goals towards meeting the needs of children and families experiencing homelessness, the CCA program and eligibility, and potential partners. The Lead Agency also navigated the website to show information that may further assist them. Another partner identified was the Iowa Finance Authority and the Iowa Council on Homelessness. A Continuum of Care project is a federal program through the U.S. Department of Housing and Urban Development and is designed to promote a community-wide commitment to the goal of ending homelessness, provide funding efforts by non-profit providers, and state and local governments to quickly rehouse homeless individuals and families. The Iowa Council on Homelessness in partnership with the Iowa Finance Authority is working to develop coordinated service regions for homeless assistance in the Iowa Balance of State Continuum of Care. On 4/17/18, the Lead Agency met with Continuum of Care partners to discuss child care resources and partnerships available and provided the same webinar that was provided to ICADV. The powerpoint was also made available. On 4/24/18, in partnership with the Iowa Afterschool Alliance, the Lead Agency also conducted the webinar with the Iowa Department of Education McKinney-Vento liaison and local district liaisons that are working directly with families experiencing homelessness. Recording of webinar was made available to those unable to participate. Continued partnerships are expected.

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper

payment (98.51(a)(1)(ii)).

3.2.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:
Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

Effective Date: 10/01/2018

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

Children experiencing homelessness (as defined by Lead Agency's CCDF)

The Lead Agency consulted with Healthy Child Care Iowa which is part of the Iowa Department of Public Health to determine the grace period. Child Development Homes and Child Care Homes serving children under a CCA agreement have administrative rules that require them to waive medical documentation for up to 60 days if the family meets the definition of homelessness outlined in the McKinney Vento Act when identified at enrollment. The Child Care Center Licensing Standards and Procedures document, Comm 204, is a document provided to child care centers to provide rationale and recommendation regarding policies. The definition of McKinney Vento and the 60 day waiver is outlined in this document as well as Communication guides for other program types.

Provide the citation for this policy and procedure.

IAC 441-110.9(4)l; IAC 441-120.9(2)j, Comm 204, Section 109.9 Records

Children who are in foster care.

Children in foster care are included in the definition of homelessness.Child Development Homes and Child Care Homes serving children under a CCA agreement have administrative rules that require them to waive medical documentation for up to

60 days if the family meets the definition of homelessness outlined in the McKinney Vento Act when identified at enrollment. The Child Care Center Licensing Standards and Procedures document, Comm 204, is a document provided to child care centers to provide rationale and recommendation regarding policies. The definition of McKinney Vento and the 60 day waiver is outlined in this document as well as Communication guides for other program types.

Provide the citation for this policy and procedure.

IAC 441-110.9(4)l; IAC 441-120.9(2)j, Comm 204, Section 109.9 Records

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

Families are required to give immunization and medical records directly to child care providers and therefore will be interacting with staff from those programs during the grace period. The Lead Agency has published guides for Child Development Homes (Comm 143), Child Care Homes with a CCA agreement (Comm 95) and Centers/Preschools (Comm 204). These guides give child care providers information about what immunization and medical forms are acceptable and how to access them so providers can help direct families to the correct forms. In Iowa there is a centralized Immunization Registry Information System (IRIS) that is able to track immuninizations statewide so if a parent changes primary care providers or moves their new primary care provider can easily access the child's immunization records. There is also a standardized Certificate of Immunization. On the back of the standard Certificate of Immunization there is information about required immunizations. Information about the Certificate of Immunization is included in Comm 143, 95 and 204. Additionally there is a statewide system of Child Care Nurse Consultants (CCNCs). The Lead Agency contracts with Healthy Child Care Iowa (a part of the Iowa Department of Public Health) to train and certify local nurses to be CCNCs. These CCNCs provide TA to child care programs an all health areas including immunizations and can assist with resources to help parents understand these requirements.

c) Does the Lead Agency establish grace periods for other children who are not

experiencing homelessness or in foster care?

- [x] No.
- [ ] Yes.

Describe:

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency 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 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

Effective Date: 10/01/2018

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

Certification periods shall be established for a 12-month period except in certain situations. In the following situations a longer certification period is established: (1) A family includes a child who will turn 13 years old within 6 months from the end of a 12-

month certification period (2) A family needs CCA to attend post-secondary education and they will exhaust their 24-month funding limit within 6 months from the end of a 12-month certification period. In that case, base the length of the certification on the household's circumstances. (1) If the child will turn 13 within 6 months after the end of a 12-month certification period, establish a longer certification period for this family (up to a maximum of 18 months). (2) If the 24-month funding limit will be reached within 6 months after the end of a 12-month certification period, establish a longer certification period for this family (up to a maximum of 18 months). If the family experiences a "temporary change" that would affect their need for service the lead agency follows policies regarding "temporary change" described in part b of this question. In many temporary change situations the certification period will continue as approved, however in limited situations when parents cease employment or education/training activities assistance may be discontinued after three months if the parent does not become employed or start an education or training program.

b) How does the Lead Agency define "temporary change?'

Iowa administrative rules use the term temporary lapse which is defined as any of the following: 1. any time limited absence from employment or education/training due to one or more of the following reasons: An illness, Maternity leave, FMLA situations for household members, Participation in a treatment/rehabilitation program 2. Any reduction in employment or education/training hours as long as the parent continues to work or attend education/training 3. Any interruption in work for a seasonal worker who is not working between regular industry work seasons 4. Normal student holidays or breaks between school terms for a parent participating in education/training. 5. Any other cessation of employment or attendance at a training or educational program that does not exceed 3 months.

If a family meets definitions 1, 2, 3, or 4 of temporary lapse there is no change to the current certification period. If the family meets definition 5 where there is cessation of employment or attendance in an education/training program the parent will receive a 90 day time period of continued assistance and if at the end of that period the parent has not obtained employment or started a training or education program assistance will be discontinued.

Change in age of the child and change of residency within the State of Iowa does not

affect certification periods once they are established.

c) Provide the citation for this policy and/or procedure.

https://www.legis.iowa.gov/docs/iac/chapter/441.170.pdf Iowa Administrative Code 441.170

http://dhs.iowa.gov/sites/default/files/13-G.pdf (Employee's Manual 13G, Page 43)

3.3.2 Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation for the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

Effective Date: 10/01/2018

a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

- ☐ No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.
- ☑ Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

If a parent ceases employment or attendance in an education/training program during a certification period the parent will receive a 90 day time period in which assistance at the current level will continue. If at the end of that period the parent has obtained employment or started a training or education program the certification period will continue. If at the end of that period the parent has not obtained employment or started a training or education program the certification period will be canceled and assistance will be discontinued. However the parent could subsequently apply for assistance with the "eligible activity" being job seeking.

ii. Describe what specific actions/changes trigger the job-search period.

Job loss or termination of an education/training program is reported by the family

iii. How long is the job-search period (must be at least 3 months)?

3 months

iv. Provide the citation for this policy or procedure.

http://dhs.iowa.gov/sites/default/files/13-G.pdf (Employee's manual 13G, Page 40)

b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.

☐ Not applicable.

☐ Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

i. Define the number of unexplained absences identified as excessive:

ii. Provide the citation for this policy or procedure:

☑ A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

http://dhs.iowa.gov/sites/default/files/13-G.pdf (Employee's manual 13G, Page 10)

☑ Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

Service may be discontinued if the family refuses to cooperate with a fraud investigation or if the the results of a fraud investigation reveal that application information regarding eligibility criteria was falsified or omitted and that information would have resulted in the denial of services if it was available at the time of application.

http://dhs.iowa.gov/sites/default/files/13-G.pdf (Employee's manual 13G, Page 123-125)

3.3.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

Effective Date: 07/01/2019

a) Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

- [ ] No
- [x] Yes

b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

- [x] Additional changes that may impact a family's eligibility during the 12-month period.

  Describe:

  Address changes, household composition changes

- [x] Changes that impact the Lead Agency's ability to contact the family.

  Describe:

  Address changes

- [x] Changes that impact the Lead Agency's ability to pay child care providers.

  Describe:

  changes in child care provider

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- [x] Phone
- [x] Email

- [x] Online forms
- [ ] Extended submission hours
- [x] Postal Mail
- [x] FAX
- [x] In-person submission
- [ ] Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Family may report any changes. Iowa Administrative Rules and policy manual were updated to clarify that families only need to report changes if they are ending employment and not starting a new job, there is a change in income such that the family's gross monthly income exceeds 85 percent of Iowa's median family income, they are ending an education or training program, they have moved outside of the state of Iowa or there are no eligible children that remain in the home. All other change reports are voluntary. The Lead Agency acts on changes that reduce a family's copayment or increase the families subsidy, such as decreased income. If the reported changes would reduce a family's subsidy the Lead Agency does not act on those changes unless the family's income exceeds 85 percent SMI after considering irregular fluctuations in income, there is a non-temporary change in eligible activity in which case 90 days is given to start an eligible activity, the family has moved outside of Iowa or no eligible children remain in the family. If the family reports changes regarding contact information the Lead Agency will update that information however it will not change the family's co-pay or subsidy.

ii. Provide the citation for this policy or procedure.

http://dhs.iowa.gov/sites/default/files/13-G.pdf (Employee's manual 13G, Page 107).

3.3.4 Prevent the disruption of employment, education, or job training activities

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g. use of languages other than English, access to transportation, accommodation of parents working non-traditional hours, etc.).

Effective Date: 10/01/2018

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility.

- [x] Advance notice to parents of pending redetermination
- [x] Advance notice to providers of pending redetermination
- [ ] Pre-populated subsidy renewal form
- [x] Online documentation submission
- [ ] Cross-program redeterminations
- [ ] Extended office hours (evenings and/or weekends)
- [ ] Other.

  Describe:

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- [x] Postal Mail
- [x] Email
- [x] Online forms
- [x] FAX
- [x] In-person submission
- [ ] Extended submission hours
- [ ] Other.

  Describe:

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

3.4.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

Effective Date: 10/01/2018

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	**Lowest Initial or First Tier**	**What Is the Monthly Co-Payment for a**	**The Co-Payment in**	**Highest Initial or First Tier**	**What Is the Monthly Co-Payment for a**	**The Co-Payment in**

	(a)	(b)	(c)	(d)	(e)	(f)
	Income Level Where Family Is First Charged Co-Pay (Greater Than $0)	Family of This Size Based on the Income Level in (a)?	Column (b) is What Percentage of the Income in Column (a)?	Income Level Before a Family Is No Longer Eligible	Family of This Size Based on the Income Level in (d)?	Column (e) is What Percentage of the Income in Column (d)?
1	$1012	$8	0.8	$1467	$138	9.4
2	$1372	$8	0.6	$1989	$138	6.9
3	$1732	$8	0.5	$2511	$138	5.5
4	$2092	$8	0.4	$3033	$138	4.5
5	$2452	$8	0.3	$3555	$138	3.9

b) What is the effective date of the sliding-fee scale(s)? 07/01/18

c) Identify the most populous area of the state used to complete the chart above.

All information is statewide

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

e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A

3.4.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply.

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- [x] The fee is a dollar amount and:
  - [ ] The fee is per child, with the same fee for each child.
  - [ ] The fee is per child and is discounted for two or more children.
  - [ ] The fee is per child up to a maximum per family.
  - [x] No additional fee is charged after certain number of children.

☑ The fee is per family.

☐ The 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 using the gross monthly income according to family size and factoring in the number of children in care up to 3 children. The chart used for this determination can be found at (https://www.legis.iowa.gov/docs/iac/rule/441.170.4.pdf (pg. 2&3. The fee is assessed per unit of care provided. When more than one child in a family is receiving child care services, the family's contribution, or fee, is paid based on the units of care received by the child in the family who receives the most care. The amount of the fee takes into account additional children in care but an additional fee for each child is not assessed. The family fee is assigned to the child receiving the most care (generally 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.

☐ The fee is a percent of income and:

☐ The fee is per child, with the same percentage applied for each child.

☐ The fee is per child, and a discounted percentage is applied for two or more children.

☐ The fee is per child up to a maximum per family.

☐ No additional percentage is charged after certain number of children.

☐ The fee is per family.

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

Describe:

☐ Other.

Describe:

3.4.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

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☐ No.

☑ Yes, check and describe those additional factors below.

☐ Number of hours the child is in care.

Describe:

☐ Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

☑ Other.

Describe:

Number of children in care. While the fee is paid based on the child that receives the most care (the most units of service); the amount of the fee is determined by the number of children in the family receiving care.

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 (98.45(k)) or for families who are receiving or needing to receive protective services, as determined for

purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

Effective Date: 10/01/2018

- ☐ No, the Lead Agency does not waive family contributions/co-payments.
- ☑ Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size.
- ☑ Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility.

  Describe the policy and provide the policy citation.

  Do not assess a fee to families where services are provided without regard to income due to protective needs. http://dhs.iowa.gov/sites/default/files/13-G.pdf (Employees Manual 13G, page 92) .

- ☐ Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

  Describe the policy and provide the policy citation.

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care or care provided in the child's own home In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each State/Territory identifies and defines its own categories and types of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide

responses that closely match the CCDF categories of care.

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 receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

The Lead Agency issues a child care certificate to parents at the time of approval for CCA. Selection of a provider is not required for approval so the certificate may be issued either before or after the parent has selected 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.

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

Check all that apply.

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- [x] Certificate that provides information about the choice of providers
- [ ] Certificate that provides information about the quality of providers
- [ ] Certificate not linked to a specific provider, so parents can choose any provider
- [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 the application
- [ ] Community outreach, workshops, or other in-person activities
- [ ] Other.

Describe:

4.1.3 Child care services available through grants or contracts.

Effective Date: 10/01/2018

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 to be paid in the certificate program.

- [ ] No. If no, skip to 4.1.4.
- [ ] Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

- [x] Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

Parents are able to access any child care facility that accepts CCA, throughout the state. The Wrap Around contract expands that pool to providers who aren't necessarily accepting CCA, but provide services to eligible children through this contract. The eligibility requirement for family income is the same.

ii. The type(s) of child care services available through grants or contracts:

To provide child care before and after the "Core Program" and during breaks in the Core Program without disruption to the child's program and experience by keeping the location, staff, and services the same for both the Core Program and the Wrap Around Child Care Program for the entire service period (Full Day, Full Week, Full Year of services), to the extent possible.

iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

Head Start Programs, Early Head Start Programs, Department of Education at-risk programs (Shared Visions), Title I Preschools (including Even Start), or an early childhood special education programs.

iv. The process for accessing grants or contracts:

Applications for participating with the Wrap Around services are provided by the contractors of the programs to the parents of children participating in the eligible core program. It is their responsibility to ensure they are filling the slots that are contracted.

v. How rates for contracted slots are set through grants and contracts:

The amount for the contracted slot is set within the request for proposal process so the potential contractor is aware of the rate. An assessment of half day rates from the Lead Agency and funds available determines whether the rates are appropriate for each new contract.

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

To assess the eligibility of the agency to procure a contract with the Lead Agency, there is a Request for Proposal process that is competitive.

vii. If contracts are offered statewide and/or locally:

Contracts are offered to those programs who provided the most successful bids of the formal competitive bid process.

4.1.3 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care? Check all that apply.

- [ ] 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 children experiencing homelessness
- [ ] 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
- [x] Other

Describe

Contracts are used to provide wrap around services to children that are in a "core program" that does not last a full day. Core programs are Head Start Programs, Early Head Start Programs, Department of Education at-risk programs (Shared Visions), Title I Preschools (including Even Start), or an early childhood special education programs.

4.1.3 Child care services available through grants or contracts.

c) Will the Lead Agency use grants or contracts for child care services to increase the quality of specific types of care? Check all that apply.

- [ ] 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
- [x] Other

Describe

Contracts are used to provide wrap around services to children that are in a "core program" that does not last a full day. Core programs are Head Start Programs, Early Head Start Programs, Department of Education at-risk programs (Shared Visions), Title I Preschools (including Even Start), or an early childhood special education programs.

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

A requirement regarding unlimited access is in regulatory requirements for all licensed and license exempt CCDF providers. It is also noted on the application the providers must fill out in order to be eligible to receive CCDF funds.

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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 (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

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- [ ] No.
- [x] 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 the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

Payments may be made for in-home care when there are three or more children in a family who require child care services.

☑ Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

Describe:

Provider must be at least 18 years of age.

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

Describe:

☐ Restricted to care by relatives.

Describe:

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

Describe:

☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

☐ Other.

Describe:

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note - Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.

- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.

- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.

- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care'such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.

- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.

- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.

- Describe how the alternative methodology will use current, up to date data.

- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1 Please identify the methodology(ies) used below to assess child care prices and/or costs.

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- [x] MRS
- [ ] Alternative methodology.
  Describe:

- [ ] Both.
  Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors (98.45 (e)).

Describe how the Lead Agency consulted with the:

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a) State Advisory Council or similar coordinating body:

Representatives from the Lead Agency regularly attend SAC meetings and State Child Care Advisory Committee meetings. As part of the agenda the Lead Agency discuss

plans regarding the CCDBG, including MRS and receives feedback from this group.

b) Local child care program administrators:

The Lead Agency solicited feedback from local child care programs administrators during both the SAC and SCCAC meetings as well as multiple other component groups within the ECI system as they are part of these groups in which feedback was sought.

c) Local child care resource and referral agencies:

A representative of the Lead Agency meets bimonthly with the regional directors of the five Iowa CCR&Ragencies in which they discuss topics brought forth by CCR&Ras well as plans of the Lead Agency. As an integral part of the MRS through collection of data in their NACCRAWare system CCR&Rdiscussed and gave feedback during these meetings to the Lead Agency staff member.

d) Organizations representing caregivers, teachers, and directors:

Organizations representing caregivers, teachers, and directors, such as Iowa Association for the Education of Young Children are a part of our SAC, SCCAC and statewide ECI structure. They attend meetings mentioned above in a and b and feedback was sought from them in that venue.

e) Other. Describe:

The Lead Agency consults with organizations and stakeholders throughout the year. When Lead Agency staff attend statewide and local meetings they provide answers and receive feedback regarding the market rate. Additionally, the lead agency frequently responds to Requests For Information (RFIs) from the public which then informs future conversations.

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, 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 methods.

Iowa CCR&R is required to contact all licensed, registered and CCDF licensed-exempt providers and update the provider's rates annually, per their contract with the Lead Agency. This information is put in the the CCR&R NACCRAWare database. The Lead Agency uses rate data of active providers from the statewide CCR&R NACCRRAware database for their Market Rate Survey. A data specialist at the Lead Agency has access to the CCR&R NACCRAWare database and analyses the data as described below.

