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**Quality Progress Report (QPR)**  
**For**  
**Iowa**  
**FFY 2023**

***QPR Status: Accepted as of 2024-03-05 20:51:07 GMT***

The Quality Progress Report (QPR) collects information from states and territories (hereafter referred to as lead agencies) to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The lead agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

## QUALITY PROGRESS REPORT

The Quality Progress Report (QPR) collects information from lead agencies to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services. Lead agencies are also required to report on their Child Care and Development Fund (CCDF) quality improvement investments through the CCDF Plan, which collects information on the proposed quality activities for a three-year period; and through the ACF-696, which collects quarterly expenditure data on quality activities.

The annual data provided by the QPR will be used to describe how lead agencies are spending a significant investment per year to key stakeholders, including Congress, federal, state and territory administrators, providers, parents, and the public.

### **Specifically, this report will be used to:**

- Ensure accountability and transparency for the use of CCDF quality funds, including a set-aside for quality infant and toddler care and activities funded by American Rescue Plan (ARP) Act
- Track progress toward meeting state- and territory-set indicators and benchmarks for improvement of child care quality based on goals and activities described in CCDF Plans; and
- Understand efforts in progress towards all child care settings meeting the developmental needs of children
- Inform federal technical assistance efforts and decisions regarding strategic use of quality funds.

**What Period Must Be Included:** All sections of this report cover the federal fiscal year activities (October 1, 2022, through September 30, 2023), unless otherwise stated. Data should reflect the cumulative totals for the fiscal year being reported, unless otherwise stated.

**What Data Should Lead Agencies Use:** Lead agencies may use data collected by other government and nongovernment agencies (e.g., CCR&R agencies or other TA providers) in addition to their own data as appropriate. We recognize that lead agencies may not have all of the data requested initially but expect progress towards increased data capacity. The scope of this report covers quality improvement activities funded at least in part by CCDF in support of CCDF activities. Lead agencies must describe their progress in meeting their stated goals for improving the quality of child care as reported in their FFY 2022-2024 CCDF Plan.

### **How is the QPR Organized?**

The first section of the QPR gathers basic data on the population of providers in the state or territory and goals for quality improvement and glossary of relevant terms. The rest of the report is organized according to the ten authorized uses of quality funds specified in the CCDBG Act of 2014:

- 1) Support the training and professional development of the child care workforce
- 2) Improve the development or implementation of early learning and development guidelines
- 3) Develop, implement, or enhance a quality rating improvement system for child care providers
- 4) Improve the supply and quality of child care for infants and toddlers
- 5) Establish or expand a lead agency wide system of child care resource and referral services
- 6) Support compliance with lead agency requirements for licensing, inspection, monitoring, training, and health and safety
- 7) Evaluate the quality of child care programs in the state or territory, including how programs positively impact children
- 8) Support providers in the voluntary pursuit of accreditation
- 9) Support the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry.

The Office of Child Care (OCC) recognizes that quality funds may have been used to address the coronavirus 2019 (COVID-19) pandemic. These activities should be reflected in the relevant sections of the QPR.

### **Reporting Activities Related to ARP Act Child Care Stabilization Grants**

The ARP Act included approximately \$24 billion for child care stabilization grants, representing an important opportunity to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead agencies must spend stabilization funds as subgrants to qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency. Please refer to the information memorandum [ARP Act Child Care Stabilization Grants](#) (CCDF-ACF-IM-2021-02) for further guidance on the child care stabilization grants made available through the ARP Act.

While the OCC has established a new data collection form, the ACF-901 – American Rescue Plan (ARP) Stabilization Grants Provider-Level Data, as the primary data collection mechanism for reporting related to ARP stabilization grants, Section 13 of the QPR asks about activities related to stabilization grants made possible through ARP funding. The OCC will inform lead agencies if the data reported through the ACF-901 is complete enough to warrant skipping Section 13 of the QPR. The following information is requested in Section 13:

- If the lead agency ran more than one grant program;
- How stabilization grants were used to support workforce compensation; and
- Methods to eliminate fraud, waste, and abuse when providing stabilization grants

Section 13 should be used to report on ARP Stabilization Grants ONLY. Other child care sustainability or stabilization grant programs established or ongoing using other funding mechanisms (i.e., CCDF or other supplemental funding e.g., CARES, CRRSA, ARP Supplemental Discretionary Funds) should be reported in Section 11.

### **When is the QPR Due to ACF?**

The QPR will be due to the Administration for Children and Families (ACF) by the designated lead agency no later than December 31, 2023.

### **Glossary of Terms**

The following terms are used throughout the QPR. These definitions can also be found in section 98.2 in the CCDBG Act of 2014. For any term not defined, please use the lead agency definition of terms to complete the QPR.

***Center-based child care provider*** means a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless in care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "child care centers" and "center-based programs."

***Director*** means a person who has primary responsibility for the daily operations and management for a child care provider, which may include a family child care provider, and which may serve children from birth to kindergarten entry and children in school-age child care.

***Family child care provider*** means one or more individuals who provide child care services for fewer than 24 hours per day per child in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "family child care homes."

***In-home child care provider*** means an individual who provides child care services in the child's own home.

***License-exempt*** means facilities that are not required to meet the definition of a facility required to meet the CCDF section 98.2 definition of “licensing or regulatory requirements.” Associated terms include “legally exempt” and “legally operating without regulation.”

***Licensed*** means a facility required by the state to meet the CCDF section 98.2 definition of “licensing or regulatory requirements,” which explains that the facility meets “requirements necessary for a provider to legally provide child care services in a state of locality, including registration requirements established under state, local or tribal law.”

***Programs*** refer generically to all activities under the CCDF, including child care services and other activities pursuant to §98.50 as well as quality activities pursuant to §98.43.

***Provider*** means the entity providing child care services.

***Staffed family child care (FCC) networks*** are programs with paid staff that offer a menu of ongoing services and resources to affiliated FCC educators. Network services may include individual supports (for example, visits to child care homes, coaching, consultation, warmlines, substitute pools, shared services, licensing TA, mental health services) and group supports (for example, training workshops, facilitated peer support groups).

***Teacher*** means a lead teacher, teacher, teacher assistant or teacher aide who is employed by a child care provider for compensation on a regular basis, or a family child care provider, and whose responsibilities and activities are to organize, guide and implement activities in a group or individual basis, or to assist a teacher or lead teacher in such activities, to further the cognitive, social, emotional, and physical development of children from birth to kindergarten entry and children in school-age child care.

## 1) Overview

*To gain an understanding of the availability of child care in the state or territory, please provide the following information on the total number of child care providers.*

### 1.1 State or Territory Child Care Provider Population

#### 1.1.1 Total Number of Licensed Providers:

Enter the total number of licensed child care providers that operated in the state or territory as of September 30, 2023. These counts should include all licensed child care providers, not just those serving children receiving CCDF subsidies.