Within the NACCRAWare database rates are recorded in one of four categories; hourly, daily, weekly and monthly. First, all provider rates are converted to half-day rates (as Iowa reimburses per unit which is a 5 hour timeframe). The rates are converted by the following formulas: hour rate: take rate times 5; daily rate: take rate divided by two; weekly rate: take rate divided by 10; montly rate: take rate divided by 42.
Once all rates are converted to units the data is analyzed in 2 ways. The data is then split into groups based on type of care and age groups. The four types of care are: Licensed Child Care Centers, Child Development Home C, Child Development Home A & B and Non-Registered Family Home, and the three age groups are: Infant/Toddler, Pre-School and School Age. This results in a total of 12 rates; 3 for each type of care. The 75th percentile of each of the 12 rate categories is then calculated using SPSS statistical software for statewide providers, urban providers and rural providers. To define urban counties in Iowa, the Metropolitan Statistical Areas defined by the U.S. Office of Management and Budget (OMB) for Census data are used.

The Lead Agency's CCA program uses a statewide "rate ceiling" in which the provider is paid their private pay rate up to the maximum CCA rate ceiling.

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

Effective Date: 0

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

SPSS statistical software was used to analyze urban/rural rates. For urban counties in Iowa, the Metropolitan Statistical Areas defined by the U.S. Office of Management and Budget (OMB) for Census data are used.

b) Type of provider. Describe:

The rates are split out by type of care and age groups. The four types of care are: Licensed Child Care Centers, Child Development Home C, Child Development Home A &B and Non-Registered Family Home, and the three age groups are: Infant/Toddler, Pre-School and School Age which makes a total of 12 separate rate categories. The 75th percentile of each of the 12 rate categories is then calculated using SPSS Statistical software.

c) Age of child. Describe:

The rates are split out by type of care and age groups. The four types of care are: Licensed Child Care Centers, Child Development Home C, Child Development Home A &B and Non-Registered Family Home, and the three age groups are: Infant/Toddler, Pre-School and School Age which makes a total of 12 separate rate categories. The 75th percentile of each of the 12 rate categories is then calculated using SPSS Statistical software.

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

N/A

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

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Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). by responding to the questions below.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 06/18/2018

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. 06/21/2018

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The Lead Agency collaborated with CCR&Rand Early Childhood Iowa (ECI) to distribute information regarding availability of the report and where it is posted. CCR&Rused their e-mail marketing subscription to send a message to all of their lists including providers and stakeholders. ECI produces a weekly newsletter that is distributed to all early childhood stakeholders on their list. An announcement regarding the MRS report was put in that newsletter. The report can be found on the Lead Agency's Child Care Reports page at http://dhs.iowa.gov/reports/child-care

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The report contains a section called Agency Response in which we considered

stakeholder views and comments regarding the market rate. The report considers feedback that was received from multiple sources, including feedback from SAC, SCCAC and other ECI statewide meetings, a survey of child care providers and comments on the draft CCDF State Plan that was released for public hearing. The majority of comments were around the maximum CCA rates being less than what many providers charge private pay clients. The Lead Agency recognized that the current maximum CCA rates have the potential to limit choices for CCA clients and discussed the rate increases that will be taking place on 01/01/2019.

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

Effective Date: 01/01/2019

a) Infant (6 months), full-time licensed center care in the most populous geographic region
Rate $ 17.00 per 5 hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 35

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region
Rate $ 12.98 per 5 hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60

c) Toddler (18 months), full-time licensed center care in the most populous geographic region
Rate $ 17.00 per 5 hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 35

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region
Rate $ 12.98 per 5 hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region
Rate $ 14.75 per 5 hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 35

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region
Rate $ 12.50 per 5 hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 55

g) School-age child (6 years), full-time licensed center care in most populous geographic region
Rate $ 12.18 per 5 hour unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 40

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region
Rate $ 10.82 per 5 hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 55

i) Describe how part-time and full-time care were defined and calculated.

Rates are determined in "units" which is a 5 hour time period. Full-time care is considered 10 units per week. Part-time care is less than 10 units per week.

The percentiles listed above in 4.3.1a-h are based on the 2017 Market rate survey which is the most recent MRS. Iowa Code 237A requires the lead agency to set CCA rates in accordance with legislative action.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 01/01/2019

k) Identify the most populous area of the state used to complete the responses above.

The information provided is statewide data for Iowa.

l) Provide the citation or link, if available, to the payment rates.

https://www.legis.iowa.gov/docs/iac/rule/441.170.4.pdf

m) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A

4.3.2 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a 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 and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

Effective Date: 10/01/2018

☐ Differential rate for *non-traditional hours*.

Describe:

☑ Differential rate for *children with special needs*, as defined by the state/territory.

Describe:

Providers caring for a child with special needs that are documented have a maximum rate that is 1.5 times the base rate. The MRS was unable to collect data regarding rates for children with special needs as providers do not charge a different rate for care to children with special needs than those that are typically developing. However the lead agency acknowledges that programs that serve those with special needs may have more expenses such as additional staff or special equipment for that child and therefore allows a standardized higher maximum rate for programs when serving a child with special needs.

☐ Differential rate for *infants and toddlers*. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

☐ Differential rate for *school-age programs*. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

☑ Differential rate for higher quality, as defined by the state/territory.

Describe:

Currently programs with a Level 5 rating in the Iowa QRS have a maximum rate of 75th percentile of the 2014 market rate. As of January 1, 2019 a more comprehensive tiered system that includes all levels of the QRS system will be implemented. Initially the increased maximum rate was implemented 07/01/2016 and only included level 5 providers due to fiscal limitations. In the 2018 legislative session additional fiscal resources were allocated which will enable all levels of the QRS system to be tiered.

☐ Other differential rates or tiered rates.

Describe:

☐ Tiered or differential rates are not implemented.

4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

Effective Date: 10/01/2018

a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

Families have the ability to look up child care providers on the Lead Agency's website based on if they accept Child Care Assistance (CCA) payments. Families are able to choose from licensed centers, registered child development homes, child care homes that have Child Care Assistance Provider Agreements with the Lead Agency. Additionally, families with three or more children may also choose an in-home provider with a CCA Provider Agreement. Child care providers were surveyed in March of 2017. Data from 12/31/16 indicated that at that time there were 1501 licensed centers, 2860 child development homes and 1046 child care homes with a CCA agreement. Five hundred thirteen providers completed the questions regarding CCA. Of the 513 child care providers that completed those questions, 75% indicated that there were no barriers to accepting Child Care Assistance payments. Twenty-five percent of 513 surveyed child care providers indicated barriers to participating in the CCA program.

A total of 100 child care providers gave further descriptive response.

79 respondents indicated that there is a loss in income due to low reimbursement rates for CCA versus private pay clients.

16 respondents indicated that they can't follow the same private pay policies, such as billing of absent days or notice to terminate care.
23 respondents do not wish to spend time on administrative duties or communication with the Department that is required to participate in the CCA program.
13 indicated concerns that clients receiving CCA have higher needs and clients are unreliable or do not follow program rules.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.
While seventy-five percent of the respondents that answered the CCA survey questions saw no barriers to accepting CCA, the Lead Agency has heard feedback formally and informally regarding loss of income due to the reimbursement rates being lower than what many programs charge private pay clients. This is supported by the 2017 MRS data, which is Iowa's most recent MRS. In recognition of this, during the 2018 session the Iowa legislature's appropriation bill provided direction on adjusting provider rates. These rate increases went into effect on January 1, 2019. Analysis of the increased rates show that Iowa's rates for providers without a QRS rating now range from the 35th to 60th percentile of the most recent MRS. Rates for providers that have QRS ratings now range from the 45th to 80th percentile of the most recent MRS.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.
The Lead Agency used a Delphi technique with multiple surveys to try to determine average costs for providers to meet health, safety, quality and staffing requirements. Based on the results that were received the Lead Agency hypothesizes that rates are sufficient however due to a low response rate the Lead Agency is not able to draw statistically significant conclusions. Lead Agency hypothesizes that rates are sufficient based on calculating potential earnings with current maximum CCA rates compared to the average costs identified using the Delphi technique. The lead agency calculated potential earnings for Child Development Homes based on capacity and ratios in Category A homes which are the lowest capacity category of CDH. If a Category A CDH were to operate at full capacity there is potential for the provider to earn $43,933.60 per year and the average cost of health, safety, quality and staffing requirements identified in

the Delphi study was $33,981.59 per year. Centers vary in size so do not have just one maximum capacity. The centers that completed the survey ranged in size from 50 to 800 children. The majority of centers operate with 2 teachers in a classroom. To calculate potential earnings for a center the lead agency calculated the number of children per age group allowed by ratio (with 2 teachers per room) if the center had 1 infant room (8 children), 1 2-year-old room (12 children), 1 3-year-old room (16 children), 1-4-year-old room (24 children) and 1 school age room(30 children). This is a combined enrollment of 120. Potential earnings with current maximum CCA rates is $552,584. The average cost of health, safety, quality and staffing requirements from the Delphi study was $483,032.19. More detailed information can be found in the Lead Agency's MRS report. Due to the low response rate the Lead Agency is reviewing different options to more accurately obtain this information for the next MRS. Currently the Lead Agency is considering multiple possibilities including contracting for another organization to collect this information or using a cost analysis program to estimate cost of meeting requirements.

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, Pre-K standards, Head Start performance standards, or State defined quality measures).

Lead Agency used a Delphi technique with multiple surveys to try to determine average costs for providers at higher levels of quality as defined by the Iowa QRS. However due to a low response rate the Lead Agency is not able to draw any statistically significant conclusions. Due to the low response rate the Lead Agency is reviewing different options to more accurately obtain this information for the next MRS. Currently the Lead Agency is considering multiple possibilities including contracting for another organization to collect this information or using a cost analysis program to estimate cost of meeting quality levels within the Iowa QRS.

e) How will the Lead Agency ensure that the family contribution/co-payment, based on a

sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

☐ Limit the maximum co-payment per family.

Describe: .

☐ Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

☐ Minimize 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 3.1.7.

☑ 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.

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- [x] No
- [ ] Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

The Lead Agency's payment practices offer providers flexibility and prompt payment which promote provider participation in the CCA program. Providers are able to submit invoices online or on paper and claims are processed within seven days.

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

- [ ] Geographic area.

Describe:

☑ Type of provider.

Describe:

The Lead Agency has different rates for licensed centers, Child Development Home A &B, Child Development Home C, Child Care Homes (non-registered), and In-home providers.

☑ Age of child.

Describe:

The lead agency has different rates for infants (0-24 months), Preschool and School-Age children.

☑ Quality level.

Describe:

The Lead Agency has an increased maximum reimbursement rate equal to the 75th percentile of the 2014 MRS for providers that have a current Level 5 rating in the Iowa Quality Rating System. Effective January 1, 2019 the Lead Agency will be updating the rate for Level 5 ratings to match the 75th percentile of the 2017 market rate and implementing a more comprehensive tiered system for additional levels of the QRS.

☐ Other.

Describe:

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

☐ Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

☐ Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

☐ Feedback from parents, including parent surveys or parental complaints.
Describe:

☐ Other.
Describe:

4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment

inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

Effective Date: 10/1/2018

a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

☐ Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

☑ Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Claims for child care payment shall be processed within seven business days of receiving a complete and correct claim.

b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

☐ Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

☑ Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

During eligibility determination each child in the family that is eligible for care is authorized for an appropriate number of weekly units for child care services. If a child is absent from the provider's program during a day that the authorized schedule allows care the provider is allowed to bill for that day up to four times per month. When calculated on a monthly basis this results in the provider receiving full payment if a child attends at least 85 percent of the authorized time.

☐ Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

☐ Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c) The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Payment rates are based on a half-day unit of service. A half-day is defined as up to five hours of service during a 24-hour period. The number of units of service approved each day is based on the hours the parent has a need for child care services.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

The Lead Agency's contract with Child Care Resource &Referrarequires that they update each program's record at least one time per year. CCR&Rbegan collecting data on mandatory registration fees as part of their program record updates in June of 2017. As of July 2018 5% of Child Development Homes, 6% of non-registered Child Care Homes accepting CCA and 39% of Licensed Centers/Preschools charged a mandatory registration fee. The low percentage of programs that are collecting this fee indicate that this is not a generally accepted practice in Iowa and as a result, there is no policy or procedure implemented for the Lead Agency to pay these fees.

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

The CCA Provider Agreement outlines the terms and conditions the provider shall follow to obtain payment including information about payment policies and the rates a provider will be paid. Providers are not charged any fees. The Enrollment Certificate issued on behalf of the eligible family and sent to the provider informs the provider of the schedule and number of half-day units that have been approved for each child needing care. Providers call the toll free number and contact the child care payments unit to dispute or resolve incorrect information regarding payments.

e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:

When changes are reported that affect the number of authorized units, co-pay, provider family is choosing to use, or when a family is canceled, the provider(s) is sent information in writing, and includes the effective date of the change. Lead agency staff process changes as they are received and generally within 10 days of receipt. The same day the information is processed and entered into the lead agency's system written notification is sent to the provider.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

Most payment questions can be solved through direct communication between the provider and lead agency. However, if the provider disagrees with any lead agency decision they may appeal. Anyone has the right to appeal any decision made by the Department of Human Services and to request an appeal hearing. No one may limit or interfere with this right. Food Assistance, Medicaid, Child Care Assistance, Family Planning Program, and Family Investment Program appeals may be made in person, by telephone or in writing. All other appeals must be requested in writing. Providers can write a letter explaining the reason they disagree with the Department's decision or they can complete an Appeal and Request for Hearing form online. If they have questions on how to complete the Appeal and Request for Hearing form, they may call the Appeals

Section at (515) 281-3094. The Appeals Section reviews each appeal to see if a hearing can be granted. Each appeal must meet the following criteria (1)The Department has taken an action that can be appealed, (2) The Department has issued a written notice about the negative action (3) You filed your appeal:
- within 15 calendar days for tax/debtor offsets.
- within 90 calendar days of the written notice for Food Assistance and Medicaid.
- within 90 calendar days for a child abuse assessment.
- within 6 months for an adult abuse assessment.
- within 30 calendar days of the written notice for all other programs.

If providers are eligible for a hearing, the Appeals Section will send their appeal file to the Department of Inspections and Appeals-Division of Administrative Hearings. They will schedule a telephone hearing with an administrative law judge and send a written notice of the date and time. If providers do not get a hearing, the Appeals Section will send a letter explaining why your appeal was denied.

Once the Administrative Law Judge has made a decision on the appeal, a Proposed Decision will be issued. It will explain the issue of the appeal, a brief summary of the testimony given during the hearing, and the judge's decision. If providers disagree with the Proposed Decision, they may request a review. An attorney, representative or the provider may request a review. The Department also may request a review if they disagree with the Administrative Law Judge's decision. If your review request is received within the appropriate timeframes, you will get a letter indicating that your case is under review. Once a decision has been reached on your review, you will be sent a Final Decision. The Final Decision will explain the outcome of the review process.

g) Other. Describe:

N/A

4.5.2 Do payment practices vary across regions, counties, and/or geographic areas?

Effective Date: 10/01/2018

☑ No, the practices do not vary across areas.

☐ Yes, the practices vary across areas.

Describe:

4.6 Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

Effective Date: 10/01/2018

☑ In licensed family child care.

The Lead Agency analyzed population data and provider data to look for shortages of supply of high-quality child care providers. General supply of child care was reviewed however data sources available make it difficult to determine general supply issues. The Lead Agency has data on the "licensed capacity" of child care programs throughout the state however individual programs may select to enroll a smaller number of children than their licensed capacity. However it can be noted that similar trends to what was found for high quality child care providers was found in the general supply data. The Lead Agency found that there was a lack of availability of Level 3-5 QRS providers (which is the Lead Agency's definition of quality) particularly in high poverty counties. Data on number of providers and licensed capacity was retrieved from the Lead Agency's records, population data was retrieved from Woods and Poole and poverty data was retrieved from the American Community Survey, U.S. Census Bureau. Data will be reviewed annually to track progress.

☑ In licensed child care centers.

The Lead Agency analyzed population data and provider data and found that there was a lack of availability of Level 3-5 QRS providers (which is the Lead Agency's definition of

quality) particularly in high poverty counties. Data on number of providers was retrieved from the Lead Agency's records, population data was retrieved from Woods and Poole and poverty data was retrieved from the American Community Survey, U.S. Census Bureau. Data will be reviewed annually to track progress.

☐ Other.

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

Effective Date: 10/01/2018

a) Children in underserved areas. Check and describe all that apply.

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

The Lead Agency contracts with 5 CCR&Ragengies to provide technical assistance to child care providers throughout the state. Specifically the CCR&Rregions are contracted to: provide both onsite and off-site training, including Technical Assistance (TA), Coaching, and Consultation services to child care providers in the region. Contractor shall place emphasis on on-site Coaching and Consultation. Contractor duties shall include, but are not limited to:

A. Support the child care provider's ability to achieve and maintain satisfactory regulatory status, as needed.

B. Assist child care providers, as requested by a provider and/or referred by the

Agency, to address pre-inspection and/or complaint follow-up and to address areas of regulatory deficiency identified by the Agency. The Contractor shall work cooperatively with the Agency to ensure Consultation the Contractor provides is consistent with the compliance issues identified by the Agency.

C. Assist providers in achieving, maintaining, and increasing their quality as evidenced by their participation and performance in Iowa's Quality Rating and Improvement System (QRIS).

D. Assist providers in conducting a thorough self-assessment of their program and assisting them in improving the quality of care provided, based on the self-assessment.

E. Assist child care providers in assessing their environment using the Environment Rating Scales (ERS) and consult with child care providers to improve quality of child care based on ERS assessment results.

F. Implement and use an evidence-based Coaching model, e.g.: Practice Based Coaching, to coordinate with series training curriculum, as applicable.

G. Consult with child care providers to develop and implement professional development plans, including the Child Development Associate (CDA) credential and college education.

H. Consult with child care providers to support provider use of inclusive and culturally-appropriate child care policies and services.

I. Collaborate with the Agency in performing an initial assessment of regional childcare needs following a disaster and communicate with families utilizing childcare services during a disaster.

☑ Recruitment of providers.

Describe:

In the Lead Agency's contracts with the 5 CCR&Ragency's there is a scope of work related to recruitment and retention of child care providers. Specifically the CCR&Rregions are contracted to:

- explore strategies to increase supply and access to high-quality child care programs.
- make quarterly written recommendations to the Agency that include both immediate and long-term strategies aimed at expanding the supply of high-quality care and sustaining quality over time.
- implement the identified strategies as approved by the Agency and the State Network Team.