Licensed center-based programs **1499**

Unable to provide number. Indicate reason:

**Additional clarification: Based on most recent submission of the FY 2023 ACF-800 data there were 1073 licensed center-based programs receiving CCDF funding. Please report the number of ALL licensed center-based programs operating in the state here, regardless of receipt of CCDF funding.**

Licensed family child care homes **1981**

Unable to provide number. Indicate reason:

**Additional clarification: Based on most recent submission of the FY 2023 ACF-800 data there were 1028 licensed family child care homes receiving CCDF funding. Please report the number of ALL licensed family child care homes operating in the state here, regardless of receipt of CCDF funding.**

## 2) Supporting the training and professional development of the child care workforce

Goal: *Ensure the lead agency's professional development systems or framework provides initial and ongoing professional development and education that result in a diverse and stable child care workforce with the competencies and skills to support all domains of child development.*

### 2.1 Lead Agency Progression of Professional Development

#### 2.1.1 Professional Development Registry:

Did the lead agency use a workforce registry or professional development registry to track progression of professional development during October 1, 2022, to September 30, 2023?

Yes. If yes, describe: **Iowa's Early Childhood and School Age Professional Workforce Registry, known as i-PoWeR is an online system managed by the Lead Agency.**

**Organizations that provide approved professional development opportunities to Iowa child care providers list their classes, series and conferences on the system. Accounts on the system are free and child care providers enroll in the trainings through system.**

**When participants complete each course the professional development providing organization verifies their completion with attendance. A training history is comprised of all classes and series that were successfully completed and verified by the professional development providing organization.**

No. If no, what alternative does the lead agency use to track the progression of professional development for teachers/providers serving children who receive CCDF subsidy? Describe:

#### 2.1.2 Participation in Professional Development Registry:

Are any teachers/providers required to participate?

Yes. If yes, describe: **While teachers or providers are not required by regulation to have an account, staff that work in licensed centers, registered child development homes and non-registered homes that accept CCDF are required to have preservice/orientation training. Enrollment for this training occurs on the Iowa child care provider registry and staff must have an account to enroll in the training.**

No. If no, describe:

#### 2.1.3 Number of Participants in Professional Development Registry:

Total number of participants in the registry as of September 30, 2023 **101,744**

#### 2.1.4 Spending - Professional Development Registry:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

### 2.2 Workforce Development

#### 2.2.1 Professional Development and Career Pathways Support:

How did the lead agency help teachers/providers progress in their education, professional development, and/or career pathway between October 1, 2022 and September 30, 2023 (check all that apply)? If selected, how many staff received each type of support?

- Scholarships (for formal education institutions) **537**
- Financial bonus/wage supplements tied to education levels **1,659**
- Career advisors, mentors, coaches, or consultants **41.5**
- Reimbursement for training **206**
- Loans
- Substitutes, leave (paid or unpaid) for professional development
- Other. Describe:
- N/A. Describe:

#### 2.2.2 Spending - Professional Development and Career Pathways Support:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?



- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

### 2.3 Child Care Provider Qualifications

#### 2.3.1 Number of Licensed Child Care Programs Qualifications:

Total number of staff in licensed child care programs with the following qualification levels as of September 30, 2023:

- Child Development Associate (CDA) **77**
- Associate's degree in an early childhood education field (e.g. psychology, human development, education) **278**
- Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **412**
- State child care credential
- State infant/toddler credential
- Unable to report this data. Indicate reason:

#### 2.3.2 Number of Licensed CCDF Child Care Programs Qualifications:

Total number of staff in licensed CCDF child care programs with the following qualification levels as of September 30, 2023:

- Child Development Associate (CDA)
- Associate's degree in an early childhood education field (e.g. psychology, human development, education)
- Bachelor's degree in an early childhood education field (e.g. psychology, human development, education)
- State child care credential
- State infant/toddler credential

Unable to report this data. Indicate reason: **Our i-PoWeR workforce registry tracks education and can tell if a person works in a licensed program however if that licensed program accepts CCDF subsidy is contained in a different system.**

## 2.4 Technical Assistance for Professional Development

### 2.4.1 Technical Assistance Topics:

Technical assistance on the following topics is available to providers as part of the lead agency's professional development system (can be part of QRIS or other system that provides professional development to child care providers):

Business Practices

Mental health for children

Diversity, equity, and inclusion

Emergency Preparedness Planning

Other. Describe other technical assistance available to providers as part of the professional development system: **Our CCR&R consultants provide TA on a variety of topics including but not limited to:**

**Relationship-caregiving practices**

**Health & safety practices**

**Social & Emotional competence and preventing challenging behavior**

**Environment, schedules & routines**

**The Lead Agency also supports Child Care Nurse Consultants that provide TA on health and safety topics including care plans for children with special needs.**

### 2.4.2 Spending - Technical Assistance for Professional Development:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

## 2.5 Spending – Training and Professional Development

### 2.5.1 Spending – Training and Professional Development:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to support the training and professional development of the child care workforce during October 1, 2022 to September 30, 2023? **\$10854183**

Unable to report total amount spent. Indicate reason:

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

## 2.6 Progress Update

### 2.6.1 Progress Update – Training and Professional Development:

Supporting the training and professional development of the child care workforce

Measurable indicators of progress the state/territory reported in section 6.3.2 of the FFY 2022-2024 CCDF Plan.

**The Lead Agency contracts with Iowa Association for the Education of Young Children (IA AEYC) to fund the T.E.A.C.H. Early Childhood® IOWA program. T.E.A.C.H. (Teacher Education and Compensation Helps) is a comprehensive scholarship program that provides the early childhood workforce access to educational opportunities. T.E.A.C.H. counselors help guide participants through all parts of the process, from determining what educational opportunity they want to pursue (e.g. CDA, Associates Degree, Bachelor's degree) as well as helping them navigate all processes of the educational institution such as registering for classes. Measurable indicators of progress tracked in the Lead Agency's contract are number of scholarships awarded, average GPA of scholarship participants, number of credits earned, completion of scholarship requirements and turnover rate of participants. Additionally as part of the Lead Agency's contract the T.E.A.C.H. program puts out a College Resource Directory that has a list of all Iowa colleges' relevant post-secondary education opportunities. This guide is updated annually and is available to all on the IA AEYC website.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.3.2 of the FFY 2022-2024 CCDF Plan: **In FFY 23 the T.E.A.C.H Early Childhood Iowa program supported 537 individuals to obtain additional education. The average GPA of those individuals was 3.4 and they earned a total of 3,668 credits at institutions of higher education. The turnover rate for these individuals is at 4%. Additionally Iowa AEYC annually updates their college directory so that individuals participating or are interested in the T.E.A.C.H program have a comprehensive guide to determine what institution of higher education best fits their needs. This can be found on the Iowa AEYC website at <https://iowaaeyc.org/programs/teach/college-resource-directory/>**

### 3) Improving early learning and development guidelines

*Goal: To ensure the lead agency has research-based early learning and development guidelines appropriate for children birth to age 12, including children with special needs and dual language learners that are used to inform practice and professional development.*

#### 3.1 Early Learning and Development Guidelines

##### 3.1.1 Spending - Early Learning and Development Guidelines:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to improve early learning and development guidelines during October 1, 2022 to September 30, 2023?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on improving upon the development or implementation of early learning and development guidelines? \$

Unable to report total amount spent. Indicate reason

*Optional:* Use this space to tell us any additional information about how funds were spent that is not capture in the item already reported:

No

#### 3.2 Progress Update

##### 3.2.1 Progress Update - Early Learning and Development Guidelines:

Improving upon the development or implementation of early learning and development guidelines.