- collaborate with First Children's Finance, as appropriate, to discuss: child care and early education business development, supply, ongoing recruitment and retention efforts, etc.
- present and/or distribute information regarding the significant need for and importance of quality child care to community agencies including, but not limited to, the following: ECI, United Way, Board of Supervisors, Chamber of Commerce, etc.
- provide, as requested, Consultation/Technical Assistance to communities and providers on how to effectively start a child care business, including but not limited to planning, governance, finances, staffing, and facilities.

☐ Tiered payment rates (as discussed in 4.3.2).

Describe:

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☑ Other.

Describe:

A workforce with the skills to provide quality care and with sufficient compensation to stay in the field is an important piece of increasing the supply of quality care. The lead agency contracted with Iowa AEYC to provide WAGE$ stipends to qualified individuals that work with infants and toddlers in the 20 highest poverty counties within the state. The intent of this contract is to incentivize those qualified individuals to stay in the child care workforce. Additionally the Lead Agency added funding to an already existing T.E.A.C.H. contract for those same counties to

support those that wanted to seek additional skills and knowledge in providing quality care.

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

b) Infants and toddlers. Check and describe all that apply.

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

The Lead Agency contracts with 5 CCR&Ragengies to provide technical assistance to child care providers throughout the state. Specifically the CCR&Rregions are contracted to: provide both onsite and off-site training, including Technical Assistance (TA), Coaching, and Consultation services to child care providers in the region. Contractor shall place emphasis on on-site Coaching and Consultation. Contractor duties shall include, but are not limited to:

A. Support the child care provider's ability to achieve and maintain satisfactory regulatory status, as needed.

B. Assist child care providers, as requested by a provider and/or referred by the Agency, to address pre-inspection and/or complaint follow-up and to address areas of regulatory deficiency identified by the Agency. The Contractor shall work cooperatively with the Agency to ensure Consultation the Contractor provides is consistent with the compliance issues identified by the Agency.

C. Assist providers in achieving, maintaining, and increasing their quality as evidenced by their participation and performance in Iowa's Quality Rating and Improvement System (QRIS).

D. Assist providers in conducting a thorough self-assessment of their program and assisting them in improving the quality of care provided, based on the self-assessment.
E. Assist child care providers in assessing their environment using the Environment Rating Scales (ERS) and consult with child care providers to improve quality of child care based on ERS assessment results.
F. Implement and use an evidence-based Coaching model, e.g.: Practice Based Coaching, to coordinate with series training curriculum, as applicable.
G. Consult with child care providers to develop and implement professional development plans, including the Child Development Associate (CDA) credential and college education.
H. Consult with child care providers to support provider use of inclusive and culturally-appropriate child care policies and services.
I. Collaborate with the Agency in performing an initial assessment of regional childcare needs following a disaster and communicate with families utilizing childcare services during a disaster.

☑ Recruitment of providers.

Describe:

In the Lead Agency's contracts with the 5 CCR&Ragency's there is a scope of work related to recruitment and retention of child care providers. Specifically the CCR&Rregions are contracted to:

- explore strategies to increase supply and access to high-quality child care programs.
- make quarterly written recommendations to the Agency that include both immediate and long-term strategies aimed at expanding the supply of high-quality care and sustaining quality over time.
- implement the identified strategies as approved by the Agency and the State Network Team.
- collaborate with First Children's Finance, as appropriate, to discuss: child care and early education business development, supply, ongoing recruitment and retention efforts, etc.
- present and/or distribute information regarding the significant need for and importance of quality child care to community agencies including, but not limited to, the following: ECI, United Way, Board of Supervisors, Chamber of Commerce, etc.
- provide, as requested, Consultation/Technical Assistance to communities and providers on how to effectively start a child care business, including but not

limited to planning, governance, finances, staffing, and facilities.

☐ Tiered payment rates (as discussed in 4.3.2) .

Describe:

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☑ Other.

Describe:

A workforce with the skills to provide quality care and with sufficient compensation to stay in the field is an important piece of increasing the supply of quality care. The lead agency contracted with Iowa AEYC to provide WAGE$ stipends to qualified individuals that work with infants and toddlers in the 20 highest poverty counties within the state. The intent of this contract is to incentivize those qualified individuals to stay in the child care workforce. Additionally the Lead Agency added funding to an already existing T.E.A.C.H. contract for those same counties to support those that wanted to seek additional skills and knowledge in providing quality care.

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

c) Children with disabilities. Check and describe all that apply.

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

The Lead Agency contracts with 5 CCR&Ragengies to provide technical assistance to child care providers throughout the state. Specifically the CCR&Rregions are contracted to: provide both onsite and off-site training, including Technical Assistance (TA), Coaching, and Consultation services to child care providers in the region. Contractor shall place emphasis on on-site Coaching and Consultation. Contractor duties shall include, but are not limited to:

A. Support the child care provider's ability to achieve and maintain satisfactory regulatory status, as needed.

B. Assist child care providers, as requested by a provider and/or referred by the Agency, to address pre-inspection and/or complaint follow-up and to address areas of regulatory deficiency identified by the Agency. The Contractor shall work cooperatively with the Agency to ensure Consultation the Contractor provides is consistent with the compliance issues identified by the Agency.

C. Assist providers in achieving, maintaining, and increasing their quality as evidenced by their participation and performance in Iowa's Quality Rating and Improvement System (QRIS).

D. Assist providers in conducting a thorough self-assessment of their program and assisting them in improving the quality of care provided, based on the self-assessment.

E. Assist child care providers in assessing their environment using the Environment Rating Scales (ERS) and consult with child care providers to improve quality of child care based on ERS assessment results.

F. Implement and use an evidence-based Coaching model, e.g.: Practice Based

Coaching, to coordinate with series training curriculum, as applicable.

G. Consult with child care providers to develop and implement professional development plans, including the Child Development Associate (CDA) credential and college education.

H. Consult with child care providers to support provider use of inclusive and culturally-appropriate child care policies and services.

I. Collaborate with the Agency in performing an initial assessment of regional childcare needs following a disaster and communicate with families utilizing childcare services during a disaster.

☐ Recruitment of providers.

Describe:

☑ Tiered payment rates (as discussed in 4.3.2).

Describe:

Providers caring for a child with special needs that are documented have a maximum rate that is 1.5 times the base rate.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

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

d) Children who receive care during non-traditional hours.Check and describe all that apply

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

The Lead Agency contracts with 5 CCR&Ragengies to provide technical assistance to child care providers throughout the state. Specifically the CCR&Rregions are contracted to: provide both onsite and off-site training, including Technical Assistance (TA), Coaching, and Consultation services to child care providers in the region. Contractor shall place emphasis on on-site Coaching and Consultation. Contractor duties shall include, but are not limited to:

A. Support the child care provider's ability to achieve and maintain satisfactory regulatory status, as needed.

B. Assist child care providers, as requested by a provider and/or referred by the Agency, to address pre-inspection and/or complaint follow-up and to address areas of regulatory deficiency identified by the Agency. The Contractor shall work cooperatively with the Agency to ensure Consultation the Contractor provides is consistent with the compliance issues identified by the Agency.

C. Assist providers in achieving, maintaining, and increasing their quality as evidenced by their participation and performance in Iowa's Quality Rating and Improvement System (QRIS).

D. Assist providers in conducting a thorough self-assessment of their program and assisting them in improving the quality of care provided, based on the self-

assessment.

E. Assist child care providers in assessing their environment using the Environment Rating Scales (ERS) and consult with child care providers to improve quality of child care based on ERS assessment results.

F. Implement and use an evidence-based Coaching model, e.g.: Practice Based Coaching, to coordinate with series training curriculum, as applicable.

G. Consult with child care providers to develop and implement professional development plans, including the Child Development Associate (CDA) credential and college education.

H. Consult with child care providers to support provider use of inclusive and culturally-appropriate child care policies and services.

I. Collaborate with the Agency in performing an initial assessment of regional childcare needs following a disaster and communicate with families utilizing childcare services during a disaster.

☑ Recruitment of providers.

Describe:

In the Lead Agency's contracts with the 5 CCR&Ragency's there is a scope of work related to recruitment and retention of child care providers. Specifically the CCR&Rregions are contracted to:

- explore strategies to increase supply and access to high-quality child care programs.
- make quarterly written recommendations to the Agency that include both immediate and long-term strategies aimed at expanding the supply of high-quality care and sustaining quality over time.
- implement the identified strategies as approved by the Agency and the State Network Team.
- collaborate with First Children's Finance, as appropriate, to discuss: child care and early education business development, supply, ongoing recruitment and retention efforts, etc.
- present and/or distribute information regarding the significant need for and importance of quality child care to community agencies including, but not limited to, the following: ECI, United Way, Board of Supervisors, Chamber of Commerce, etc.
- provide, as requested, Consultation/Technical Assistance to communities and providers on how to effectively start a child care business, including but not limited to planning, governance, finances, staffing, and facilities.

☐ Tiered payment rates (as discussed in 4.3.2) .

Describe:

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

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

e) Other. Check and describe all that apply:

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☐ Technical assistance support.

Describe:

☐ Recruitment of providers.

Describe:

☐ Tiered payment rates (as discussed in 4.3.2).

Describe:

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

4.6.3 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Effective Date: 10/01/2018

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The lead agency used data from the U.S. Census Bureau in the American Community Survey to determine poverty rankings for counties within the state and focused on the 20 highest poverty counties.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

A workforce with the skills to provide quality care and with sufficient compensation to stay in the field is an important piece of increasing the supply of quality care. The lead agency contracted with Iowa AEYC to provide WAGE$ stipends to qualified individuals that work with infants and toddlers in the 20 highest poverty counties within the state. The purpose of this contract is to incentivize those qualified individuals to stay in the child care workforce. ECI funds were used to provide WAGE$ stipends to eligible preschool teachers in the same centers. Additionally the Lead Agency added funding to an already existing T.E.A.C.H. contract for those same counties to support those that wanted to seek additional skills and knowledge in providing quality care.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children, whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

Note: When responding to questions in this section, the OCC recognizes that each State/Territory identifies and defines its own categories of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF services.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check all that apply and provide a citation to the licensing rule.

Effective Date: 10/01/2018

☑ Center-based child care.

Describe and Provide the citation:

These are businesses that typically care for dozens of children. Licensed Centers must meet requirements in the following areas: Adequate floor plan and fire marshal's report; Policies for fees, enrollment, field trips, discipline, nutrition, and health and safety policies; Developmentally appropriate curriculum ; Parental participation; Personnel; Professional growth and development; Staff ratio requirements; Records; Health and safety policies; Physical facilities; Activity program requirements; Extended evening care (if applicable); Get well center (if applicable); Food services. 441 IAC 109, Iowa Code 237A

☑ Family child care.

Describe and Provide the citation:

Any person providing child care in their home can apply to be a registered Child Development Home. Those serving more than 5 children are required to register. Child Development Homes must reapply for registration every two years. Child Development Homes must meet requirements in the following areas Number of children allowed in care; Health and Safety standards; Activity Program; Parental Access; Discipline; Meals; File Maintenance for children and staff; and Professional Development. 441 IAC 110,Iowa Code 237A

☐ In-home care (care in the child's own home).

Describe and provide the citation (if applicable):

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Effective Date: 07/01/2019

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.

Child care homes (care for less than 5 children at a time) are not required to be licensed or registered. Any child care homes that receive CCDF funds are required to have background checks, preservice training, CPR training and First Aid training prior approval of a provider agreement. Child care homes that receive CCDF funds are also required to follow minimum health and safety standards in 441 IAC 120.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care or any other factors applicable to the exemption

Effective Date: 07/01/2019

☐ Center-based child care.

If checked, describe the exemptions.

☑ Family child care.

If checked, describe the exemptions.

Iowa Code 237A.3 allows a child care provider to provide care in a single-family residence to 5 or less children at any one time. If this provider chooses to enter into a provider agreement with the Lead Agency, they are subject to minimum health and safety requirements outlined in Iowa Administrative Code 441.120.

☐ In-home care.

If checked, describe the exemptions.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories.

Effective Date: 10/01/2018

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

0-24 months

-- Ratio:

1:4

-- Group size:

Group size is limited by a combination of regulatory requirements including the following: useable floor space (35 square feet per child or 40 square feet per child if the room has cribs); sufficient bathroom and diapering facilities; age of children (children 18 months and younger must not be with children over 2 years of age); staff ratio (based on age) and developmentally appropriate activity requirements (a balance of active and quiet activites and individual and group activities must be maintained). Limits to combinations of age grouping are in place. Final determination of center capacity is determined by the lead agency and may include evaluation of other factors that influence capacity.

-- Teacher/caregiver qualifications:

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.

2. Toddler

-- How does the State/territory define toddler (age range):

0-24 months

-- Ratio:

1:4

-- Group size:

Group size is limited by a combination of regulatory requirements including the following: useable floor space (35 square feet per child or 40 square feet per child if the room has cribs); sufficient bathroom and diapering facilities; age of children (children 18 months and younger must not be with children over 2 years of age); staff ratio (based on age) and developmentally appropriate activity requirements (a balance of active and quiet activites and individual and group activities must be maintained). Limits to combinations of age grouping are in place. Final determination of center capacity is determined by the lead agency and may include evaluation of other factors that influence capacity.

-- Teacher/caregiver qualifications:

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.

3. Preschool

-- How does the State/territory define preschool (age range):

over 24 months but not yet in Kindergarten

-- Ratio:

1:6

-- Group size:

Group size is limited by a combination of regulatory requirements including the following: useable floor space (35 square feet per child or 40 square feet per child if the room has cribs); sufficient bathroom and diapering facilities; age of children (children 18 months and younger must not be with children over 2 years of age); staff ratio (based on age) and developmentally appropriate activity requirements (a balance of active and quiet activites and individual and group activities must be maintained). Limits to combinations of age grouping are in place. Final determination of center capacity is determined by the lead agency and may include evaluation of other factors that influence capacity.

-- Teacher/caregiver qualifications:

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.

4. School-age

-- How does the State/territory define school-age (age range):

Child in Kindergarten or higher grade level.

-- Ratio:

1:15

-- Group size:

Group size is limited by a combination of regulatory requirements including the following: useable floor space (35 square feet per child or 40 square feet per child if the room has cribs); sufficient bathroom and diapering facilities; age of children (children 18 months and younger must not be with children over 2 years of age); staff ratio (based on age) and developmentally appropriate activity requirements (a balance of active and quiet activites and individual and group activities must be maintained). Limits to combinations of age grouping are in place. Final determination of center capacity is determined by the lead agency and may include evaluation of other factors that influence capacity.

-- Teacher/caregiver qualifications:

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.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

N/A

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms 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.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

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 CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

0-24 months

-- Ratio:

1:4

-- Group size:

4 under 24 months, only 3 may be under 18 months of age

-- Teacher/caregiver qualifications:

Category A: Provider must have 3 references and be at least 18 years of age. 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 Category C: 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 accredited college 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.

2. Toddler

-- How does the State/territory define toddler (age range):

0-24 months

-- Ratio:

1:4

-- Group size:

4 under 24 months, only 3 may be under 18 months of age

-- Teacher/caregiver qualifications:

Category A: Provider must have 3 references and be at least 18 years of age. 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 Category C: 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 accredited college 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.

3. Preschool

-- How does the State/territory define preschool (age range):

over 24 months but not yet in Kindergarten

-- Ratio:

1:8

-- Group size:

12

-- Teacher/caregiver qualifications:

Category A: Provider must have 3 references and be at least 18 years of age. 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 Category C: 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 accredited college 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.

4. School-age

-- How does the State/territory define school-age (age range):

Child in Kindergarten or higher grade level.

-- Ratio:

1:8

-- Group size:

16

-- Teacher/caregiver qualifications:

Category A: Provider must have 3 references and be at least 18 years of age. 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 Category C: 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 accredited college 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.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes

Ratio: 1:5; Group Size: 5; Caregiver qualifications: 18 years of age or older

c) In-home CCDF providers:

1. Describe the ratios

3 or more children in a family requiring child care services

2. Describe the group size

3 or more children in a family requiring child care services

3. Describe the maximum number of children that are allowed in the home at any one time.

An in-home provider may only care for the children that live in the family home.

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

in-home is only permitted when 3 or more children in a family require child care services.

5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day

No limits are identified

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

a) To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note: This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

Effective Date: 10/01/2018

1. Prevention and control of infectious diseases (including immunization)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Practices that contribute to the prevention and control of infectious diseases are found throughout requirements for Licensed centers, registered Child Development Homes and non-registered Child Care Homes. Licensed Centers: 109.10(5) Infectious disease control. Centers shall establish policies and procedures related to infectious disease control and the use of universal precautions with the handling of any bodily excrement or discharge, including blood and breast milk. Soiled diapers shall be stored in containers separate from other waste The standard is defined throughout administrative rules, and includes immunization requirements, physical exams for child care providers and household members, daily contact to assess for apparent illness, written policies for handling ill children, having a quiet area for ill or injured children, handwashing requirements for children and staff, and recording of incidents. Posting notice is required where it is visible to parents and the public of exposure of a child to communicable disease. Sanitation procedures must be developed and programs must have sufficient diapering and bathroom facilities to reduce transmission of disease. Posting of diapering, sanitation, and handwashing procedures must be posted and implemented in every diapering area. Additional requirements are in place for Get Well Centers.

Child Development Homes: Pet health exams are required. Providers must have written policies when caring for mildly ill children and exclusion of children due to illness and must inform parents of policies, immunization and annual exams for children in care and physical exams for child care providers and household members Child Care homes with a CCA PA Pet health exams are required. Immunizations and annual exams for children in care are required.

-- List all citations for these requirements, including those for licensed and license-exempt programs

For Licensed Centers: 441 IAC 109.9(1); 441 IAC 109.9(2); 441.109.9(3); 441 IAC 109.10 (1-2); 441 IAC 109.10 (4-10); 441.109.11(3); 441.109.12(5); 441.109.14; For Child Development Homes: 441.110.8(1); 441.110.9(1-4); For Non-Registered Child Care Homes with a CCA agreement: 441.120.8(1); 441.120.9

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Licensed centers are required to take universal precautions training for compliance with OSHA, follow handwashing standards for children and staff, place postings of communicable disease. Category A child development homes are not required to have a quiet area for sick children. CCA PA homes have limited requirements as they still are legally not required to register and are only monitored for minimum health and safety requirements as required by CCDBG.

-- Describe any variations based on the age of the children in care

None

-- Describe if relatives are exempt from this requirement

No

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that recieve CCDF funds must follow safe sleep standards outlined by the AAP for children under the age of 1. No child is permitted to sleep in an item not designed for sleeping such as, but not limited to infant seat, car seat, swing, or bouncy. If alternative sleep positioning is required, a physician or physician assistant must authorize and indicate medical reason. Crib and crib like furniture must meet CPSC or ASTM standards, no restraint devices may be used and all items used for sleeping must be used in compliance with manufacturer standards for age and weight of the child.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Licensed Centers: 441.109/12(5) "e-i"

Registered Child Development Homes:441.110.8(5)

Non-Registered Child Care Homes with a CCA agreement: 441.120.8(5)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None

-- Describe any variations based on the age of the children in care

None

-- Describe if relatives are exempt from this requirement

No

3. Administration of medication, consistent with standards for parental consent

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that recieve CCDF funds must followmedication administration requirements. Medications must be stored in original containers with accompanying physician or pharmacist directions. Label must be intact and stored so they are inaccessible to children and public. Non-prescription meds must be labeled with child's name. Every day an authorization for medication is in effect and the child is in attendance, a notation of administration including the name of medicine, date, time, dosage given or applied, initials of person administrating or the reason not given must be documented. If pre-service/orientation for medication administration has not been completed, staff may not dispense medications. Meds must have parent or doctor written authorization.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Licensed Centers: 441.109.10(3)

Child Development Homes: 441.110.8(3)

Non-Registered Child Care Homes with a CCA agreement:441.120.8(3)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None

-- Describe any variations based on the age of the children in care

None

-- Describe if relatives are exempt from this requirement

No

4. Prevention of and response to emergencies due to food and allergic reactions

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that recieve CCDF funds must followthese requirements. For any child with allergies the program is required to have a written emergency plan, and a copy of the plan must accompany the child if the child leaves the premises. A Child's physical exam must include a status of the child's health, allergies and restrictive conditions, and recommendations for continued care when necessary.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Licensed Centers: 441--109.9(2) "g", 109.10(1) "a-b"
Child Development Homes: 441--110.9(4) "d" (1), 110.9(4) "h"
Non-Registered Child Care Homeswith a CCA agreement: 441--120.9(2) "h"

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None

-- Describe any variations based on the age of the children in care

School-aged children may provide a statement of health annually in lieu of physical exam report.

-- Describe if relatives are exempt from this requirement

No

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that recieve CCDF funds must follow building and physical premises safety requirements. Rules around building and physical premises safety are throughout the entirety of the rule chapters. Regulations outline requirements for telephone access, safety gates, safety of hazardous materials, pool and water safety, use of tobacco and smoking, smoke detectors, outlet covers, safety barriers around heating elements, lead assessment, use of sewer and private water systems, pet immunizations, outdoor space and play equipment.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Licensed Centers:441 IAC 109

Child Development Homes:441 IAC 110

Non-Registered Child Care Homes with a CCA agreement: 441 IAC 120

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Child Care Centers specifically outline requirements for sufficient lightening, ventilation for air quality, heating and cooling. Maintenance of kitchen appliances to prevent burns, monthly inspections of outdoor play areas, radon testing, carbon monoxide detectors. All indoor play equipment and furniture must conform with ASTM or CPSC standards. Child Development Homes and Child Care Homes with a CCA provider agreement specifically outline electrical wiring maintenance , smoke detector use, and fire extinguisher present on every child occupied floor of the home.

-- Describe any variations based on the age of the children in care

Child Care Centers: Infant environment requires additional environmental requirements to protect children from physical harm. Includes specifics regarding high chair use, and toy types to prevent swallowing.

-- Describe if relatives are exempt from this requirement

No

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that recieve CCDF funds must follow prevention requirements for shaken baby syndrome, abusive head trauma and child maltreatment. Use of corporal punishment is prohibited in child care settings. Child care staff are required to take the following preventative trainings every five years, 2 hours of Mandatory Child Abuse and Neglect Reporter training and Preservice Essentials Child Care Series in which information and prevention strategies are provided around shaken baby syndrome and abusive head trauma.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Licensed Centers:441.109.12(2)

Child Development Homes: 441. 110.8(6)

Non-registered Child Care Homes with a CCA agreement: 441.120.8(6)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None

-- Describe any variations based on the age of the children in care

None

-- Describe if relatives are exempt from this requirement

No

7. Emergency preparedness and response planning for emergencies resulting from a

natural disaster or a human-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)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that recieve CCDF funds must follow emergency preparedness requirements. Programs must have written emergency plans for evaluation to safely leave the facility, relocation to a common, safe location after evacuation, shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue, lockdown to protect children from an external situation, communication and reunification with parents or other adults responsible for the children which shall include emergency telephone numbers, continuity of operations, and to address the needs of individual children, including those with functional or access needs.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Licensed Centers:441.109.10(15)
Registed Child Development Homes:441.110.8(4)
Non-registered Child Care Homes with a CCA agreement: 441.120.8(4)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Child Care Centers require plans and diagrams for responding to fire, tornado, flood if applicable, and plans for responding to intruders within the center, intoxicated parents, and lost or abducted children. They shall have guidelines for respond or evacuating in case of blizzards, power failures, bomb threats, chemical spills, earthquakes, or other disasters that could create structural damage to the center or pose health hazards. If within 10 mile radius of nuclear power plant or research facility, additional evacuation plan is required. Child Development Homes and CCA PA Homes state that plans in case of man-made or natural disaster shall be written and posted by primary and

secondary exits. Plans shall clearly map evacuation routes and tornado and flood shelter areas.

-- Describe any variations based on the age of the children in care

None

-- Describe if relatives are exempt from this requirement

No

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that recieve CCDF funds must follow handling and sorage of hazardous materials and disposal of bio-contaminates. Medications must be stored in a way inaccessible to children, hazardous materials must be inaccessible.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Licensed Centers: 441--109.10(3), 441--109.10(5)

Registered Child Development Homes:441--110.8(3)

Non-registered Child Care Homes with a CCA agreement: 441--120.8(3)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Child Care Centers are required to establish policies and procedures related to infectious disease control and the use of universal precautions with the handling of any bodily excrement or discharge including blood and breast milk. Centers must have emergency plan for chemical spills. Child Development Homes and CCA PA homes specifically outline poisonous, toxic and other unsafe materials shall be secured from access by a child.

-- Describe any variations based on the age of the children in care

None

-- Describe if relatives are exempt from this requirement

No

9. Precautions in transporting children (if applicable)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that recieve CCDF funds must follow these requirements when transporting. Drivers transporting must have a valid driver's license and insurance authorizing the vehicle driver to operate the type of car being driven. Child restraint devices must be compliant with Iowa Code 321.446

-- List all citations for these requirements, including those for licensed and license-exempt providers

Licensed Centers: 441.109.10(12)
Registered Child Development Homes:441.110.8(1) "m"
Non-regiered Child Care Homes with a CCA agreement: 441.120.8(1) "m"

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Child care centers are required to have a photocopy of valid drivers license for staff involved in transportation

-- Describe any variations based on the age of the children in care

None

-- Describe if relatives are exempt from this requirement

No

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that recieve CCDF funds must follow these requirements: Certification in American red Cross, American Heart Association, American Safety and Health Institute, or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation or equivalent approved by the department. Valid certificate indicating the date of training and expiration date shall be maintained. Certification in infant, child, and adult first aid that uses nationally recognized curriculum or is received from a nationally recognized training organization. Valid certificate indicating date of training and expiration date shall be maintained.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Licensed Centers: 441.109.7(1)
Registered Child Development Homes: 441.110.10(1) "c"
Non-registered Child Care Homes with a CCA agreement: 441.120.10(3)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Child Care Center staff must have it within 3 months of hire. CDH and CCA PA providers are required to have it prior to registration.

-- Describe any variations based on the age of the children in care

None

-- Describe if relatives are exempt from this requirement

No

11. Recognition and reporting of child abuse and neglect

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that receive CCDF funds must follow these requirements. Every five years provider

shall complete 2 hours of Iowa's training for mandatory reporting of child abuse, which includes recognition and reporting procedures for child abuse and neglect.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Licensed Centers: 441.109.7(1) "a"

Child Development Homes:441.110.10(1) "b"

Child Care Homes with a CCA agreement:441.120.10(2)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

CDH and CCA PA providers are required to have prior to registration or agreement and every 5 years thereafter. Child Care center staff must have within first 3 months and every 5 years thereafter.

-- Describe any variations based on the age of the children in care

None

-- Describe if relatives are exempt from this requirement

No

b) Does the Lead Agency include any of the following optional standards?

☐ No, if no, skip to 5.2.3.

☑ Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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. CCA PA Homes: Nonregistered/exempt: regular meals and

snacks that are well balanced and nourishing must be provided but they are not required to be as defined by CACFP. Children may bring food for their own consumptions but shall not be required to do so. 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.

-- List all citations for these requirements, including those for licensed and license-exempt providers

441.110.8(7), 441.120.8(7), 441.109.10(15)

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Differences are described in summary above

-- Describe any variations based on the age of the children in care.

None

--Describe if relatives are exempt from this requirement

No

2. Access to physical activity

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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.

-- List all citations for these requirements, including those for licensed and license-exempt providers

441.109.12, 441.110.8(8)

-Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Child Care Homes with a CCA agreement are not required to have an activity program

-- Describe any variations based on the age of the children in care.

None

--Describe if relatives are exempt from this requirement

No

3. Caring for children with special needs

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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. Iowa Page 142 of 224 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.

-- List all citations for these requirements, including those for licensed and license-exempt providers

441.109.12(3)

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Regulations for Child Development Homes and Child Care Homes with a CCA agreement do not address special needs.

-- Describe any variations based on the age of the children in care.

None

--Describe if relatives are exempt from this requirement

No

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

N/A

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

N/A

-- List all citations for these requirements, including those for licensed and license-exempt providers

N/A

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

N/A

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Effective Date: 10/01/2018

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

12

2. Licensed FCC homes:

12

3. In-home care:

12

4. Variations for exempt provider settings:

None

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

Child Development Home Providers, In home providers and CCA PA non-registered providers must complete training prior to receiving a provider agreement or registration certificate. Licensed center staff have 3 months to complete.

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

None

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

The training is available for free both on-line and in person. The Lead Agency contracts with Iowa State University Extension and Outreach to make the on-line training available and with CCR&Rto make the in-person training available.

e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1), 441.110.10(1) a-c, 441.120.10(1)-(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

No

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1), 441.110.10(1) a-c, 441.120.10(1)-(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes

☐ No

Describe if relatives are exempt from this requirement

No

5.2.3e 3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1), 441.110.10(1) a-c, 441.120.10(1)-(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

No

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1), 441.110.10(1) a-c, 441.120.10(1)-(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

No

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1), 441.110.10(1) a-c, 441.120.10(1)-(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

No

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1), 441.110.10(1) a-c, 441.120.10(1)-(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

No

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1), 441.110.10(1) a-c, 441.120.10(1)-(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

No

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1), 441.110.10(1) a-c, 441.120.10(1)-(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

No

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1), 441.110.10(1) a-c, 441.120.10(1)-(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed

to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

No

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1), 441.110.10(1) a-c, 441.120.10(1)-(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

No

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1), 441.110.10(1) a-c, 441.120.10(1)-(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

No

5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1), 441.110.10(1) a-c, 441.120.10(1)-(5)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

No

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

No other preservice/orientation training requirements. Ongoing training requirements

are described in 5.2.4

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

N/A

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Describe if relatives are exempt from this requirement

N/A

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

Effective Date: 10/01/2018

a) Licensed child care centers:

On-going professional development requirements are 10 hours first year of employment, 6 annual training hours thereafter for staff, 8 hours for director/supervisor

b) Licensed FCC homes:

On-going professional development requirements are 24 hours during the 2 year

certification period

c) In-home care:

None

d) Variations for exempt provider settings:

On-going professional development requirements are 6 hours during the 2 year certification period

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Effective Date: 10/01/2018

1. Prevention and control of infectious diseases (including immunizations)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1)e, 441.110.10(1)a, 441.120.10(1)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in licensed centers and registered child development homes. Prevention and control of infections diseases is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in non-registered child care homes with a CCA agreement and in-home providers. Prevention and control of infections diseases is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1)e, 441.110.10(1)a, 441.120.10(1)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in licensed centers and registered child development homes. Safe sleep, including information about prevention of sudden infant death syndrom is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in

non-registered child care homes with a CCA agreement and in-home providers. Safe sleep, including information about prevention of sudden infant death syndrom is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

3. Administration of medication, consistent with standards for parental consent

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1)e, 441.110.10(1)a, 441.120.10(1)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in licensed centers and registered child development homes. Medication administration, including information consistent with parental consent is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in non-registered child care homes with a CCA agreement and in-home providers. Medication administration, including information consistent with parental consent is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing

PD requirements.

4. Prevention and response to emergencies due to food and allergic reactions

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1)e, 441.110.10(1)a, 441.120.10(1)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in licensed centers and registered child development homes. Managing allergies, including prevention and response to emergencies due to food and allergic reactions is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in non-registered child care homes with a CCA agreement and in-home providers. Managing allergies, including prevention and response to emergencies due to food and allergic reactions is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

5. Building and physical premises safety, including the identification of and protection

from hazards, bodies of water, and vehicular traffic

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1)e, 441.110.10(1)a, 441.120.10(1)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in licensed centers and registered child development homes. Essentials for safety in the environment, including buiding and physical premises safety and identification of and protection from hazards, bodies of water and vehicular traffic is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in non-registered child care homes with a CCA agreement and in-home providers. Essentials for safety in the environment, including buiding and physical premises safety and identification of and protection from hazards, bodies of water and vehicular traffic is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1)e, 441.110.10(1)a, 441.120.10(1)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in licensed centers and registered child development homes. Preventing shaken baby syndrom and abusive head trauma is a module within the Essentials training. Strategies to address prevention of child maltreatment are contained in the Mandatory Child Abuse and Neglect Reporter Training that is required of all providers every 5 years. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in non-registered child care homes with a CCA agreement and in-home providers. Preventing shaken baby syndrom and abusive head trauma is a module within the Essentials training. Strategies to address prevention of child maltreatment are contained in the Mandatory Child Abuse and Neglect Reporter Training that is required of all providers every 5 years. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1)e, 441.110.10(1)a, 441.120.10(1)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in licensed centers and registered child development homes. Emergency preparedness, including response planning for emergencies resulting from a natural disaster or a human caused event is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in non-registered child care homes with a CCA agreement and in-home providers. Emergency preparedness, including response planning for emergencies resulting from a natural disaster or a human caused event is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1)e, 441.110.10(1)a, 441.120.10(1)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in licensed centers and registered child development homes. Handling and storage of hazardous materials including appropriate disposal of bio-contaminates is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in non-registered child care homes with a CCA agreement and in-home providers. Handling and storage of hazardous materials including appropriate disposal of bio-contaminates is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1)e, 441.110.10(1)a, 441.120.10(1)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in licensed centers and registered child development homes. Transporting children, including approriate precautions is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in non-registered child care homes with a CCA agreement and in-home providers. Transporting children, including approriate precautions is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(2)b1, 441.110.10(1)c 3-4, 441.120.10(3)c-d

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Certification must be kept current, so providers must retake whenever their certification expires.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Certification must be kept current, so providers must retake whenever their certification expires.

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(2)b1, 441.110.10(1)b, 441.120.10(2)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Every 5 years

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Every 5 years

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

441.109.7(1)e, 441.110.10(1)a, 441.120.10(1)

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in licensed centers and registered child development homes. Child Development is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

The Essentials preservice/orientation training is required every 5 years for staff in non-registered child care homes with a CCA agreement and in-home providers. Child Development is a module within the Essentials training. Additionally providers have the opportunity to choose from multiple health and safety related trainings as part of their ongoing PD requirements.

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

N/A

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

N/A

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

N/A

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

N/A

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

Child Care Centers work with licensing consultants prior to licensure to assure they meet

requirements for application for license. These requirements include a visit to the center, evaluation of floor plan, application, approved fire marshal's report, regulatory fee, and information sufficient to determine that the center director meets minimum personnel qualifications. Thereafter, licensed child care centers receive annual inspections for evaluation of regulatory requirements that are outlined in Iowa Administrative Rule 441.109. Child Development Homes must submit a completed application, which includes verification of qualifications, information sufficient to complete background checks, and proof of first aid certification, CPR certification, mandatory reporter training, and training in the 12 essential health and safety content areas listed in 5.1.1. Once all information is verified and background checks have been completed and do not warrant prohibition from involvement in child care, the case is referred to the local area office for a pre-inspection. Potential child care providers may view the preinspection checklist in Comm 143 Guidelines for Child Development Home Registration or they may access it at http://dhs.iowa.gov/licensure-and-registration/registered-home/pre-inspection. Local area staff complete a pre-inspection and approve or deny the provider. If results of the pre-inspection indicate approval, a certificate of registration is granted for 2 years. An annual inspection will also occur to evaluate regulatory requirements outlined in Iowa Administrative Rule 441.110. Three months prior to expiration, a renewal packet is sent to the provider. Upon receipt of the renewal application, it is verified that child development home providers and household members have not obtained any additional Iowa child or dependent adult abuse or criminal convictions. Additionally, professional development requirements are verified through certificate documentation provided or through the lead agency's Training Registry. It is also verified that first aid, cpr, and mandatory reporter training and certification has not expired. Child Care Homes wanting a CCA agreement must submit a completed payment application and provider agreement, which includes verification of qualifications, information sufficient to complete background checks, and proof of first aid certification, CPR certification, mandatory reporter training, and training in the 12 essential health and safety content areas listed in 5.1.1. . Once all information is verified and background checks have been completed and do not warrant prohibition from involvement in child care, the provider is approved for a 2 year child care assistance provider agreement. An annual inspection will occur to review regulatory requirements set forth in Iowa Administrative Rule 441.120. Three months prior to expiration, a renewal packet is sent to the provider. Upon receipt of the renewal application, it is verified that the child care home provider and household members have not obtained any additional child or dependent adult abuse or criminal convictions. Additionally, professional development requirements will be verified through certificate documentation or

the Lead Agency’s Training Registry. It is also verified that first aid, cpr, and mandatory reporter training and certification has not expired.