Measurable indicators of progress the state/territory reported in section 6.4.3 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

**N/A**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.4.3 of the FFY 2022-2024 CCDF Plan:

**N/A**

#### 4) Developing, implementing, or enhancing a quality rating and improvement system (QRIS) and other transparent system of quality indicator

*Goal: To ensure the lead agency implements a quality rating and improvement system, or other quality rating system, to promote high-quality early care and education programs.*

##### 4.1 Quality rating and improvement system status

###### 4.1.1 QRIS or other system of quality improvement status:

Indicate the status and include a description of the lead agency's quality rating and improvement system (QRIS) or other system of quality improvement during October 1, 2022 to September 30, 2023?

The lead agency QRIS is operating state- or territory-wide.

- General description of QRIS: **Iowa released our new QRIS system called Iowa Quality for Kids (IQ4K) on 4/1/22. As of 4/1/22 programs could only apply to that new system however programs that had a valid quality rating in our legacy Iowa Quality Rating System (QRS) will keep their rating until it's expiration date. IQ4K uses a continuous quality approach and contains 5 levels, and each successive level indicates a higher level of requirements were met. To obtain a quality rating a program must meet all requirements in the level as well as all the lower levels. For example if a program applies for a level 3 they must meet all requirements at level 3 but also all requirements for levels 1 & 2. The state considers QRS and IQ4K quality ratings of 3-5 high quality care. IQ4K has different applications for child care centers/preschools, child development homes and school-age programs with requirements tailored to each setting.**
- How many tiers/levels? **5** [insert number of tiers below as required and describe each tier and check off which are high quality]
  - **Tier/Level 1: Centers/Preschools: Programs have completed training in Food Safety, Iowa Early Learning Standards, Teacher and Staff Orientation and have numerous policies in place aligned with Caring for our Children. Programs have completed action plans and or goals in professional development, nutrition, physical activity, interactions with children and overall programming and they participate in family partnership activities**

**Child Development Homes: Providers have completed training in Food Safety and Iowa Early Learning Standards and have numerous policies I**

place aligned with Caring for our Children. They have completed action plans and or goals in professional development, nutrition, physical activity, interactions with children and overall programming and they participate in family partnership activities

School Age: Programs have completed training in Food Safety and Teacher and Staff Orientation and have numerous policies in place aligned with Caring for our Children. Programs have completed action plans and or goals in professional development, nutrition, physical activity, interactions with children and overall programming and they participate in family partnership activities

[ ] High Quality

- Tier/Level 2: Centers/Preschools: programs participate in the CACFP or complete additional nutrition training. Programs have also completed annual training hours above regulation requirements and all Lead Teachers have a minimum of 40 training hours in the field. Programs have completed training and skills competency in Medication Administration and use a developmentally appropriate curriculum. Programs complete quality improvement plans, have additional goals in physical activity, offer conferences and other family partnership activities as well as having additional policies in place. Programs are required to have diverse environments and have an administrator with at least 2 years of experience in the field and who has completed an ERS training. The program is required to use a developmentally appropriate screening tool with all children annually

Child Development Homes: Programs participate in CACFP or complete additional nutrition training. The provider completes ChildNet (25 hours of training related to home child care) training and is required to have at least 15 hours of training each year. The provider has training and passed skills competency in Medication Administration, offers conferences to families and participates in other family partnership activities. The provider has additional enhanced policies and offers a diverse environment. They have created improvement plans for their program and use a developmentally appropriate daily schedule. They have at least 2 years of experience or at least 6 college credits in the field and use appropriate developmental screening tools annually.



**School Age:** programs participate in the CACFP or complete additional nutrition training. Programs have also completed annual training hours above regulation requirements. Programs have completed training and skills competency in Medication Administration. Programs complete quality improvement plans, have additional goals in physical activity, offer conferences and other family partnership activities as well as having additional policies in place. Programs are required to have diverse environments and have an administrator with at least 2 years of experience in the field and who has completed a SACERS training. The program implements a developmentally appropriate curriculum.

[ ] High Quality

- **Tier/Level 3: Centers/Preschools:** The program participates in CACFP and has an administrator who has additional experience in the field and has completed additional training. They promote culturally sensitive practices and offer additional partnership activities with families. Programs have 30% of all lead teachers completing the applicable ERS series and also partner with their local Child Care Nurse Consultant in completion of additional health and safety requirements. Lead Teachers meet educational/training criteria and the program has additional policies, assesses each child annually, offers inclusive practices and partners with the community to offer resources to families

**Child Development Homes:** The provider participates in the CACFP and achieves ChildNet Certification. Providers have completed specific identified age applicable trainings, promote culturally sensitive practices and offer additional partnership activities with families. The provider has completed FCCERS and partners with their local Child Care Nurse Consultant to complete additional health and safety requirements. The program has enhanced policies, assesses all children annually, offers inclusive practices and shares community resources with families. The provider has at least 3 years of experience or at least 9 college credits in the field

**School Age:** The program participates in CACFP and has an administrator who has additional experience in the field and has completed additional

training. They promote culturally sensitive practices and offer additional partnership activities with families. Programs have 30% of all lead teachers completing the applicable ERS series and also partner with their local Child Care Nurse Consultant in completion of additional health and safety requirements. Lead Teachers meet educational/training criteria and the program has additional policies, assesses each child annually, offers inclusive practices and partners with the community to offer resources to families

High Quality

- Tier/Level 4: Centers/Preschools: Teaching staff complete additional training hours and at least 60% of all Lead Teachers have completed age applicable PBIS and ERS. The program administrator has additional years of experience and meets higher education/training requirements. The program has additional physical activity and nutrition goals and offers additional partnership activities with families. The program completes ERS Score Sheets and Improvement Plans on at least 1/3 of all classrooms and achieves a minimum score on a Health and Safety Checklist conducted by a local Child Care Nurse Consultant. All teaching staff meet additional qualifications and they use assessment data to enhance the learning environment for children