The cover letter for both child development home and child care homes requesting a CCA agreement advise providers that they must be sure to check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: zoning code, building code, fire code, business license, state and federal income tax, unemployment insurance, worker’s compensation, minimum wage and hour requirements, OSHA, and the Americans with Disabilities Act (ADA). Communication guides for all provider types also advise programs to evaluate this information to assure compliance with local requirements as well as those State applied requirements

Effective Date: 10/01/2018

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections-with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards-of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)). Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

Effective Date: 10/01/2018

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards

The following occur for a pre-license inspection. (1) An application is received and the owner attests to have not having any form of a license or registration denied, revoked or suspended in any state (other than a driving license). They also attest to be free of founded child abuse. (2) The center has been inspected by the State Fire Marshal or authorized designee. (3) A floor plan has also been reviewed by the State Fire Marshal's building and zoning department (4) A floor plan has been submitted to DHS to ensure compliance of code driven physical characteristics of a child care center. (5) The director's qualifications have been reviewed to ensure credentials are compliant with code. (6) State record checks have been completed for all employees. (7) DHS has inspected the center to ensure compliance with health and safety criteria. (8) Over the course of 120 days, the center's status stands at "permission to open." During that time consultation is provided to assist the center in meeting code support domains that include licensing procedures, administration, parental participation, personnel, records, health and safety policies, physical facilities, activity programs, and food services. (9) Before the expiration of 120 days DHS will complete a formal and complete inspection of the center at which time they may achieve a full license.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

Unannounced annual inspections review regulations outlined in Iowa Administrative Rule 441.109, which include all requirements in 98.41 for health, safety, and fire standards.. These inspections review floor plans and approved fire marshall reports, policies for fees, enrollment, field trips, discipline, nutrition and health and safety policies. The Lead Agency reviews to assure programs are using developmentally appropriate curriculum and have parental participation policies. File reviews for personnel requirements such as physical health examinations, background checks, and professional development are reviewed. Child records for appropriate emergency contact information and health information is verified. Staff ratio requirements, a review of a number of health and safety policies (including but not limited to emergency preparedness, safe sleep practices), physical facilities, activity program requirements, and food services are evaluated.

3. Identify the frequency of unannounced inspections:

☑ Once a year

☐ More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

The Child Care Licensing Consultant conducts an unannounced, on-site visit using Form 470-3940 for evaluation of policies outlined in 441 IAC 109 and completes file reviews. Upon completion of the visit, a report is completed in our child care regulatory information system and then available on the agency website at https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

441 IAC 109

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards

Child Care Resource and Referral agencies assist providers with fully completing the application and send the application to the Lead Agency. The Lead Agency's Centralized Registration Unit reviews the completed application to verify first aid, CPR, mandatory reporter and essential health and safety training listed in 5.1.1. Then background checks are submitted. Once background checks are completed and if they do not warrant prohibition from involvement in child care a pre-inspection referral is made to the local area office. Local agency staff will contact Child Care Resource and Referral and try and facilitate a joint visit with the child care provider. Lead Agency staff utilize form 470-5384 at the pre-inspection visit and evaluate for compliance with checklist requirements. If a provider is approved, the Lead Agency's centralized registration unit will be informed and a notice of decision will be issued with a certificate of registration.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

Local area staff conduct an unannounced, onsite visit to do a full inspection, using form 470-0625. All areas of required health, fire, and safety standards outlined in 98.41 are included in the regulatory checklist. Child care providers will be evaluated for ratio, health and safety standards including safe sleep practices and emergency preparedness, written policies, file maintenance for children in care and household members and staff, parent access, activity programming, meal requirements, discipline strategies, and ongoing professional development. Upon completion of the visit, a report is completed in our child care regulatory information system and then available on the agency website at https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport

3. Identify the frequency of unannounced inspections:

☑ Once a year

☐ More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

Annual inspections are conducted unannounced and on-site for evaluation using the full checklist of regulatory requirements.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

441.110

c) Licensed in-home CCDF child care

☑ N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

3. Identify the frequency of unannounced inspections:

☐ Once a year

☐ More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

The Lead Agency is responsible for conducting all licensing and regulatory inspections.

5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

Effective Date: 07/01/2019

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is

used

None

Provide the citation(s) for this policy or procedure

N/A

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

Nonregistered child care homes that have a CCA provider agreement are monitored annually through an unannounced visit using Form 470-5385 to evaluate regulatory requirements outlined in Iowa Administrative Rule 441.120. A full inspection takes place and no differential monitoring is used. Chapter 120 was created in direct response to health, safety, and fire standards set forth in CCDBG final rule.

Provide the citation(s) for this policy or procedure

441.120 and Employee Manual 12-F

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used

Iowa no longer has licensed-exempt in-home providers that are paid using CCDF funds.

Provide the citation(s) for this policy or procedure

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

- [x] No
- [ ] Yes. If yes,

decsibe:

e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers

The Lead Agency inspects license-exempt CCDF providers.

5.3.4 Licensing inspectors.

Effective Date: 10/01/2018

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

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. Additionally, as of 10/1/16 only individuals that have completed the health and safety preservice/orientation training required of child care providers will be allowed to inspect child care facilities. Forty-four employees of the lead agency that inspect child care providers were trained in July 2016. New hires or any additional staff completing child care inspections have access to an online version of the training and will be required to complete that training before performing any inspections. Supervisors of new hires or additional staff requiring training are responsible for ensuring that completion of the training has occurred.

b) Provide the citation(s) for this policy or procedure

https://das.iowa.gov/sites/default/files/hr/documents/class_and_pay/JobClassDescriptions/SocialWorker2-03011-23013.pdf

5.3.5 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

Effective Date: 10/01/2018

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

Current ratios of licensing inspectors for licensed child care centers is 1:137. All child care centers were visited for annual inspection, all preinspection assistance has taken place as required and any complaints that needed to be evaluated. The Lead Agency meets state policies regarding annual checks. Child Development Homes(licensed)/Child Care Homes with a CCA PA(license-exempt) have an inspector ratio of 1:194. The lead agency continues to work towards full implementation of inspections of license-exempt family child care homes. We have successfully implemented full monitoring and preinspections of child development homes even with an increase in complaint visits which are done by the same regulatory staff. (The increase in complaint visits was due to the creation and marketing of the child care complaint hotline.) The Lead Agency began tracking data on inspections of Child Care Homes with a CCA PA in calendar year 2017. Benchmarks such as 50% of visits are completed by 6 months into the year are tracked by using the Lead Agency's regulatory IT system, CRIS. When annual inspections occur, a date is entered in the report generated in the CRIS system. Each month, a data pull is conducted to evaluate which providers are active and have had a completed inspection. Percentages of completion are tracked and monthly data is provided to local field service areas to evaluate compared to benchmarks. This data not only includes percentages of completion but a list of active providers and visit dates. There is ongoing communication

with local field service areas to evaluate number of visits completed in compaison with percentage benchmarks.

b) Provide the policy citation and state/territory ratio of licensing inspectors

Centers: 441-109.3(237A) Inspection and evaluation. The department shall conduct an on-site visit in order to make a licensing recommendation for all initial and renewal applications for licensure and shall determine compliance with licensing standards imposed by licensing laws and these rules when a complaint is received. 109.3(1) At least one unannounced on-site visit shall be conducted each calendar year. Child Development Homes 110.4: Prior to registration, a compliance visit to inspect for compliance with health, safety, and fire standards shall be completed. An unannounced compliance visit shall be conducted not less than annually to check for compliance with health, safety, and fire standards as well as all child care regulatory standards. Completed evaluation checklists shall be placed in the registration files. Child Care Homes with a CCA PA 441-120.4(237A) Compliance checks. An unannounced compliance visit shall be conducted not less than annually to check for compliance with health, safety, and fire standards. Completed evaluation checklists shall be placed in agency files

5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Effective Date: 10/01/2018

☐ Yes, relatives are exempt from all inspection requirements.

If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

N/A

☐ Yes, relatives are exempt from some inspection requirements.

If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

N/A

☑ No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-State	National	Inter-State
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional			x
7. Sex offender registry or repository in any other state where the			x

individual has resided in the past 5 years			
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check require+J514ments, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
6. Criminal registry or repository in any	Possible Time Limited Waiver for:	

other state where the individual has resided in the past 5 years, with the use of fingerprints being optional	--Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

Effective Date: 10/01/2018

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In Iowa there are two types of licensed or registered child care providers; licensed centers and registered Child Development Homes. For both licensed centers and registered homes in-state criminal registry checks are done as a part of the National FBI check because the State is part of the National Fingerprint File and as part of this, all fingerprints go through state repository before being submitted to the FBI. The State of Iowa uses Public Law 92-544 or the National Child Protection Act/Volunteers for Children Act (NCPA/VCA) (42 U.S.C. 5119a) as the authority to conduct FBI background checks and has implemented a Volunteer and Employee Criminal History System (VECHS) program. As part of this program all individuals that background checks are completed on have provided written consent. Child Development Home(CDH)providers must send in FBI fingerprint cards and authorizations for background checks with their application. State results are provided on the overall report returned by the FBI. All background checks for CDH providers are done before the registration can be issued. Centers: Licensed child care centers must complete in-state checks before staff may begin work. Centers may utilize the single-contact repository (SING) to complete criminal history record checks in Iowa or must send in the required authorizations to the Lead Agency to do the checks. Criminal history information accessed in SING is also publically available through an Iowa Courts Online website, however, doing the web based check does not qualify to meet the background check requirement. If the Center uses the SING system and a possible transgression is identified, the system will display a message that further research is required. The center must then send documentation from the individual into the lead agency to evaluate and make a determination before the staff member can start work provisionally. 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 any person with a 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. Iowa Code 237A.5, 441.109.6, 441.110.11(3).

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

There are two types of providers eligible to deliver CCDF services that are not licensed or registered. Child Care Homes provide care for 5 or less children in their home. In-

home providers provide care in the children's own home for the family's children that live in that home. Child Care Home providers or In-home providers applying for a CCA provider agreement must send in FBI fingerprint cards and authorizations for background checks with their application. For both Child Care Homes and In-Home providers in-state criminal registry checks are done as a part of the National FBI check because the State is part of the National Fingerprint File and as part of this, all fingerprints go through state repository before being submitted to the FBI. The State of Iowa uses Public Law 92-544 or the National Child Protection Act/Volunteers for Children Act (NCPA/VCA) (42 U.S.C. 5119a) as the authority to conduct FBI background checks and has implemented a Volunteer and Employee Criminal History System (VECHS) program. As part of this program all individuals that that background checks are completed on have provided written consent. State results are provided on the overall report returned by the FBI. All background checks are done before the provider agreement can be issued. Iowa Code 237A.5;441.120.11(3), 441.170.4(3)g

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

Existing staff have ongoing background check requirements. State checks using the SING system are redone every 2 years. FBI fingerprint checks, including a check of the state criminal repository are done every 4 years. 441.109.6(6)c-d; 441.110.11(3)c-d; 441.120.11(3)c-d

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii))..

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

Effective Date: 10/01/2018

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In Iowa there are two types of licensed or registered child care providers; licensed centers and registered Child Development Homes. Child Development Home(CDH)providers must send in authorizations for background checks with their application. All background checks including checks of the in-state sex offender registry are done by the lead agency before the registration can be issued. Centers: Licensed child care centers must complete in-state checks before staff may begin work. Centers may utilize the single-contact repository (SING) to complete sex offender registry checks in Iowa or must send in the required authorizations to the Lead Agency to do the checks. All sex-offender registry information contained in the SING system is also available through the State's public website (http://www.iowasexoffender.com/). If the Center uses the SING system and a possible transgression is identified, the system will display a message that further research is required. The center must then send documentation from the individual into the lead agency to evaluate and make a determination before the staff member can start work provisionally. Iowa Code 237A.5,441.109.6, 441.110.11(3)

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

There are two types of providers eligible to deliver CCDF services that are not licensed or registered. Child Care Homes provide care for 5 or less children in their home. In-home providers provide care in the children's own home for the family's children that live in that home. Child Care Homes or In-home providers applying for a CCA provider agreement must send in authorizations for background checks with their application. All background checks including checks of the in-state sex offender registry are done by the lead agency before the provider agreement can be issued. Iowa Code 237A.5; 441.120.11(3), 441.170.4(3)g

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

Existing staff have ongoing background check requirements. State checks using the SING system are redone every 2 years. 441.109.6(6)c; 441.110.11(3)c; 441.120.11(3)c

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

Effective Date: 10/01/2018

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In Iowa there are two types of licensed or registered child care providers; licensed centers and registered Child Development Homes. Child Development Home(CDH)providers must send in authorizations for background checks with their application. All background checks, including checks of the state child abuse and neglect registry, are done by the lead agency before the registration can be issued. Centers: Licensed child care centers must complete in-state checks before staff may begin work. Centers may utilize the single-contact repository (SING) to complete child abuse record checks in Iowa or must send in the required authorizations to the Lead Agency to do the checks. If the Center uses the SING system and a possible transgression is identified, the system will display a message that says, further research is required. The center must then send documentation for the individual into the lead agency to evaluate and make a determination before the staff member can start work provisionally. 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. Iowa Code 237A.5,441.109.6, 441.110.11(3)

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

There are two types of providers eligible to deliver CCDF services that are not licensed

or registered. Child Care Homes provide care for 5 or less children in their home. In-home providers provide care in the children's own home for the family's children that live in that home. Child Care Homes and In-home providers applying for a CCA provider agreement must send in authorizations for background checks with their application. All background checks including checks of the state child abuse and neglect registry are done by the lead agency before the provider agreement can be issued. Iowa Code 237A.5; 441.120.11(3),441.170.4(3)g.

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

Existing staff have ongoing background check requirements. State checks using the SING system are redone every 2 years. 441.109.6(6)c; 441.110.11(3)c; 441.120.11(3)c

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

Effective Date: 10/01/2018

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In Iowa there are two types of licensed or registered child care providers; licensed centers and registered Child Development Homes. The State of Iowa uses Public Law 92-544 or the National Child Protection Act/Volunteers for Children Act (NCPA/VCA) (42 U.S.C. 5119a) as the authority to conduct FBI background checks and has implemented a Volunteer and Employee Criminal History System (VECHS) program. As part of this program all individuals that that background checks are completed on have provided written consent. Child Development Home(CDH)providers must send in FBI fingerprint cards and authorizations for background checks with their application. All background checks for CDH providers are done before the registration can be issued. Centers: Licensed child care centers must complete in-state checks before staff may begin work. 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 a person with a 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. Iowa Code 237A.5, 441.109.6, 441.110.11(3)

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

There are two types of providers eligible to deliver CCDF services that are not licensed or registered. Child Care Homes provide care for 5 or less children in their home. In-home providers provide care in the children's own home for the family's children that live in that home. The State of Iowa uses Public Law 92-544 or the National Child Protection Act/Volunteers for Children Act (NCPA/VCA) (42 U.S.C. 5119a) as the authority to conduct FBI background checks and has implemented a Volunteer and Employee Criminal History System (VECHS) program. As part of this program all individuals that that background checks are completed on have provided written consent. Child Care Homes and In-home providers applying for a CCA provider agreement must send in FBI fingerprint cards and authorizations for background checks with their application. All background checks are done before the provider agreement can be issued. Iowa Code 237A.5; 441.120.11(3), 441.170.4(3)g.

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

Existing staff have ongoing background check requirements. FBI findgerprint checks are redone ever 4 years. 441.109.6(6)d; 441.110.11(3)d; 441.120.11(3)d

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

Effective Date: 10/01/2018

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other

programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

The Lead Agency has been engaged in ongoing conversations with federal partners and their partnership with the FBI and understanding the legality of non-law enforcement agencies accessing the NCIC NSOR information. The Lead Agency has also been engaged in coversations with our partners at the Iowa Department of Public Saftey (DPS). DPS received a letter from the FBI in June 2017 regarding central record repositories and provided guidance on the CCDBG background check requirements related to the partnership between state law enforcement agencies and lead CCDF agencies. In October 2017, the Lead Agency received the new program instruction released by the ACF: Office of Child Care and the Lead Agency has been in conversations with the Iowa Department of Public Saftey to evaluate this implementation and assess workload and fiscal impact with running providers through NCIC NSOR system when also potentially extrapolating the Iowa criminal information for quicker results. Another option being evaluated is IT work that could be done to incorporate the NCIC check into a Request For Proposal rather than conduct manual processing.

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

The Lead Agency has been engaged in ongoing conversations with federal partners and their partnership with the FBI and understanding the legality of non-law enforcement agencies accessing the NCIC NSOR information. The Lead Agency has also been engaged in coversations with our partners at the Iowa Department of Public Saftey (DPS). DPS received a letter from the FBI in June 2017 regarding central record repositories and provided guidance on the CCDBG background check requirements related to the partnership between state law enforcement agencies and lead CCDF agencies. In October 2017, the Lead Agency received the new program instruction released by the ACF: Office of Child Care and the Lead Agency has been in conversations with the Iowa Department of Public Saftey to evaluate this implementation and assess workload and fiscal impact with running providers through NCIC NSOR system when also potentially extrapolating the Iowa criminal information for quicker results. Another option being evaluated is IT work that could be done to incorporate the NCIC check into a Request For Proposal rather than conduct manual processing.

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to

the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Effective Date: 10/01/2018

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Because Iowa is a NFF State, criminal record checks of other participating States are handled through the fingerprint process. Lead Agency staff have been evaluating the potential impact based on number of states that do not participate in the NFF. Three of Iowa's four bordering states participate in the NFF, which the Lead Agency believes will decrease the number of instances where this check will be required. The Lead Agency already facilitates the record checks for child development home providers and staff as well as CCA PA providers. The lead agency is evaluating potential workload to handling out of state check requirements but have little baseline to evaluate potential workload. Licensed child care center directors facilitate the background check process for their

prospective employees. There are significant concerns with expecting these programs to facilitate the criminal background check processes in other states, while also recognizing barriers for closed/open record states and authorized access for results. Administrative rule changes will be required for full implementation.

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Because Iowa is a NFF State, criminal record checks of other participating States are handled through the fingerprint process. Lead Agency staff have been evaluating the potential impact of based on number of states that do not participate in the NFF. Three of Iowa's four bordering states participate in the NFF, which the Lead Agency believes will decrease the number of instances where this check will be required. The Lead Agency already facilitates the record checks for child development home providers and staff as well as CCA PA providers. The lead agency is evaluating potential workload to handling out of state check requirements but have little baseline to evaluate potential workload. Licensed child care center directors facilitate the background check process for their prospective employees. There are significant concerns with expecting these programs to facilitate the criminal background check processes in other states, while also recognizing barriers for closed/open record states and authorized access for results. Administrative

rule changes will be required for full implementation.