Child Development Homes: Provider has completed additional age applicable training, completes ERS Score Sheets and Improvement Plans, offers additional partnership activities with families, achieves a minimum score on a Health and Safety Checklist conducted by the local Child Care Nurse Consultant and creates additional goals in nutrition and physical activity. The provider has at least 3 years of experience and meets higher educational/training requirements. The provider makes adaptations and changes to their learning environment as needed and participates in planning with families

School Age: Teaching staff complete additional training hours and at least 30% of staff have completed training in Social Emotional Behavior Mental Health. The program administrator has additional years of experience and meets additional requirements in education/training. The program offers additional family partnership activities and achieves a minimum

score on a Health and Safety Checklist conducted by a local Child Care Nurse Consultant. The program has completed SACERS Score Sheets and Improvement Plans for at least 1/3 of their classrooms and they use assessment data to make changes in the learning environment as needed. They have additional goals in nutrition and physical activity and partner with families in planning

[x] High Quality

- **Tier/Level 5: Centers/Preschools:** The program has additional goals in nutrition and physical activity and all teaching staff have additional training hours completed. At least 60% of Lead Teachers and an Internal Coach have completed age applicable PBIS. The program administrator has additional years of experience and meets additional education/training requirements. The program offers additional family partnership activities and offers an additional annual conference for all 4 year old children. At least 80% of all lead teachers have completed age applicable ERS training and at least 1/3 of all classrooms have achieved a minimum score on an ERS assessment. Programs are also required to meet a minimum score on a Health and Safety Checklist conducted by the local Child Care Nurse Consultant. Teaching staff meet additional education/training criteria and work with families to implement adaptations in programming to meet needs of children. The program has a leadership team who has completed Program Wide PBIS

**Child Development Homes:** The program has additional goals in nutrition and physical activity and offers an additional partnership activity with families. The provider has completed additional age applicable training and achieves a minimum score on both the Health and Safety Checklist conducted by the local Child Care Nurse Consultant and on an ERS Assessment. The provider meets additional requirements for experience and education/training

**School Age:** The program has additional goals in nutrition and physical activity and all teaching staff have additional training hours completed. At least 60% of all staff have completed training in Social Emotional Behavior Mental Health. The program administrator has additional years of experience and education/training. They offer additional partnership

activities with families and at least 80% of all lead teachers have completed SACERS training and 1/3 of all classrooms have achieved a minimum score on an ERS assessment. The program has achieved a minimum score on a Health and Safety Checklist conducted by a local Child Care Nurse Consultant and the program works with families to implement instructional or environmental adaptations as needed

High Quality

- Tier/Level 6:  
 High Quality
- Tier/Level 7:  
 High Quality
- Tier/Level 8:  
 High Quality
- Tier/Level 9:  
 High Quality
- Tier/Level 10:  
 High Quality

- Total number of licensed child care centers meeting high quality definition: **454**
- Total number of licensed family child care homes meeting high quality definition: **175**
- Total number of CCDF providers meeting high quality definition: **320**
- Total number of children served by providers meeting high quality definition: **10,034**

The lead agency QRIS is operating a pilot (e.g., in a few localities, or only a few levels) but not fully operating state- or territory-wide.

- General description of pilot QRIS (e.g., in a few localities, or only a few levels):
- Which localities if not state/territory-wide?
- How many tiers/levels? [insert number of tiers below as required and describe each tier and check off which are high quality
  - Tier/Level 1:  
 High Quality
  - Tier/Level 2:  
 High Quality
  - Tier/Level 3:  
 High Quality
  - Tier/Level 4:

High Quality

- Tier/Level 5:  
 High Quality
- Tier/Level 6:  
 High Quality
- Tier/Level 7:  
 High Quality
- Tier/Level 8:  
 High Quality
- Tier/Level 9:  
 High Quality
- Tier/Level 10:  
 High Quality

- Total number of licensed child care centers meeting high quality definition:
- Total number of licensed family child care homes meeting high quality definition:

- Total number of CCDF providers meeting high quality definition:
- Total number of children served by providers meeting high quality definition:

The lead agency is operating another system of quality improvement.

- General description of other system:
- Describe assessment scores, accreditation, or other metrics associated with this system:
- Describe how “high quality” is defined in this system?
- Total number of licensed child care centers meeting high quality definition:
- Total number of licensed family child care homes meeting high quality definition:

- Total number of CCDF providers meeting high quality definition:
- Total number of children served by providers meeting high quality definition:

The lead agency does not have a QRIS or other system of quality improvement.

- Do you have a definition of high quality care?  
 Yes, define:
  - Total number of licensed child care centers meeting high quality definition:
  - Total number of licensed family child care homes meeting high quality definition:
  - Total number of CCDF providers meeting high quality definition:

- Total number of children served by providers meeting high quality definition:

No

#### 4.1.2 Spending - Quality rating and improvement system status:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

## 4.2 Quality Rating and Improvement Systems participation

### 4.2.1 QRIS or other system of quality improvement participation:

What types of providers participated in the QRIS or other system of quality improvement during October 1, 2022 to September 30, 2023 (check all that apply)?

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Programs serving children who receive CCDF subsidy
- Early Head Start programs
- Head Start programs
- State Prekindergarten or preschool programs
- Local district-supported Prekindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Tribally operated programs

Other. Describe:

### 4.3 Quality Rating and Improvement Systems Benefits

#### 4.3.1 Quality Rating and Improvement Systems Benefits:

What types of financial incentives or technical assistance are available for providers related to QRIS or other system of quality improvement? Check as many as apply.

One-time grants, awards or bonuses

- Licensed child care centers **132**
- Licensed family child care homes **116**

On-going or periodic quality stipends

- Licensed child care centers
- Licensed family child care homes

Higher CCDF subsidy rates (including tiered rating)

- Licensed child care centers **652**
- Licensed family child care homes **578**

Ongoing technical assistance to facilitate participation in QRIS or improve quality of programs already participating in QRIS (or some other technical assistance tied to QRIS)

Other. Describe **The Lead Agency is currently running a temporary program with ARP Supplemental Discretionary funds that reimburses programs at the rate of \$20 per hour for staff that attend trainings that are required in the QRIS system.**

#### 4.3.2 Spending - Quality Rating and Improvement Systems Benefits:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

#### 4.4 Spending – Quality Rating and Improvement Systems

##### 4.4.1 Spending – Quality Rating and Improvement Systems:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) related to QRIS or other quality rating systems during October 1, 2022 to September 30, 2023? **\$4060253**

Unable to report total amount spent. Indicate reason

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

#### 4.5 Progress Update

##### 4.5.1 Progress Update – Quality Rating and Improvement Systems:

Developing, implementing, or enhancing a quality rating and improvement system (QRIS) or other transparent system of quality indicators.

Measurable indicators of progress the state/territory reported in section 7.3.6 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **The Lead Agency graphs and reviews the number of QRS & QRIS rated providers quarterly. Programs rated under Iowa's old Quality Rating System may keep their rating until it expires. Therefore there will be a 2-year transition period where the Lead Agency will be tracking both QRS and IQ4K ratings.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.3.6 of the FFY 2022-2024 CCDF Plan: **At the start of FFY 2023 there were a total of 583 CDHs (550 QRS/33 IQ4K) and 657 centers (624 QRS/33 IQ4K) with a current quality rating. At the end of FFY 2023 there were 430 CDHs (304 QRS/126 IQ4K) and 566 centers (434 QRS/132 IQ4K) with a current quality rating. While the overall number of rated programs is a decline from the previous year there is an increase in number of programs rated in the IQ4K system. The overall decline is not unexpected with the roll out of the new IQ4K system. The legacy QRS was a menu system in which providers could choose from a number of options to earn points in different categories (e.g. Health & Safety, Professional Development or Environments). While at least 1 point was required in each category providers could choose to collect a significant number of points in one or two**



categories and have very few points in other categories. The new IQ4K system requires providers to meet a standard set of requirements in all categories as well as adding new categories such as Teaching and Learning. It was anticipated that it would take some time for adjustment to the updated requirements. The Lead Agency is encouraged that almost 200 programs were rated in the new IQ4K system this fiscal year. During FFY 23, over 5,700 hours of technical assistance from CCR&R was provided to facilitate entry into or continued participation in the Iowa's QRIS. This included 954 centers and 786 child development homes that received assistance.

## 5) Improving the supply and quality of child care programs and services for infants and toddlers

*Goal: Ensure adequate and stable supply of high quality child care with a qualified, skilled workforce to promote the healthy development of infants and toddlers. Please report on all activities funded by quality dollars and infant toddler set-aside.*

### 5.1 Infant/Toddler Specialists

#### 5.1.1 Infant/Toddler Specialists:

Did providers have access to infant/toddler specialists during October 1, 2022 to September 30, 2023?

Yes

- Number of specialists available to all providers
- Number of specialists available to providers serving children who receive CCDF
- Number of specialists available specifically trained to support family child care providers
- Number of providers served
- Total number of children reached

No, there are no infant/toddler specialists in the state/territory.

N/A. Describe:

#### 5.1.2 Infant/Toddler Specialists Supports Provided:

If yes, what supports do the infant/toddler specialists provide?

Relationship-caregiving practices (or quality caregiving/developmentally appropriate practices)

On-site and virtual coaching

Health and safety practices

Individualized professional development consultation (e.g., opportunities for or awareness on career growth opportunities, degree/credential programs)

Group professional development

Family engagement and partnerships

Part C early intervention services

Mental health of babies, toddlers, and families

Mental health of providers

Behavioral Health

Other. Describe

**5.1.3 Spending – Infant/Toddler Specialists:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

**5.2 Staffed Family Child Care Networks**

**5.2.1 Number and Description of Staffed Family Child Care Networks:**

How many staffed family child care networks operated during October 1, 2022 to September 30, 2023?

Number of staffed family child care networks:

- Describe what the network/hub provides to participating family child care providers:

No staffed family child care networks operate in state/territory

**5.2.2 Spending - Staffed Family Child Care Networks:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

### 5.3 Spending - Programs and services for infants and toddlers

#### 5.3.1 Spending - Programs and services for infants and toddlers:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside), above and beyond to the 3% infant and toddler set-aside, to improve the supply and quality of child care programs and services for infants and toddlers during October 1, 2022 to September 30, 2023? **\$13142158**

Unable to report total amount spent. Indicate reason:

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **Funding supports CCR&R to provide training and technical assistance for infant/toddler caregivers and grants given to providers to support additional supply and quality of infant/toddler care.**

### 5.4 Progress Update

#### 5.4.1 Progress Update - Programs and services for infants and toddlers:

Improving the supply and quality of child care programs and services for infants and toddlers.

Measurable indicators of progress the state/territory reported in section 7.4.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **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 in adequate 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.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.4.2 of the FFY 2022-2024 CCDF Plan: CCR&R offers a PITC training series in Iowa, it consists of 5 modules and each module is 10 hours long for a total of 50 hours of training when the whole series is completed. This year CCR&R offered 29 modules of PITC and 196 individuals completed a module. CCR&R also offers TA on infant/toddler practices to caregivers in the child care workforce. They provided a total of 2,483 hours of TA to 1,049 programs. This included 1050 hours of TA to licensed center programs and 1433 hours of TA to licensed family child care programs.

Iowa State University Extension and Outreach also provides Infant/Toddler training including a 4-part series on the Infant Toddler Environment Rating Scale (ITERS), and a 2 hour module on Infant and Toddler development that is a part of an orientation series for individuals that work in licensed centers. This year they completed 13 ITERS trainings with a total of 207 participants that completed the training. Of those 207 participants, 170 (82%) completed the additional homework needed to verify that they met the ERS workshop learning outcomes and is related meeting QRIS requirements. A total of 4,153 participants completed the 2-hour Infant/Toddler Development module that is a part of an orientation series for individuals working in licensed centers.

**6) Establishing, expanding, modifying, or maintaining a statewide system of child care resource and referral services**

*Goal: Lead agency provides: services to involve families in the development of their children, information on a full range of child care options, and assistance to families in selecting child care that is appropriate for the family's needs and is high quality as determined by the lead agency.*

**6.1 Spending – Child Care Resource and Referral Services**

**6.1.1 Spending – Child Care Resource and Referral Services:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to establish, expand, modify, or maintain a statewide CCR&R during October 1, 2022, to September 30, 2023?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to **establish, expand, modify, or maintain a statewide CCR&R** during October 1, 2022 to September 30, 2023? **\$4079277**

Unable to report total amount spent. Indicate reason:

*Optional:* Use this space to tell us any additional information about how funds were spent

No

**6.2 Progress Update**

**6.2.1 Progress Update – Child Care Resource and Referral Services:**

Establishing, expanding, modifying or maintaining a statewide system of child care resource and referral services.