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

Effective Date: 10/01/2018

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

The lead agency has added information to our public website on how other States may

access criminal and abuse registry information in the State of Iowa. (https://dhs.iowa.gov/childcare/provider-record-checks/out-of-state-requests) and reviewed the Criminal Background Check Contact List developed by the Subsidy Innovation and Accountability TA center. Licensed child care center directors facilitate the background check process for their prospective employees. There are significant concerns with expecting these programs to facilitate the sex offender registry record check in other states with multiple contacts and multiple processes. The lead agency is responsible for the record checks of child development homes and CCA PA providers. The lead agency is evaluating potential workload to handling out of state check requirements but have little baseline to evaluate potential workload. This is not a process in which our partnership with DPS will be utilized. Administrative rule changes will be required for full implementation.

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

The lead agency has added information to our public website on how other States may access criminal and abuse registry information in the State of Iowa. (https://dhs.iowa.gov/childcare/provider-record-checks/out-of-state-requests)) and reviewed the Criminal Background Check Contact List developed by the Subsidy

Innovation and Accountability TA center. Licensed child care center directors facilitate the background check process for their prospective employees. There are significant concerns with expecting these programs to facilitate the sex offender registry record check in other states with multiple contacts and multiple processes. The lead agency is responsible for the record checks of child development homes and CCA PA providers. The lead agency is evaluating potential workload to handling out of state check requirements but have little baseline to evaluate potential workload. This is not a process in which our partnership with DPS will be utilized. Administrative rule changes will be required for full implementation.

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

Effective Date: 10/01/2018

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

The lead agency has added information to our public website on how other States may access criminal and abuse registry information in the State of Iowa. (https://dhs.iowa.gov/childcare/provider-record-checks/out-of-state-requests) and reviewed the Criminal Background Check Contact List developed by the Subsidy Innovation and Accountability TA center. Licensed child care center directors facilitate the background check process for their prospective employees. There are significant concerns with expecting these programs to facilitate the child abuse and neglect registry in other states with multiple contacts and multiple processes. The lead agency is responsible for the record checks of child development homes and CCA PA providers. The lead agency is evaluating potential workload to handling out of state check requirements but have little baseline to evaluate potential workload. This is not a process in which our partnership with DPS will be utilized. Administrative rule changes will be required for full implementation.

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

The lead agency has added information to our public website on how other States may access criminal and abuse registry information in the State of Iowa. (https://dhs.iowa.gov/childcare/provider-record-checks/out-of-state-requests) and reviewed the Criminal Background Check Contact List developed by the Subsidy Innovation and Accountability TA center. Licensed child care center directors facilitate the background check process for their prospective employees. There are significant concerns with expecting these programs to facilitate the child abuse and neglect registry in other states with multiple contacts and multiple processes. The lead agency is responsible for the record checks of child development homes and CCA PA providers. The lead agency is evaluating potential workload to handling out of state check requirements but have little baseline to evaluate potential workload. This is not a process in which our partnership with DPS will be utilized. Administrative rule changes will be required for full implementation.

Provisional Employment

The CCDF final rule states 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 staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

Effective Date: 10/01/2018

☐ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides.

Describe and include a citation:

☑ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

Child Development Homes, Child Care Homes with a CCA provider agreement and in-home providers all meet this requirement, as they must receive satisfactory results of national FBI fingerprint checks before being approved. For Centers Iowa Administrative Code 441-109 states that if the results of the Iowa records checks do not warrant prohibition of the person's involvement with child care or otherwise present protective concerns, the person may be involved with child care on a provisional basis until the national criminal history check and evaluation have been completed.

☐ Other.

Describe:

5.4.10 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.

Effective Date: 10/01/2018

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

The lead agency has added information to our public website on how other States may access criminal and abuse registry information in the State of Iowa. (https://dhs.iowa.gov/childcare/provider-record-checks/out-of-state-requests). Criminal record checks can be accessed through the Iowa Department of Public Safety Division of Criminal Investigation. Turn around time can vary depending on the number of requests, however the average turn around time is 2-5 business days, excluding mail time. Iowa child abuse and neglect registry checks are accessed through the lead agency. Processing timeframes for requests for abuse registry information are usually within 1 week of receipt. The lead agency indicates on our public website what the processing date is. https://dhs.iowa.gov/abuse-registry/processing-date Iowa sex offender registry information can be accessed instantaneously from a public website. http://www.iowasexoffender.com/ Given these average timeframes and the public website Iowa is well within the permitted 45 day time frame.

5.4.11 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option)- a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child

endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Effective Date: 10/01/2018

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

☐ No

☑ Yes.

Describe other disqualifying crimes and provide citation:

5 year time limited prohibition for physical abuse and conviction of a controlled substance. Iowa Code 237A.5i; Admin Rules Center: IAC 441-109.6(6)f; CDH: 441-110.11(3)f; Child Care Homes with a CCA PA: 441-120.11(3)f.

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Effective Date: 10/01/2018

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

The Appeals process is outlined on the DHS website for any lead agency decision made as a result of a background check. To be eligible for an appeal, a person must meet the definition of an "aggrieved person", which includes a person denied employment due to a record check evaluation. An aggrieved person 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 person 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. They 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. 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.

5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Effective Date: 10/01/2018

Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

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 and CCA PA 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.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

Effective Date: 10/01/2018

- [x] No, relatives are not exempt from background check requirements.
- [ ] Yes, relatives are exempt from all background check requirements.
- [ ] Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds

(658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

Effective Date: 10/01/2018

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

-- State/territory professional standards and competencies. Describe:

Professional standards guide the content of professional preparation and continuing education including qualifications across roles and settings. Professional standards in some cases are determined by program standards. Iowa's early childhood professions require staff to demonstrate their preparedness to successfully fulfill their job duties and to keep their knowledge and skills up to date. Iowa policies specify qualifications that address levels and content of education as well as ongoing development. The roles and professional positions in the Early Learning sector are vast and extend among many different types of settings. Iowa's early childhood professionals include those working directly with young children and families as well as those working to support the provision of early childhood services to young children and their families. These early childhood professional roles require different types and levels of competencies but share a common core centered in early childhood education. Current Iowa competencies need ongoing review and revision to ensure implementation of ever changing best practices. These revised competencies form the basis for career pathways and early childhood training and coursework. 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 in 2013. All of these competencies are used on a voluntary basis. ECI PD (a subgroup of 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 pathways. Describe:

Education and career pathways (knowledge and competency framework) for teacher/provider roles have been developed and adopted by ECI PD. A website was created in partnership with Iowa Association for the Education of Young Children, Early Childhood Iowa, and the Iowa Department of Human Services for people to find where they are on the pathway and learn their next steps. The website also includes a professional development plan with the ability to link to the registry to store the plan for future use. Education and career pathways (knowledge and competency framework) for administrator/director roles have been developed and adopted by ECI PD. Courses offered by professional development organizations (CCR&Rand ISU Extension) have been infused into the pathways 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. These education and career pathways have been added to communication guides for child development homes and centers and will be incorporated in the the revision of the Iowa Quality Rating System that is nearing its final stages. A link to the teacher education and career pathway website has been added to the Iowa Child Care Provider Training Registry where child care providers can sign up for professional development/training opportunities. The work group for school-age care determined that the needs of school-age providers were unique from those of 0-5 years, which the ECI pathway focuses on, so the work group developed a corresponding pathway for school-age program staff. Work is underway to provide the administrator/director and school age care pathways on the pathways website, as well.

-- Advisory structure. Describe:

The Advisory Structure is the coordination mechanism for an integrated early childhood professional development system, which is the Early Childhood Iowa Council, codified in Iowa's 2008 legislative session. The ECI Council was established to oversee the development of a comprehensive, integrated, early care, health and education system by encouraging collaboration around desired results. The Council serves as an alliance of stakeholders for the early care, health, and education systems that affect children ages 0 to 5 and their families. The ECI Council has authority to examine needs and provide policy recommendations for the systems. The ECI structure has a number of component groups serving as working committees, implementing projects and providing expertise in a particular area. The Professional Development (PD) Component Group and its leadership, the Professional Development Steering Committee, are key to the work of implementation of professional development. The PD Steering Committee is the author of this framework. The steering committee implements this framework. Using the sectors of the early childhood system (early learning, family support, and health, mental health, and nutrition), Iowa created professional development leadership teams. These teams design, implement and share information about the professional development recommendations and opportunities within each sector, creating opportunities for cross-sector integration and collaborations. Two representatives from each leadership team, plus additional at large members, make up the Professional Development Steering Committee. The two co-chairs of this committee also serve as co-chairs for the PD Component Group.

-- Articulation. Describe:

Developing and implementing policies around articulation assists in creating career pathways and building capacity to meet required professional standards. Some 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 workforce committee which functions as the advisory group for Iowa's T.E.A.C.H. and W.A.G.E.$ programs provides leadership and direction to move articulation needs forward. This group is lead by the Iowa Association for the Education of Young Children and a staff from the Lead Agency is member of the committee.

-- Workforce information. Describe:

Integration; Quality Assurance; Diversity, Inclusion, and Access; and Compensation Parity are the four principles that make it possible for Early Childhood Iowa (ECI) to build and support a comprehensive, integrated professional development system. The principles are aimed at the development and retention of a sustained early childhood workforce. Through the existing structure of ECI, an integrated professional development system that crosses the early childhood sectors is being developed and enhanced. Iowa's Early Childhood Professional Development System requires supportive policies to ensure its goals are attainable and successful. There are six essential policy areas make it possible to build and support a comprehensive professional development system. The policy areas are Professional Standards; Career Pathways; Articulation; Advisory Structure; Data; and Financing.

-- Financing. Describe:

There are multiple funding streams for Iowa's PD system. Early Childhood Iowa local boards fund professional development opportunities for child care providers in their local counties. On the state level ECI funds a position that organizes, coordinates and provides leadership for the three professional development groups that are part of the ECI system: early learning; health, mental health, nutrition; and family support. Additionally ECI at the state level has professional development funds that support various programs such as Early Childhood Positive Behavioral Interventions and Supports and T.E.A.C.H. scholarships. The Lead Agency provides funding through contracts in the following ways: the CCR&Rcontract contains funding for CCR&Rorganizations to offer on-line and face-to-face training opportunities; the T.E.A.C.H. contract supports scholarships for child care providers to complete college courses and Iowa State University Extension &Outreach contrats support Essentials Preservice, Universal Precautions, Mandatory Reporter and Environment Rating Scale trainings.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

☑ Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Credit-bearing professional development is encouraged in the ECI career pathways. Additionally the Lead Agency supports the T.E.A.C.H. program which assists child care providers in removing barriers to credit-bearing courses. Credit-bearing professional development does count toward professional development requirements and will be tracked clearly in the future registry system.

☑ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Representatives of training organizations and institutions of higher education are on the ECI PD component group, which is responsible for developing the state's framework.

☐ Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

ECI PD Exec and Early Learning Leadership, as part of a larger Early Childhood Iowa Alliance (our SAC) developed the Quality PD Quality Measures and How to Measure Quality documents. These documents are used to assess the professional development providers' Request for Child Care Training Approval Form and processes. The Request for Child Care Training Approval Form was developed with the feedback and approval of this group and the Iowa School Age Care Association.

Effective Date: 10/01/2018

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The framework provides guidance to help Iowa stakeholders come to consensus on the skills and knowledge needed for early childhood practitioners to be successful in their work with children. The career pathways and competencies can be used by child care buisnesses to develop appropriate qualifications and job descriptions to assist with hiring qualified individuals. These same tools can be used by supervisors to assist with professional development plans to strengthen current employees' skills and knowledge. In addition, they can be used by early childhood professionals to understand the education/training and skills that will help them succeed in their desired positions.

Effective Date: 10/01/2018

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be 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 funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and

professional development framework (98.44(b)).

Child care regulations specify that providers must receive training from approved training organizations. The Lead Agency's approval process for training organizations has criteria related to aligning with the Iowa Early Learning Standards. Additionally, providers must receive annual training requirements from one or more of the following areas: (1) Planning a safe, healthy learning environment (includes nutrition). (2) Steps to advance children's physical and intellectual development. (3) Positive ways to support children's social and emotional development (includes guidance and discipline). (4) Strategies to establish productive relationships with families (includes communication skills and cross-cultural competence). (5) Strategies to manage an effective program operation (includes business practices). (6) Maintaining a commitment to professionalism. (7) Observing and recording children's behavior. (8) Principles of child growth and development.

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6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

The Lead Agency meets with staff from the Meskwaki tribe quarterly. During these meetings training and professional development are agenda topics. The Lead Agency has demonstrated the on-line training registry where any provider in the state may go to find child care trainings that are approved for child care credit. The training registry allows a provider to explore and enroll in classes that are on the registry. Before enrolling the provider can see the topic of the class, how it is being conducted (face-to-face, on-line or blended), where it is be held if there is a physical location and any cost associated with the class. The Lead Agency has also demonstrated how to access the free on-line version of the Essentials Preservice trainings as Meskwaki staff expressed interest in using some of the modules with tribal providers. Additionally the Lead Agency contracts with 5 CCR&R organizations to provide services statewide, including training and technical assistance for child care providers. Any child care provider, including tribal providers or organizations may attend these trainings free of charge or use the free technical assistance services.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

Effective Date: 10/01/2018

a) with limited English proficiency

The CCR&Rsystem has translated several of their materials and trainings in to Spanish. Additionally they have contracts with translation services to assist providers in person and some regions have bilingual staff. The Iowa Early Learning Standards are translated into Spanish. Partnerships between local agencies throughout the state and CCR&Ralso provide technical assistance and educational opportunities to refugees who provide home child care. The Lead Agency partnered with CCR&Rto develop a child development home regulation checklist tool with visual cues to support understanding for those with limited English proficiency.

b) who have disabilities

The Lead Agency strives to accommodate persons with disabilities however possible, including using Relay Iowa which is a Telecommunications Relay Service (TRS) that provides full telephone accessibility to people who are deaf, hard of hearing, deaf-blind or have difficulty speaking over a Text Telephone (TTY) or verbally to hearing parties. Specially-trained Communication Assistants (CAs) process relay calls and stay on the line to confidentially relay conversations.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care 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 developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians

(98.44(b)(2)(iii--iv)).

Child care regulations specify that providers must receive training from approved training organizations. The Lead Agency has a thorough approval process for training organizations before they may offer training for child care providers in the State of Iowa. The training organizations are rated on criteria related to their ability to provide content that supports: childhood as a unique and valuable stage of the life cycle; children being understood in the context of their family, culture, community; respect for the dignity, worth, and uniqueness of each individual. Additionally all potential organizations are rated on their ability to offer content that aligns with the ECI Cultural Competencies (which can be found at https://earlychildhood.iowa.gov/document/early-childhood-iowa-stakeholder%E2%80%99s-alliance-cultural-competencies) and on their ability to provide adult learning experiences that meet the needs of diverse participants. While each individual group is not listed specifically by name in the criteria used to rate training organizations multiple critera that cover these groups are included to ensure that training organizations approved in the State of Iowa are offering professional development that meets the needs of all of these groups.

Effective Date: 10/01/2018

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

Effective Date: 10/01/2018

a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

When the Lead Agency contracted to develop the Essentials Child Care Preservice Training we included a module on homelessness within that training series. All child care staff working directly with children must take this training.

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness

(connects to question 3.2.2).

Lead Agency staff that conduct compliance visits with providers are all required to take the Essentials Child Care Preservice Training which includes the module on homelessness.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply

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- [x] Issue policy change notices
- [x] Issue new policy manual
- [ ] Staff training
- [ ] Orientations
- [ ] Onsite training
- [ ] Online training
- [ ] Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

- [ ] Other

Describe:

6.2.7 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

Effective Date: 10/01/2018

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

. Iowa partners and contracts with First Children's Finance, a national nonprofit

organization, to administer an extensive range of business development services designed to improve all areas of provider business knowledge and practices (including fiscal management, budgeting, recordkeeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications) and to support CCR&Rconsultants in responding to business related questions. First Children's Finance business development services include: Business trainings; approved by Iowa DHS and by NECPA 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 trainings are provided annually by contract with the Lead Agency. Business technical assistance for child care centers, homes and communities. At least 120 hours are provided annually through the contract with the Lead Agency. 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 seven 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. Training and technical assistance to CCR&RConsultants intended to assist CCR&Rconsultants in responding to business questions. FCF staff developed an

introductory training for CCR&Rstaff, provide at least 30 hours of coaching to consultants and are developing tools for consultants to use to in their work with child care programs. CCR&Roffers training and technical assistance to assist providers in basic business practices. CCR&Rfacilitates 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. Through technical assistance services consultants can review basic business concepts as well as connect providers with resources related to business practices such as tools for record keeping, First Children's Finance or America's SBDC Iowa. Presently three community colleges offer early childhood administration/management certificates. The Lead Agency supports T.E.A.C.H scholarships for CDA credentials which have a professionalism training requirement.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- [x] Fiscal management
- [x] Budgeting
- [x] Recordkeeping
- [x] Hiring, developing, and retaining qualified staff
- [x] Risk management
- [x] Community relationships
- [x] Marketing and public relations
- [x] Parent-provider communications, including who delivers the training, education, and/or technical assistance
- [ ] Other

Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to 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, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

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a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

The Iowa Early Learning Standards (IELS) were originally developed in 2006 by a group of statewide early childhood professionals based on Developmentally Appropriate Practice (DAP) as defined by the National Association for the Education of Young Children (NAEYC). Since that time the standards have been updated by statewide professionals twice to incorporate updated research and knowledge of the early childhood field. The most current version is the Iowa Early Learning Standards, 3rd Edition, which was released in 2018. The IELS includes seven "Essential Considerations" which are critical to development, revision and use of the standards. One of the essential considerations is diversity and inclusion. This section contained within the Introduction to the IELS reviews the importance of adults who intentionally recognize, embrace and celebrate individual differences in children and families. Additionally the update committee was intentional about including examples and recommendations to support development that include people of various abilities, cultures and languages. In the most recent revision multiple goals of the update committee related to alignment with kindergarten entry, including: "build a seamless continuum with the K-12 Iowa Core to provide standards from birth-12th grade". The final section of the IELS, 3rd Edition is titled "Alignment to the K-12 Iowa Core" and provides a broad comparison of the connections between early learning and school-age standards.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

The IELS are designed to identify standards and benchmarks for all children. The standards are categorized as Infant/Toddler or Preschool based on a typical progression of development in each age range. However the IELS recognize that while children develop in a predictable progression there are individual variations and to assist early childhood professionals in seeing the continuum of development related infant/toddler and preschool standards are placed next to each other instead of having an infant/toddler section and a preschool section. Practitioners are encouraged to help children progress along the continuum wherever that individual child is at.