Measurable indicators of progress the state/territory reported in section 7.5.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **In the Lead Agency's contracts with CCR&R there are performance measures related to services provided. For Provider Services performance measures include: percent of non-registered child care homes that are supported to become registered child development homes; percent of providers that CCR&R supports to apply for a QRS rating, renew their QRS rating or increase their QRS rating; and percent of providers satisfied with services provided. For Community Services performance measures include: holding at least two community meetings per year in areas of high need, providing presentations to educate the community, families and child care providers on child care issues and CCR&R services. For statewide Parent Services performance measures include percentages of parents that received referrals that report satisfaction as well evaluation of the quality of the consumer education provided by assessing the parent's knowledge of Iowa's child care system. For statewide Marketing/Communication performance measures include accuracy of website, distribution of newsletters and annual reports, and ensuring the email distribution list is up to date. For the statewide Training Coordinator/Curriculum developer performance measures include completing an updated or new curriculum annually and percentages of adult educators surveyed reporting curricula includes adult learning strategies, evidence-based content and incorporates coaching components. For the statewide Child Care Complaint Hotline performance measures include ensuring timely services for parents by tracking response times and hold time for those that call the hotline.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.5.2 of the FFY 2022-2024 CCDF Plan: **Please note contracts for CCR&R services are run on a state fiscal year so the data below is for SFY 23 (July 1, 2022-June 30, 2023).**

**Provider Services: The percent of non-registered child care homes that become registered child development homes is no longer a performance measure due to legislative changes that incentivize all types of care as opposed to providers moving from non-registered to registered. The percent of providers that apply/renew/increase their QRS ratings no longer a performance measure due to the roll out of Iowa's new quality rating and improvement system called IQ4K. IN SFY 23 CCR&R supported providers in a number of ways including but not limited to TA on numerous topics, supporting applications for IQ4K and registration/CCDF subsidy applications for family child care providers. In SFY 23 CCR&R provided 5,369 in-person TA visits, 1,181 real-time virtual TA visits and 31,352 additional TA contacts (e.g. emails, phone calls, texts) on a variety of topics including but not limited to emergency preparedness, health and safety, QRIS**

and professional development plans. Specifically for QRIS they provided 5,764 hours of TA to 1,740 providers. They supported 194 family child care providers to submit the required paperwork to be approved for CCDF subsidy or registration. Provider surveys indicated that 94% of respondents were satisfied with CCR&R services.

**Community Services:** In SFY 23 CCR&R held 436 community meetings, participated in 223 community fairs/presentations and provided 97 educational presentations targeted at families and providers.

**Parent Services:** CCR&R provides referrals and consumer education for families looking for child care. In SFY 23 4,630 families accessed CCR&R's online referral system to search for child care providers. Additionally CCR&R Parent Referral Specialists provided 1,825 free personalized referrals for families that requested this service. Of the families that were provided referrals 89% were satisfied with services, 87% said they were easily accessible and 100% said they understood quality indicators to look for when reviewing child care programs.

**Communication/Marketing:** In SFY 23 CCR&R provided a number of marketing and communications efforts to ensure providers, families and communities are aware of important information about child care in Iowa. The annual report was developed and distributed. Quarterly newsletters were developed and sent to child care providers and stakeholders. Additionally 61 constant contact mass emails were sent that reached anywhere from 100 to almost 9,000 individuals per email. They also started using a texting service to provide an option for those who prefer that method of communication; a total of 69,266 texts were sent throughout the year. The website was updated 199 times to ensure that all information is accurate and up to date.

**Training/Curriculum:** In SFY 23 three updated curriculums were rolled out. All adult educators that teach those curriculums were sent a survey. Of those that responded, 97% reported the curricula included research-based information and reference; 83% reported that the curriculum was developed in a way that provides opportunities for coaching (including opportunities for self-assessments, goal-setting, action planning, observation and reflection & feedback which are the 5 key components of coaching); and 100% of respondents reported that there were appropriate adult learning strategies embedded into the curriculum.

**Child Care Complaint Hotline:** In SFY 23 the hotline received a total of 609 calls. 100% of calls were either answered live or received a call back within 1 business day, additionally hold time was minimal with no caller ever exceeding the 10 minute standard set by the contract.





**7) Facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards**

*Goal: To ensure child care providers maintain compliance with lead agency licensing, inspection, monitoring, and health and safety standards and training.*

**7.1 Complaints about providers**

**7.1.1 Number of Complaints about providers:**

How many complaints were received regarding providers during October 1, 2022 to September 30, 2023? **1219**

**7.1.2 Spending - Complaints about providers:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity (including maintaining a hotline)?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

**7.2 Licensing Staff**

**7.2.1 Number of Licensing Staff:**

How many licensing staff positions were there in the state or territory during October 1, 2022, to September 30, 2023? Number of staff **19**

**7.2.2 Spending – Licensing Staff:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set aside
- Unable to report. Indicate reason:

No

### **7.3 Health and Safety Standards Coaching and Technical Assistance**

#### **7.3.1 Coaching or technical assistance on health and safety standards as a result of inspection:**

How many child care programs received coaching or technical assistance to improve their understanding and adherence to CCDF health and safety standards as a result of an inspection or violation during October 1, 2022, to September 30, 2023? **237**

#### **7.3.2 Spending - Coaching or technical assistance on health and safety standards as a result of inspection:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

### **7.4 Spending - Compliance with health, safety, and licensing standards**

#### **7.4.1 Spending - Compliance with health, safety, and licensing standards:**

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on facilitating compliance with lead agency requirements for inspections, monitoring, health and safety standards and training, and lead agency licensing standards during October 1, 2022 to September 30, 2023? **\$554408**

[ ] Unable to report total amount spent. Indicate reason:

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **This amount is for provider record checks.**

## 7.5 Progress Update

### 7.5.1 Progress Update - Compliance with health, safety, and licensing standards:

Facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards.

Measurable indicators of progress the state/territory reported in section 7.6.3 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

**The Lead Agency tracks the number of participants that complete the free preservice/orientation training. Also through the Lead Agency's contracts with CCR&R there are reporting requirements that track percentages around child care providers that are referred to CCR&R by the Lead Agency's compliance staff. The percentage of providers that are offered consultation services as well as the percentage of child care provider that accept consultation services related to the Lead Agency's referral are tracked.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.6.3 of the FFY 2022-2024 CCDF Plan: **The Essentials training consists of 12 modules that cover the health and safety topics found in CCDF regulations at 98.41(a)(1) (i) through (ix) as well as child development, cultural diversity and homelessness. A total of 107,357 modules were completed. CCR&R also assists with programs that are referred to them by the lead agency's regulatory staff. CCR&R provided a total of 346 hours of TA to 237 programs that were referred from the lead agency's regulatory staff. This included 260 hour of TA to 137 licensed centers, 76 hours of TA to 90 licensed family child care providers and 10 hours of TA to 10 licensed-exempt family child care providers.**

**8) Evaluating and assessing the quality of child care programs and services, including evaluating how programs positively impact children**

*Goal: Lead agency investment in effective quality improvement strategies using reliable data from evaluation and assessment*

**8.1 Evaluation and assessment of center-based programs**

**8.1.1 Evaluation and assessment of center-based programs:**

What measure(s) or tool(s) were used to evaluate and assess the quality of and effective practice in center-based programs during October 1, 2022 to September 30, 2023?