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

- [x] Cognition, including language arts and mathematics
- [x] Social development
- [x] Emotional development
- [x] Physical development
- [x] Approaches toward learning
- [x] Other

Describe:

Creative Arts, Social Studies, Science

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

Representatives from the Iowa Department of Education, the SAC and multiple other partners in early care and education were part of the revision of the IELS and the statewide training that is being developed on the IELS, 3rd Edition.

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates

The IELS are targeted for review every five years. The original version was done in 2006, the first revision was released in 2012, and the third edition was released in 2018.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

N/A

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

https://educateiowa.gov/sites/files/ed/documents/IowaEarlyLearningStandards-3rdEdition.pdf?utm_medium=email&utmsource=govdelivery

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The first page of the Introduction to the IELS, 3rd Edition describes what the standards are designed for and what they are not intended for. The IELS are designed for the following: •inform families, professionals, and community leaders about what to expect young children to know and do •assist families, professionals, and community leaders to provide high quality early care, health, and education experiences for all children •guide learning and evaluation decisions by early childhood professionals in all public and private early care and education settings •inform policy development to improve organizational and professional development systems •unite expectations of program administration, early care and education, health, mental health, and family support professionals about child development and the importance of each child’s experiences The IELS are not intended: •for use as a checklist or assessment

tool to evaluate children •to label, sort, or diagnose children •to exclude children from infant/toddler programs, preschools, kindergarten, or any early childhood program for which they are otherwise eligible •to identify programs based on children's high achievement •to serve as a measure for program funding •to evaluate teachers or caregivers Early learning standards assist adults to understand what children should know and be able to do prior to entering kindergarten. The IELS emphasize developmental (age-level) appropriate processes, skills, content, and child outcomes. The intent of the IELS is to implement the standards with teaching and assessment strategies that are ethical and appropriate for young children. For full implementation, the standards require reinforcement with strong financial supports and resources from legislators, community leaders, and policy makers for early childhood programs, professionals, and families (NAEYC, 2002).

Effective Date: 10/01/2018

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

-- Supporting the training and professional development of the child care workforce

-- Improving on the development or implementation of early learning and developmental guidelines

-- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services

-- Improving the supply and quality of child care programs and services for infants and toddlers

-- Establishing or expanding a statewide system of child care resource and referral services

-- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

-- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children

-- Supporting providers in the voluntary pursuit of accreditation

-- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

-- Performing 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, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)) These activities can benefit infants and toddlers through school age populations.

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

The Lead Agency receives recommendations and feedback from stakeholders regarding needs for quality improvement as well as using child care data to inform decisions. The Lead Agency originally completed data analysis around poverty and availability of quality programs in late 2016 and has also analyzed updated data from 2017. This will be done annually in Feburary. Additionally the Lead Agency graphs and reviews the number of QRS rated providers quarterly.

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7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

The data show that availability of quality programs (the Lead Agency's definition of quality is QRS Levels 3-5) is still an area of need, especially in our highest poverty counties.

Overarching goals for quality improvement include: (1) Implementation and promotion of the new QRIS system which has a focus on Continuous Quality Improvement (CQI) and (2) Supporting providers' participation in the new QRIS; this includes supporting currently rated providers in transitioning to the new QRIS system as well as engaging providers that have not previously received a quality rating.

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7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

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- [x] Supporting the training and professional development of the child care workforce If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [x] Other funds

  Describe:

  State General Funds

- [ ] Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.
  - [ ] CCDF funds
  - [ ] Other funds

  Describe:

- [x] Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

- [x] Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply
  - [x] CCDF funds
  - [ ] Other funds

Describe:

☑ Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☐ Other funds

Describe:

☑ Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☐ Other funds

Describe:

☐ Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☐ Other funds

Describe:

☐ Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☐ Other funds

Describe:

☐ 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 7.10 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☐ Other funds

Describe:

☐ Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply

☐ CCDF funds

☐ Other funds

Describe:

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

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a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

☑ Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies

Describe:

Lead Agency contracts with Child Care Resource and Referral to offer training and technical assistance to child care providers. The following trainings are required annually in all 5 regions, within the CCR&Rcontract: Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) and Early Childhood-Positive Behavior

Interventions and Supports (EC-PBIS). Both curriculums are developed by national experts in their respective fields and follow developmentally appropriate practices. CCR&Ralso offers free technical assistance to child care providers to implement best practices learned in these trainings. The Lead Agency contracts with Healthy Child Care Iowa, a part of the Iowa Department of Public Health, to develop and/or maintain health and safety training curriculums such as Medication Administration and the Period of Purple Crying. The Lead Agency contracts with Iowa State University Extension and Outreach to offer the following research-based training opportunities, ServeSafe (safe practices in food preparation and service), Environment Rating Scale(ERS) trainings (understanding and use of the ERS scales) and New Staff Orientation (a program to orient new center/preschool staff to their child care program).

☑ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.5.)

Describe:

The Lead Agency contracts with Child Care Resource and Referral to offer training and technical assistance to child care providers. The contract requires each CCR&Rregion to offer the Early Childhood-Positive Behavior Interventions and Supports (EC-PBIS) for the following settings, Preschool (classroom-based), Infant/Toddler (classroom-based) and Family Child Care. Additionally the contract requires CCR&Rregions to provide technical assistance to coach child care providers in implementing best practices learned in trainings.

☐ 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:

☐ Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards.

Describe:

☐ Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development

Describe:

☐ 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:

☑ Supporting the positive development of school-age children

Describe:

The Lead Agency contracts with Child Care Resource and Referral to offer training to child care providers. The contract requires each CCR&Rregion to offer the training series Quality School-Aged Care annually. CCR&Ralso offers free technical assistance to child care providers to implement best practices learned in this training.

☑ Other

Describe:

The Lead Agency also contracts with First Children's Finance to provide business support, training and technical assistance for child care providers. As part of that contract First Children's Finance is required to provide business and financial related trainings to child care providers annually.

b) Check how the state/territory connects child care providers with available federal and

state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply

- [x] Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
- [x] Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
- [x] Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
- [ ] Other

Describe:

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Progress is measured through contract performance measures which are reported to Lead Agency contract managers.

The CCR&R contracts for each region require that they develop a training plan based on a needs assessment with input from child care providers & other local stakeholders in child care. The plan must be approved by the Lead Agency and include the following trainings that were mentioned in 7.3.1 as well as other trainings to meet the needs of local child care providers. The CCR&R regions must also report on attendance at these trainings as well as scores from participant evaluations at these trainings.

- NapSacc
- Quality School Aged Care
- Program for Infant and Toddler Care, Modules 1-4
- Early Childhood Positive Behavior and Intervention Supports for Family Child Care (EC-PBIS-FCC).
- Early Childhood Positive Behavior and Intervention Supports for Preschool (EC-PBIS-Preschool).
- Early Childhood Positive Behavior and Intervention Supports for Infants and Toddlers (EC-PBIS-IT).

The Healthy Child Care Iowa (HCCI) contract requires that the contractor assure the delivery

of IDPH-developed or approved curriculum via the local CCNCs. The Contractor shall coordinate with the CCNCs and the CCR&R Training Specialists to determine the location of trainings needed within the region and to report on the number of trainings held and providers trained by the CCNCs. At least 2 trainings from the list below shall be delivered annually, per CCR&R region. HCCI must also report on the number of participants at trainings and the percentage of participants that report increased knowledge in the specific area of the training.

a). immunizations
b). injury prevention
c). medication administration/skills competency
d). safe sleep
e). FTF Essentials modules, as requested

The Lead Agency contracts with Iowa State University Extension and Outreach to provide ServeSafe, and Environment Rating Scale trainings to child care providers. The ServeSafe contract requires that 75% of participants obtain ServeSafe certification after participation. The Environment Rating Scale contract requires the 75 % of all ERS Workshop series participants will:

a) learn how to use the Environment Rating Scale as a tool to identify inadequate and minimal care
b) learn how to use the Environment Rating Scale as a tool to identify good and excellent care
c) learn how to identify specific strengths of their child care program
d learn how to identify specific challenges / limitations of their child care program
e) learn how to prioritize needed changes
f) learn how to develop a program improvement plan for making needed changes

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7.4 Quality Rating and Improvement System (QRIS)

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

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☐ No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.

☐ No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.

☑ Yes, the state/territory has a QRIS operating statewide or territory-wide

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available.

Iowa's Quality Rating System (QRS) is a voluntary system administered state-wide by the Lead Agency. http://dhs.iowa.gov/quality-rating-system

☐ Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

☐ Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

7.4.2 QRIS participation

Effective Date: 10/01/2018

a) Are providers required to participate in the QRIS?

- [x] Participation is voluntary
- [ ] Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).
- [ ] Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/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 prekindergarten or preschool programs
- [x] Local district-supported prekindergarten programs
- [x] Programs serving infants and toddlers
- [x] Programs serving school-age children
- [x] Faith-based settings
- [ ] Tribally operated programs
- [ ] Other

Describe:

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

Effective Date: 10/01/2018

- [ ] No
- [x] Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - [x] Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system) .
  - [x] Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - [x] Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
  - [ ] Programs that meet all or part of state/territory school-age quality standards.
  - [ ] Other.

  Describe:

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

Effective Date: 10/01/2018

- [ ] No
- [x] Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - [x] Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - [ ] Embeds licensing into the QRIS
  - [ ] State/territory license is a "rated" license
  - [ ] Other.

  Describe:

7.4.5 Does the state/territory provide 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 that are provided through the QRIS

Effective Date: 10/01/2018

- [ ] No
- [x] Yes. If yes, check all that apply
  - [x] One time grants, awards, or bonuses.
  - [ ] Ongoing or periodic quality stipends
  - [x] Higher subsidy payments
  - [x] Training or technical assistance related to QRIS.
  - [x] Coaching/mentoring.
  - [x] Scholarships, bonuses, or increased compensation for degrees/certificates
  - [ ] Materials and supplies
  - [x] Priority access for other grants or programs
  - [ ] Tax credits (providers or parents)

☐ Payment of fees (e.g., licensing, accreditation)

☐ Other

Describe:

7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The Lead Agency graphs and reviews the number of QRS rated providers quarterly. Additionally 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.

Effective Date: 10/01/2018

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, 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, including any partnerships or coordination with Early Head Start and IDEA Part C programs. Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

7.5.1 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

Effective Date: 10/01/2018

☐ Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families

Describe:

☐ Establishing or expanding the operation of community- or neighborhood-based family child care networks.

Describe:

☑ Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers

Describe:

The Program for Infant Toddler Care (PITC) training is offered by all 5 CCR&Rregions annually. Training on the Infant/Toddler Environment Rating Scale is also offered annually throughout the state as well as regional trainings with infant/toddler focus. In addition to the training CCR&Ris funded for and required to have on staff a consultant with expertise in infant and toddler care. This consultant serves as a resource to assist all consultants in providing technical assistance to child care providers to implement best practices in infant/toddler care and coaching on the PITC and ITERS curriculums

☐ Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists

Describe:

☐ 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:

☑ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments

Describe:

Iowa's Quality Rating System currently includes the Infant Toddler Environment Rating scale. While the Quality Rating System is under revision the revised criteria will include infant/toddler components such as the Infant/Toddler Environment Rating Scale for infant/toddler classrooms, training on infant feeding practices and training on promoting social/emotional development in infants and toddlers.

☐ Developing infant and toddler components within the state/territory's child care licensing regulations

Describe:

☐ Developing infant and toddler components within the early learning and developmental guidelines

Describe:

☐ Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development

Describe:

☐ Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being

Describe:

☐ Coordinating with child care health consultants.

Describe:

☐ Coordinating with mental health consultants.

Describe:

☑ Other

Describe:

A workforce with the skills to provide quality care and with sufficient compensation to stay in the field is an important piece of increasing the supply of quality infant/toddler care. The lead agency contracted with Iowa AEYC to provide WAGE$ stipends to qualified individuals that work with infants and toddlers in the 20 highest poverty counties within the state. The intent of this contract is to incentivize those qualified individuals to stay in the child care workforce. Additionally the Lead Agency added funding to an already existing T.E.A.C.H. contract for those same counties to support those that wanted to seek additional skills and knowledge in providing quality care.

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures

Progress is measured through contract data and performance measures which are reported to Lead Agency contract managers.

Program for Infant and Toddler Care (PITC) is required to be offered in all 5 CCR&R regions as part of their annual training plan. The CCR&R contracts for each region require that they develop a training plan based on a needs assessment with input from child care providers & other local stakeholders in child care. The plan must be approved by the Lead Agency and include certain trainings, one of which is PITC. The CCR&R regions must report on attendance at these trainings as well as scores from participant evaluations at these trainings. Additionally CCR&R must provide technical assistance on the PITC training and infant and toddler care in general. They are required to report the number of TA visits/contacts provided on this topic.

Infant Toddler Environment Rating Scale trainings are offered through a contract with Iowa State University Extension and Outreach (ISU-EO). The contract requires that 75 % of all ERS Workshop series participants will:

a) learn how to use the Environment Rating Scale as a tool to identify inadequate and minimal care

b) learn how to use the Environment Rating Scale as a tool to identify good and excellent care

c) learn how to identify specific strengths of their child care program

d learn how to identify specific challenges / limitations of their child care program

e) learn how to prioritize needed changes

f) learn how to develop a program improvement plan for making needed changes

WAGE$ contract reports data on: the number of educated infant/toddler caregivers receiving a WAGE$ stipend that remain working in their child care program; the number of educated infant/toddler caregivers at a temporary level that completed additional college coursework; the number of Child Development Home providers serving infants/toddlers that increased their level in the Iowa Quality Rating System while receiving a WAGE$ supplement; the number of licensed centers serving infants/toddlers that increased their level in the Iowa Quality Rating System while one or more of their infant/toddler teachers were receiving a WAGE$ supplement.

Effective Date: 10/01/2018

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The Lead Agency will measure progress in improving the quality of child care programs through our Child Care Resource and Referral contract performance measures, as they relate to CCR&R contracted services and the statewide QRIS. CCR&R performance measures are:

A. Contact and offer services to 95% of providers referred by the Agency for assistance/follow-up, within three business days upon receipt of the referral.

B. 90% of Registered Child Development Home (CDH)/Child Care Assistance (CCA) Paid Provider Applications submitted to the Agency's Centralized Child Care Unit, quarterly from October 1st to June 30th, do not require additional follow up.

C. 10% of Non-Registered Providers accepting CCA become Registered Child Development Home Providers each year (as measured, by the Agency, from July 1st to June 30th of each year).

D. 90% of child care programs are satisfied with CCR&R Provider Services, each quarter.

E. 85% of providers whose ratings are expiring within each quarter renew their rating and continue participating in the QRIS.

F. 25% of providers, whose ratings are expiring within each quarter, increase their QRIS level.

G. 10% increase in providers participating in the QRIS, each year. (based on total number of providers in the QRIS on July 1st of each year, as measured by the Agency)

H. 90% of all completed QRIS applications shall be submitted to the Agency, each quarter, without the need for the Agency to request additional follow-up information.

I. The Contractor shall increase, by at least one, the net combined number of Registered Child Development Homes and Licensed Child Care Centers within the region, on an annual basis.

Effective Date: 10/01/2018

7.7 Facilitating Compliance With State Standards

7.7.1 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:

Each of the 5 Child Care Resource and Referral Agencies are contracted to provide mandatory regulatory pre-service training to providers in their areas, free of charge. Additionally, the CCR&R contract contains quality dollars used to fund child care consultants whose responsibilities include provision of technical assistance to providers, free of charge, around state regulatory requirements, training and health and safety issues.

Effective Date: 10/01/2018

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

Effective Date: 10/01/2018

- [x] No
- [ ] Yes. If yes, which types of providers can access this financial assistance?
  - [ ] Licensed CCDF providers
  - [ ] Licensed non-CCDF providers
  - [ ] License-exempt CCDF providers
  - [ ] Other

  Describe:

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The Lead Agency will measure progress in facilitating compliance with regulatory requirements through data and performance measures that are a part of the CCR&R regional contracts.

The data reported by CCR&R related to facilitating compliance is:

- Number of providers receiving TA and Consultation services, separated by regulatory type.
- Number of providers referred by the Agency to CCR&R for regulatory assistance/follow-up.
- Number and overall percentage of providers referred from the Agency, contacted by CCR&R and offered services.
- Number and overall percentage of providers referred from the Agency who received Consultation and/or Technical Assistance from CCR&R.

The performance measure relevant to facilitating compliance with regulatory requirements is:

Contact and offer services to 95% of providers referred by the Agency for assistance/follow-up, within three business days upon receipt of the referral.

Effective Date: 10/01/2018

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

N/A

Effective Date: 10/01/2018

7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures

N/A

Effective Date: 10/01/2018

7.9 Accreditation Support

7.9.1 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?

Effective Date: 10/01/2018

☐ Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

☐ Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

☐ Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

☐ Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

☐ Focused on child care centers

Describe:

☐ Focused on family child care homes

Describe:

☐ No, but the state/territory is in the accreditation development phase

☐ Focused on child care centers

Describe:

☐ Focused on family child care homes

Describe:

☑ No, the state/territory has no plans for accreditation development

7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

N/A

Effective Date: 10/01/2018

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children

N/A

Effective Date: 10/01/2018

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

N/A

Effective Date: 10/01/2018

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

N/A

Effective Date: 10/01/2018

7.11.2 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities, and also describe the measureable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. Describe:

N/A

Effective Date: 10/01/2018

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various

aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity. Check all that apply:

Effective Date: 10/01/2018

☑ Train on policy manual

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, Payment and Eligibilty staff on a regular basis. Regulatory staff are trained by their supervisors with technical assistance from the Bureau of Service Support and Training.

☑ Train on policy change notices

Describe:

Child Care Licensing Consultants meet quarterly and receive some training. Regulatory staff working with home child care meet bi-annually and also participate in monthly CIDS calls with the state's child care regulatory program manager. Training and necessary policy and procedure updates are handled at each of these meetings as applicable. Child care policy staff meet with the supervisors of the child care registration, payment and eligibility unit on a monthly basis to discuss procedure issues and upcoming policy changes. Supervisors then train their staff on any policy changes.

☐ Ongoing monitoring and assessment of policy implementation

Describe:

☐ Other

Describe:

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

Effective Date: 10/01/2018

☑ Verifying and processing billing records to ensure timely payments to providers

Describe:

The State's child care system, Kinder Track, creates attendance sheets (invoices) for each eligible child who has an authorized schedule with an authorized provider. Child care providers are required to keep attendance records and parents must sign the sheet at the end of each 2-week billing period to verify that the attendance records are accurate. The child care providers may submit this attendance information to the lead agency either on a paper form, which is then scanned and the data imported to the Kinder Track system, or by entering it into a secure site on-line which puts the data into the lead agency's KinderTrack system. The system automatically compares the child's authorization to the attendance submitted. If the data matches, the payment is processed automatically. If the data does not match for some reason, lead agency staff must review the information and then processes the payments manually. On average, payments are processed in less than 2 business days from the date they are received by the lead agency.