- QRIS
- CLASS
- ERS
- FCCERS
- ITERS
- State evaluation tool. Describe
- Core Knowledge and Competency Framework
- Other. Describe
- Do not evaluate and assess quality and effective practice

**8.1.2 Spending - Evaluation and assessment of center-based programs:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

- Yes, if so which funding source(s) were used?
  - CCDF quality funds
  - Non-CCDF funds
  - CARES funds
  - CRRSA Funds
  - ARP Supplemental Discretionary
  - ARP Stabilization 10% set-aside
  - Unable to report. Indicate reason:

No

**8.2 Evaluation and assessment of family child care programs**

**8.2.1 Evaluation and assessment of family child care programs:**

What measure(s) or tool(s) were used to evaluate and assess the quality of and effective practice in family child care programs during October 1, 2022 to September 30, 2023?

- QRIS
- CLASS
- ERS
- FCCERS
- ITERS
- State evaluation tool. Describe
- Core Knowledge and Competency Framework
- Other. Describe
- Do not evaluate and assess quality and effective practice

**8.2.2 Spending - Evaluation and assessment of family child care programs:**

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

- Yes, if so which funding source(s) were used?
  - CCDF quality funds
  - Non-CCDF funds
  - CARES funds
  - CRRSA Funds
  - ARP Supplemental Discretionary
  - ARP Stabilization 10% set-aside
  - Unable to report. Indicate reason:

No

**8.3 Spending - Evaluation and assessment of child care programs**

**8.3.1 Spending - Evaluation and assessment of child care programs:**

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on evaluating and assessing the quality of child care programs, practice, or child development during October 1, 2022 to September 30, 2023?  
\$

**[x] Unable to report total amount spent. Indicate reason: Funds spent on QRIS are included as part of Section 4**

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

## **8.4 Progress Update**

### **8.4.1 Progress Update - Evaluation and assessment of child care programs:**

Evaluating and assessing the quality of child care programs and services, including evaluating how programs positively impact children.

Measurable indicators of progress the state/territory reported in section 7.7.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.  
**N/A**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.7.2 of the FFY 2022-2024 CCDF Plan:  
**Information about QRIS indicators is contained in section 4.**

## 9) Supporting child care providers in the voluntary pursuit of accreditation

*Goal: Support child care programs and FCCs in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of quality*

### 9.1 Accreditation Support

#### 9.1.1 Accreditation Support:

How many providers did the lead agency support in their pursuit of accreditation (e.g., financial incentives, technical assistance with the accreditation process, coaching/mentoring by accredited programs) during October 1, 2022 to September 30, 2023?

- Yes, providers were supported in their pursuit of accreditation
- a. Licensed center-based programs
  - b. License-exempt center-based programs
  - c. Licensed family child care homes
  - d. License-exempt family child care homes (care in providers' home)
  - e. Programs serving children who receive CCDF subsidy
- No lead agency support given to providers in their pursuit of accreditation.
- N/A. Describe:

#### 9.1.2 Spending – Accreditation Support:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

- Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on accreditation during October 1, 2022 to September 30, 2023? \$



Unable to report total amount spent. Indicate reason:

*Optional:* Use this space to tell us any additional information about how funds were spent

No

## 9.2 Progress Update

### 9.2.1 Progress Update – Accreditation Support:

Supporting providers in the voluntary pursuit of accreditation.

Measurable indicators of progress the state/territory reported in section 7.8.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

**N/A**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.8.2 of the FFY 2022-2024 CCDF Plan:

**N/A**

## 10) Supporting providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

*Goal: Assist programs to meet high-quality comprehensive program standards relating to health, mental health, nutrition, physical activity, and physical development*

### 10.1 High-Quality Program Standards

#### 10.1.1 High-Quality Program Standards:

How did the state or territory help providers develop or adopt high quality program standards during October 1, 2022, to September 30, 2023?

QRIS, check which indicators the lead agency has established:

- Health, nutrition, and safety of child care settings
- Physical activity and physical development in child care settings
- Mental health of children
- Learning environment and curriculum
- Ratios and group size
- Staff/provider qualifications and professional development
- Teacher/provider-child relationships
- Teacher/provider instructional practices
- Family partnerships and family strengthening
- Other. Describe:

Early Learning Guidelines

State Framework. Describe

Core Knowledge and Competencies

Other. Describe

N/A – did not help provider develop or adopt high quality program standards

#### 10.1.2 Spending - High-Quality Program Standards:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to **support providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development** during October 1, 2022 to September 30, 2023? \$

- Unable to report total amount spent. Indicate reason:

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

No

## 10.2 Progress Update

### 10.2.1 Progress Update - High-Quality Program Standards:

Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development.

Measurable indicators of progress the state/territory reported in section 7.9.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

**N/A**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.9.2 of the FFY 2022-2024 CCDF Plan: **Progress indicators about the QRIS are contained in Section 4.**

## 11) Other activities to improve the quality of child care services

*Goal: To improve the quality of child care programs and services related to outcomes measuring improved provider preparedness, child safety, child well-being, or kindergarten-entry*

### 11.1 Sustainability funding to child care providers

#### 11.1.1 Sustainability funding to child care providers:

Did the state or territory continue to provide stabilization grants to child care providers using funds other than the American Rescue Plan (ARP) Act Stabilization funds during October 1, 2022 to September 30, 2023?

Yes. If yes, describe and check which types of providers were eligible and number served.

Licensed center-based programs

License-exempt center-based programs

Licensed family child care homes

License-exempt family child care homes (care in providers' home)

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

Other (explain)

No.

N/A. Describe:

#### 11.1.2 Spending – Sustainability funding to child care providers:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

### 11.2 Data Systems Investment

### 11.2.1 Data Systems Investment:

Did the state/territory invest in data systems to support equitable access to child care (e.g., modernizing and maintaining systems; technology upgrades and data governance improvements to provide more transparent and updated information to parents; a workforce registry; updated QRIS systems; CCR&R updates; monitoring systems) from October 1, 2022 to September 30, 2023?

Yes. Describe: **The state continues to maintain and improve our current IT systems: subsidy management (KinderTrack), workforce registry (i-PoWeR), regulatory (CRIS) and QRIS (IQ4K). The lead agency's IT staff also worked with our state-sponsored Child Care Management Systems (CCMS) vendors to create a data bridge from those CCMS programs to the State's subsidy management system so that time and attendance can be transmitted without double entry. The Lead Agency is also in the process of developing an operational data store that can intake child care data from multiple sources to provide detailed real-time data to make informed decisions.**

No

### 11.2.2 Spending - Data Systems Investment:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

## 11.3 Supply and Demand Analysis

### 11.3.1 Supply and Demand Analysis:

Did the state/territory conduct an analysis of supply and demand or other needs assessment to identify areas of focus to build supply or target funding from October 1, 2022 to September 30, 2023?