☑ Fiscal oversight of grants and contracts

Describe:

The State Administrator and program managers in the Child Care Bureau work with a budget analyst from the Lead Agency's Division of Fiscal management to obligate and liquidate CCDF funds in contracts in accordance with CCDF regulations. Contract managers handle daily functioning of the contractors and submitting invoices for billing.

Contract managers also conduct monitoring visits to ensure contractors are delivering the contracted scope of work and that data is being reported accurately. The budget analyst reviews and tracks all CCDF funds that are expended and sends monthly updates to leadership of the lead agency.

☐ Tracking systems to ensure reasonable and allowable costs

Describe:

☐ Other

Describe:

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

Effective Date: 10/01/2018

☐ Conduct a risk assessment of policies and procedures

Describe:

☑ Establish checks and balances to ensure program integrity

Describe:

Staff duties are segregated so that staff who are responsible for family or provider eligibility do not also have the ability to process payments to providers. There are separate work units assigned to determine family eligibility and provider eligibility as well. This keeps the risk of internal fraud low.

☑ Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Supervisors of the family and provider work units conduct ongoing case readings of staff work, especially new staff, to ensure accuracy and compliance with child care policy. The supervisors also hold regular ongoing meetings with staff to discuss QC findings(as described under "Other") of any errors found.

☑ Other

Describe:

The DHS Quality Control(QC) Bureau conducts ongoing quality control reviews of Child Care Assistance cases with respect to eligibility determination, authorizations and subsidy payment using the most recent ACF-403 document. Quality control staff compile s and reports error rate information, prepares any required corrective action plan, and ensures that any error findings are shared within the department to create an opportunity for learning and system improvement. The Quality Control Bureau produces the ACF-404 report on the designated reporting schedule.

8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

Effective Date: 10/01/2018

a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

☑ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, 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)).

Describe

The Lead Agency has a Memorandum of Agreement with the Iowa Department of Revenue (IDR) to share program data regarding public assistance programs. The IDR provides a summary of the data from across state agencies to the Lead Agency.

☑ Run system reports that flag errors (include types).

Describe:

The Lead Agency completes two monthly reports both focusing on monitoring for overcapacity and overpayment.

☑ Review enrollment documents and attendance or billing records

Describe:

The State's child care system, Kinder Track, automatically compares the child's authorization to the attendance submitted. If the data matches, the payment is processed automatically. If the data does not match for some reason, lead agency staff must review the information and then processes the payments manually. If discrepancies of concern are noted payment staff bring that to the attention of their supervisor who will consult with policy staff to decide if the provider should be investigated by the Department of Inspections and Appeals.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Supervisors of the family and provider work units conduct ongoing case readings of staff work, especially new staff, to ensure accuracy and compliance with child care policy. The supervisors also hold regular ongoing meetings with staff to discuss QC findings of any errors found.

☐ Audit provider records.

Describe:

☑ Train staff on policy and/or audits.

Describe:

New and current staff that determine eligibility and process payments in the CCA program are trained on policy by the Income Maintenance Training Academy (IMTA). The IMTA is housed within the Lead Agency's Bureau of Income Maintenance Support and Training, which provides training to multiple income maintenance programs. The IMTA trains new staff at hire and also provides training for current staff when there is policy/manual change.

☐ Other

Describe:

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

☑ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

The Lead Agency has a Memorandum of Agreement with the Iowa Department of Revenue (IDR) to share program data regarding public assistance programs. The IDR provides a summary of the data from across state agencies to the Lead Agency.

☑ Run system reports that flag errors (include types).

Describe:

The Lead Agency completes two monthly reports both focusing on monitoring for overcapacity and overpayment.

☑ Review enrollment documents and attendance or billing records

Describe:

The State's child care system, Kinder Track, automatically compares the child's authorization to the attendance submitted. If the data matches, the payment is processed automatically. If the data does not match for some reason, lead agency staff must review the information and then processes the payments manually. If discrepancies of concern are noted payment staff bring that to the attention of their supervisor who will consult with policy staff to decide if the provider should be investigated by the Department of Inspections and Appeals.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Supervisors of the family and provider work units conduct ongoing case readings of

staff work, especially new staff, to ensure accuracy and compliance with child care policy. The supervisors also hold regular ongoing meetings with staff to discuss QC findings of any errors found.

☐ Audit provider records.

Describe:

☑ Train staff on policy and/or audits.

Describe:

New and current staff that determine eligibility and process payments in the CCA program are trained on policy by the Income Maintenance Training Academy (IMTA). The IMTA is housed within the Lead Agency's Bureau of Income Maintenance Support and Training, which provides training to multiple income maintenance programs. The IMTA trains new staff at hire and also provides training for current staff when there is policy/manual change.

☐ Other

Describe:

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

☑ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

The Lead Agency has a Memorandum of Agreement with the Iowa Department of Revenue (IDR) to share program data regarding public assistance programs. The IDR provides a summary of the data from across state agencies to the Lead Agency.

☐ Run system reports that flag errors (include types).

Describe:

☑ Review enrollment documents and attendance or billing records

Describe:

The State's child care system, Kinder Track, automatically compares the child's authorization to the attendance submitted. If the data matches, the payment is processed automatically. If the data does not match for some reason, lead agency staff must review the information and then processes the payments manually.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Supervisors of the family and provider work units conduct ongoing case readings of staff work, especially new staff, to ensure accuracy and compliance with child care policy. The supervisors also hold regular ongoing meetings with staff to discuss QC findings of any errors found.

☐ Audit provider records.

Describe:

☑ Train staff on policy and/or audits.

Describe:

New and current staff that determine eligibility and process payments in the CCA program are trained on policy by the Income Maintenance Training Academy (IMTA). The IMTA is housed within the Lead Agency's Bureau of Income Maintenance Support and Training, which provides training to multiple income maintenance programs. The IMTA trains new staff at hire and also provides training for current staff when there is policy/manual change.

☐ Other

Describe:

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

Effective Date: 10/01/2018

a) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

☑ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

If CCA payment workers suspect there has been an overpayment but need additional information they will attempt to get the additional needed information from the client and/or the provider. If the client and/or the provider do not provide the needed information or if the information submitted appears, questionable a referral can be made to the Iowa Department of Inspections and Appeals (DIA) to investigate the matter further. Additionally if it is determined that an overpayment was made to a client or a provider a referral is submitted to DIA by making an entry into the Lead Agency's Overpayment Recovery System (OPR). DIA reviews the referral and decides if the case should be sent to the county attorney for prosecution or enter into the overpayment recovery process.

☑ Recover through repayment plans.

Describe:

If the Iowa Department of Inspections and Appeals (DIA) determines a referred case should enter into the overpayment recovery process they send a "Notice of Child Care Assistance Overpayment" form to the client or provider with information on how to enter into a repayment plan.

☐ Reduce payments in subsequent months.

Describe:

☑ Recover through state/territory tax intercepts.

Describe:

If a client or provider does not enter into a repayment plan or stops making payments DIA has the option to recover overpayments through state income tax refunds.

☐ Recover through other means.

Describe:

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

☐ Other

Describe:

b) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

☑ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

If CCA payment workers suspect there has been an overpayment but need additional information they will attempt to get the additional needed information from the client and/or the provider. If the client and/or the provider do not provide the needed information or if the information submitted appears, questionable a referral can be made to the Iowa Department of Inspections and Appeals (DIA) to investigate the matter further. Additionally if it is determined that an overpayment was made to a client or a provider a referral is submitted to DIA by making an entry into the Lead Agency's Overpayment Recovery System (OPR). DIA reviews the referral and decides

if the case should be sent to the county attorney for prosecution or enter into the overpayment recovery process.

☑ Recover through repayment plans.

Describe:

If the Iowa Department of Inspections and Appeals (DIA) determines a referred case should enter into the overpayment recovery process they send a "Notice of Child Care Assistance Overpayment" form to the client or provider with information on how to enter into a repayment plan.

☐ Reduce payments in subsequent months.

Describe:

☑ Recover through state/territory tax intercepts.

Describe:

If a client or provider does not enter into a repayment plan or stops making payments DIA has the option to recover overpayments through state income tax refunds.

☐ Recover through other means.

Describe:

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

☐ Other

Describe:

c) Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

☑ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

If CCA payment workers suspect there has been an overpayment but need additional information they will attempt to get the additional needed information from the client and/or the provider. If the client and/or the provider do not provide the needed information or if the information submitted appears, questionable a referral can be made to the Iowa Department of Inspections and Appeals (DIA) to investigate the matter further. Additionally if it is determined that an overpayment was made to a client or a provider a referral is submitted to DIA by making an entry into the Lead Agency's Overpayment Recovery System (OPR). DIA reviews the referral and decides if the case should be sent to the county attorney for prosecution or enter into the overpayment recovery process.

☑ Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

If the Iowa Department of Inspections and Appeals (DIA) determines a referred case should enter into the overpayment recovery process they send a "Notice of Child Care Assistance Overpayment" form to the client or provider with information on how to enter into a repayment plan.

☐ Reduce payments in subsequent months.

Describe:

☑ Recover through state/territory tax intercepts.

Describe:

If a client or provider does not enter into a repayment plan or stops making payments DIA has the option to recover overpayments through state income tax refunds.

☐ Recover through other means.

Describe:

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

☐ Other

Describe:

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? Check and describe all that apply:

Effective Date: 10/01/2018

☐ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

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

Describe:

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 fails to cooperate with an investigation conducted by the department of inspections and appeals to determine whether information the provider supplied 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.

☑ Prosecute criminally.

Describe:

If it is determined that an overpayment was made to a client or a provider a referral is

submitted to the Iowa Department of Inspections and Appeals (DIA) by making an entry into the Lead Agency's Overpayment Recovery System (OPR). DIA reviews the referral and decides if the case should be sent to the county attorney for prosecution or enter into the overpayment recovery process.

☐ Other.

Describe:

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting a time-limited waiver extension.

☑ **Appendix A.5:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for new or prospective staff. (See related question at 5.4.5 (a))

Describe the provision from which the state/territory seeks relief.

The Lead Agency seeks temporary relief from the requirement that a background check for a child care staff member include a check of the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The waiver will allow the Lead Agency time to continue collaborations with the Iowa Department of Public Safety on development of an efficient and effective process. The Lead Agency and DPS are working in partnership to evaluate options based on guidance received from the FBI and Program Instructions from ACF with the outcome of providing a user-friendly process that effectively and efficiently integrates into the work flow and processes of both agencies.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The lead agency has the SING system which provides instant results for the Iowa criminal repository, Iowa child abuse and neglect registry, Iowa sex offender registry and Iowa dependent adult abuse registry checks. This system is used before any child care

staff member may begin work or any CDH or Child Care Home may be issued a registration or provider agreement. Additionally CDH applicants and Child Care Homes requesting a provider agreement have FBI fingerprint checks completed before a registration or provider agreement will be issued. In centers any staff still waiting on FBI background check results are supervised.

☑ **Appendix A.6:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for existing staff. (See related question at 5.4.5 (b))

Describe the provision from which the state/territory seeks relief.

The Lead Agency seeks temporary relief from the requirement that a background check for a child care staff member include a check of the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The waiver will allow the Lead Agency time to continue collaborations with the Iowa Department of Public Safety on development of an efficient and effective process. The Lead Agency and DPS are working in partnership to evaluate options based on guidance received from the FBI and Program Instructions from ACF with the outcome of providing a user-friendly process that effectively and efficiently integrates into the work flow and processes of both agencies.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The lead agency has the SING system which provides instant results for the Iowa criminal repository, Iowa child abuse and neglect registry, Iowa sex offender registry and Iowa dependent adult abuse registry checks. For existing staff a recheck is run every 2 years through the SING system. CDH providers and Child Care Homes with a provider agreement must renew their registration or provider agreement every 2 years. SING checks are completed before a registration or provider agreement will be renewed. Rechecks of FBI fingerprints are done every 4 years.

☑ **Appendix A.7:** Interstate criminal registry or repository check for new or prospective staff. (See related question at 5.4.6 (a))

Describe the provision from which the state/territory seeks relief.

The Lead Agency seeks temporary relief from the requirement that a background check for a child care staff member include a check of interstate criminal registries or repositories for states in which that staff member has resided during the previous 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The waiver will allow Lead Agencies across the country the opportunity to continue collaborations with each other and the Office of Child Care to find consistent and effective solutions to the challenges of sharing records across states with varying and sometimes conflicting laws and regulations.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The lead agency has the SING system which provides instant results for the Iowa criminal repository, Iowa child abuse and neglect registry, Iowa sex offender registry and Iowa dependent adult abuse registry checks. This system is used before any child care staff member may begin work or any CDH or Child Care Home may be issued a registration or provider agreement. Additionally CDH applicants and Child Care Homes requesting a provider agreement have FBI fingerprint checks completed before a registration or provider agreement will be issued. In centers any staff still waiting on FBI background check results are supervised.

☑ **Appendix A.8:** Interstate criminal registry or repository check for existing staff. (See related question at 5.4.6 (b))

Describe the provision from which the state/territory seeks relief.

The Lead Agency seeks temporary relief from the requirement that a background check for a child care staff member include a check of interstate criminal registries or repositories for states in which that staff member has resided during the previous 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The waiver will allow Lead Agencies across the country the opportunity to continue

collaborations with each other and the Office of Child Care to find consistent and effective solutions to the challenges of sharing records across states with varying and sometimes conflicting laws and regulations.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.
The lead agency has the SING system which provides instant results for the Iowa criminal repository, Iowa child abuse and neglect registry, Iowa sex offender registry and Iowa dependent adult abuse registry checks. For existing staff a recheck is run every 2 years through the SING system. CDH providers and Child Care Homes with a provider agreement must renew their registration or provider agreement every 2 years. SING checks are completed before a registration or provider agreement will be renewed. Rechecks of FBI fingerprints are done every 4 years.

☑ **Appendix A.9:** Interstate sex offender registry or repository check for new or prospective staff. (See related question at 5.4.7 (a))

Describe the provision from which the state/territory seeks relief.
The Lead Agency seeks temporary relief from the requirement that a background check for a child care staff member include a check of interstate sex offender registries or repositories for states in which that staff member has resided during the previous 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children
The waiver will allow Lead Agencies across the country the opportunity to continue collaborations with each other and the Office of Child Care to find consistent and effective solutions to the challenges of sharing records across states with varying and sometimes conflicting laws and regulations.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.
The lead agency has the SING system which provides instant results for the Iowa criminal repository, Iowa child abuse and neglect registry, Iowa sex offender registry and Iowa dependent adult abuse registry checks. This system is used before any child care staff member may begin work or any CDH or Child Care Home may be issued a

registration or provider agreement. Additionally CDH applicants and Child Care Homes requesting a provider agreement have FBI fingerprint checks completed before a registration or provider agreement will be issued. In centers any staff still waiting on FBI background check results are supervised.

☑ **Appendix A.10:** Interstate sex offender registry or repository check for existing staff. (See related question at 5.4.7 (b))

Describe the provision from which the state/territory seeks relief.

The Lead Agency seeks temporary relief from the requirement that a background check for a child care staff member include a check of interstate sex offender registries or repositories for states in which that staff member has resided during the previous 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The waiver will allow Lead Agencies across the country the opportunity to continue collaborations with each other and the Office of Child Care to find consistent and effective solutions to the challenges of sharing records across states with varying and sometimes conflicting laws and regulations.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The SING system which provides instant results for all required in-state background checks is used every 2 years to recheck all child care staff. For existing staff a recheck is run every 2 years through the SING system. CDH providers and Child Care Homes with a provider agreement must renew their registration or provider agreement every 2 years. SING checks are completed before a registration or provider agreement will be renewed. Rechecks of FBI fingerprints are done every 4 years.

☑ **Appendix A.11:** Interstate child abuse and neglect registry check for new or prospective staff. (See related question at 5.4.8 (a))

Describe the provision from which the state/territory seeks relief.

The Lead Agency seeks temporary relief from the requirement that a background check for a child care staff member include a check of interstate child abuse and neglect registries for states in which that staff member has resided during the previous 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The waiver will allow Lead Agencies across the country the opportunity to continue collaborations with each other and the Office of Child Care to find consistent and effective solutions to the challenges of sharing records across states with varying and sometimes conflicting laws and regulations.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The lead agency has the SING system which provides instant results for the Iowa criminal repository, Iowa child abuse and neglect registry, Iowa sex offender registry and Iowa dependent adult abuse registry checks. This system is used before any child care staff member may begin work or any CDH or Child Care Home may be issued a registration or provider agreement. Additionally CDH applicants and Child Care Homes requesting a provider agreement have FBI fingerprint checks completed before a registration or provider agreement will be issued. In centers any staff still waiting on FBI background check results are supervised.

☑ **Appendix A.12:** Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b))

Describe the provision from which the state/territory seeks relief.

The Lead Agency seeks temporary relief from the requirement that a background check for a child care staff member include a check of interstate child abuse and neglect registries for states in which that staff member has resided during the previous 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The waiver will allow Lead Agencies across the country the opportunity to continue collaborations with each other and the Office of Child Care to find consistent and effective solutions to the challenges of sharing records across states with varying and sometimes conflicting laws and regulations.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The SING system which provides instant results for all required in-state background checks is used every 2 years to recheck all child care staff. For existing staff a recheck is run every 2 years through the SING system. CDH providers and Child Care Homes with a provider agreement must renew their registration or provider agreement every 2 years. SING checks are completed before a registration or provider agreement will be renewed. Rechecks of FBI fingerprints are done every 4 years.

☑ **Appendix A. 13:** New staff hired to work provisionally until background checks are completed. (See related question at 5.4.9)

Describe the provision from which the state/territory seeks relief.

The Lead Agency seeks temporary relief from the requirement that a fingerpint state or FBI check be completed before a new staff member begins work provisionally. Note: This applies only to child care center staff as Child Development Homes and Child Care Homes with a CCA agreement have FBI checks completed before a registration or provider agreement is issued.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The waiver will allow child care center providers to continue onboarding new staff that have passed in-state background check requirements in a timely manner to meet ratio requirements and safely supervise children.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The lead agency has the SING system which provides instant results for the Iowa criminal repository, Iowa child abuse and neglect registry, Iowa sex offender registry and Iowa dependent adult abuse registry checks. This system is used before any child care staff member may begin work. Any staff still waiting on FBI background check results are supervised.