Yes. Describe findings:

No

### 11.3.2 Spending - Supply and Demand Analysis:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

## 11.4 Supply and Demand Initiatives

### 11.4.1 Supply and Demand Initiatives:

Did the state/territory implement initiatives designed to address supply and demand issues related to child care deserts and/or vulnerable populations (such as infants and toddlers, children with disabilities, English language learners, and children who need child care during non-traditional hours) during October 1, 2022 to September 30, 2023? Check all that apply.

Child care deserts

Infants/toddlers

Children with disabilities

English language learners

Children who need child care during non-traditional hours

Other. Describe:

### 11.4.2 Spending - Supply and Demand Initiatives:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

### 11.5 Provider Compensation and Benefits

#### 11.5.1 Spending - Provider Compensation and Benefits:

What compensation and benefits improvements did teachers/providers receive between October 1, 2022 and September 30, 2023 (check all that apply)? If indicated, how many providers received each type of support?

- Financial bonuses (not tied to education levels) **12,428**
- Salary enhancements/wage supplements
- Health insurance coverage
- Dental insurance coverage
- Retirement benefits
- Loan Forgiveness programs
- Mental Health/Wellness programs
- Start up funds
- Other. Describe:
- N/A. Describe:

#### 11.5.2 Spending - Provider Compensation and Benefits:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

## 11.6 Spending – Other Activities to Improve the Quality of Child Care Services

### 11.6.1 Spending – Other Activities to Improve the Quality of Child Care Services:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on other activities to improve the quality of child care services during October 1, 2022 to September 30, 2023? **\$51892378**

Unable to report total amount spent. Indicate reason:

*Optional:* Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported. **In addition to activities in 11.2, 11.4 & 11.5, funds were also used to support Wrap Around contracts. These contracts provide funding to core programs such as HeadStart or Department of Education preschool programs who's hours of service may not meet family work schedules. The contracts allow these programs to provide care before and after their core program hours to support stability of care for the children.**

## 11.7 Progress Update

### 11.7.1 Progress Update – Other Activities to Improve the Quality of Child Care Services:

Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry.

Measurable indicators of progress the state/territory reported in section 7.10.1 of the 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.



The lead agency contracts for Wrap Around services for children that are in a "core" program that is not full day/full week. The Wrap Around Child Care Program's purpose is to provide continuity of services to children who are attending eligible core programs. Core programs include Head Start Programs, Early Head Start Programs, Iowa Department of Education at-risk programs (Shared Visions), Title I Preschools (including Even Start), or an early childhood special education program. Contractors of Wrap Around services provide continuity of services to children who attend core programs by expanding services to a full day, full week, and full year. Contractors also limit the frequency of transitions by providing a stable environment, staff, and services for children attending the core program. Contractors of Wrap Around services send biannual reports to the lead agency's contract manager. Reports verify that eligibility criteria have been met by children enrolled in the wrap around program and state the number of slots used by children attending core programs.

The lead agency started a Recruitment and Retention Bonus program with the intent to support and retain the child care workforce. Staff newly hired by a regulated child care program can apply for a recruitment bonus after working for three months at the child care program. All child care staff that met eligibility requirements and had already been employed for six months or more when the bonus program launched could apply for a retention bonus. Applicants that receive either a recruitment or retention bonus may apply for additional retention bonuses every six months as long as they continue to meet eligibility requirements and continue to work for the same child care program. The lead agency will track the retention of staff that receive these bonuses.

The lead agency also partnered with Early Childhood Iowa to start a Shared Services project. Phase one of the project includes selecting a Child Care Management System (CCMS) that will link with the State's subsidy system and financial management consultants that train child care programs on how to use the CCMS to gain efficiencies and track key business metrics to make more data informed decisions about how to run their child care business. The lead agency will be tracking increased use of effective business practices by the providers working with the financial management consultants.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.10.2 of the 2022-2024 CCDF Plan: **The Recruitment and Retention Bonus program provided 12,428 bonuses to child care staff in FFY**

23. The Lead Agency attempted to obtain retention information however due to low response rates there was not sufficient data to determine retention rates.

The Shared services project is making progress towards more efficient and stable child care businesses on multiple fronts. The project works both on the individual business level as well as on the systems level. On the individual child care business level the project supports Financial Management Coaches (FMCs) to work with providers using the two state-contracted CCMS vendors. As of September 2023, 783 child care businesses had signed up to work with FMCs on implementation of a state-contracted CCMS. Additionally the Lead Agency has built data bridges between to the two state-contracted CCMS vendors and the states subsidy system so that providers can directly send attendance records to the state's subsidy system. On the state systems level the project is working on an Operational Data Store (ODS) to be able to effectively gather and use real-time data. The ODS will gather data from multiple sources including the lead agency, child care businesses and other support organizations to create dashboards and reports that can be used at the state, regional, community and individual business level to make informed decisions. In FFY 23 the base structure of the ODS was built and it started to take in it first pieces of data from CCR&R and child care businesses.

## 12) Annual Report

Lead agencies must submit an annual report, as required at 45 CFR § 98.53(f) (4), describing any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on an annual review and assessment of serious child injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible.

### 12.1 Annual Report and Changes

#### 12.1.1 Annual Report:

Describe the annual review and assessment of serious injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible. **The Lead Agency requires that all serious injuries and deaths are documented on a reporting form and sent to the lead agency. These are then captured as a complaint for tracking purposes. Anecdotally, we can report that injuries primarily occur on playgrounds or through falls.**

#### 12.1.2 Annual Report Changes:

Describe any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on the annual review and assessment. **None at this time.**

### 13) American Rescue Plan (ARP) Act Child Care Stabilization Grants

*Goal: To ensure the lead agency implements an equitable stabilization grant program. The American Rescue Plan (ARP) Act included approximately \$24 billion for child care stabilization grants, representing an important opportunity to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead agencies must spend most stabilization funds as subgrants to qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency. Section 13 should be used to report on ARP Stabilization Grants ONLY.*

#### 13.1 Multiple Grant Programs

##### 13.1.1 ARP Act Stabilization multiple grant programs:

Did you run more than one grant program? If so, list the number of separate grant programs and describe their uses.

Yes. Describe:

No

#### 13.2 ARP Act Stabilization Grants workforce compensation

##### 13.2.1 ARP Act Stabilization Grant strategies for workforce compensation:

Which of the following methods were used to support workforce compensation (e.g., bonuses, stipends, increased base wages, or employee benefits) with stabilization grants? (check all that apply)

Targeted grants to support workforce compensation (no other allowable uses)

Providing bonus funds to providers that increased child care staff compensation through stabilization grants

Requiring a specific percentage or amount of stabilization grant funding go toward child care staff compensation increases. Percent or amount for staff compensation:

Other (Describe): **None, programs were allowed to use stabilization grant funds on any of the six categories of expenses outlined in the ARP Act.**