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Child Care and Development Fund (CCDF) Plan
for
State/Territory Iowa

FFY 2025 – 2027

Version: Amendment 1

Plan Status: Approved as of 2026-03-26 20:17:47 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed 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.

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency 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.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

a. Lead Agency or Joint Interagency Office Information:

   i. Name of Lead Agency: **Iowa Department of Health and Human Services**

   ii. Street Address: **321 E 12th Street**

   iii. City: **Des Moines**

   iv. State: **Iowa**

   v. ZIP Code: **50319**

   vi. Web Address for Lead Agency: **https://hhs.iowa.gov**

b. Lead Agency or Joint Interagency Official contact information:

   i. Lead Agency Official First Name: **Larry**

   ii. Lead Agency Official Last Name: **Johnson**

   iii. Title: **Principal Deputy Director**

   iv. Phone Number: **+1 (515) 281-5457**

   v. Email Address: **Larry.Johnson@hhs.iowa.gov**

1.1.2 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. The OCC 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, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

a. CCDF Administrator contact information:

   i. CCDF Administrator First Name: **Wendy**

ii. CCDF Administrator Last Name: **Hoogeveen**

iii. Title of the CCDF Administrator: **Child Care Policy Bureau Chief**

iv. Phone Number: **515-377-0354**

v. Email Address: **whoogev@dhs.state.ia.us**

b. CCDF Co-Administrator contact information (if applicable):

i. CCDF Co-Administrator First Name: **Ryan**

ii. CCDF Co-Administrator Last Name: **Page**

iii. Title of the CCDF Co-Administrator: **Director of Child Care**

iv. Phone Number: **515-377-0357**

v. Email Address: **rpage@dhs.state.ia.us**

vi. Description of the Role of the Co-Administrator: **Oversee Lead Agency's child care policy team, center licensing team and home licensing team.**

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 the Lead Agency retains overall responsibility for the administration of the program. 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 Entity establishing CCDF program rules

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.

Check one of the following:

a. **[x]** All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

b. **[ ]** Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:

i. 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).

[ ] Other. Identify the entity and describe the policies the entity can set:

ii. Sliding-fee scale is set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

iii. Payment rates and payment policies are set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

iv. Licensing standards and processes are set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

v. Standards and monitoring processes for license-exempt providers are set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

vi. Quality improvement activities, including QIS, are set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who assists parents in locating child care (consumer education)?	[x]	[ ]	[ ]	[x]	[ ] Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who issues payments?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors licensed providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors license-exempt providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who operates the quality improvement activities?	[x]	[ ]	[ ]	[x]	[ ] Describe:

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. 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, the elements below.

a. Tasks to be performed.

[x] Yes. If yes, describe: **The Lead Agency uses contracts as written agreements. All contracts include deliverables which outline the services the contractor is required to perform.**

[ ] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: **Due dates for tasks are set within the deliverables of the contract.**

[ ] No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

[x] Yes. If yes, describe: **Annually contractors submit itemized budgets to the contract manager.**

[ ] No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

[x] Yes. If yes, describe: **All contracts include a section on performance measures which outline the metrics to assess performance of the deliverables. All contracts have a lead agency staff member that functions as the contract manager. The contract manager reviews reports and monitors that all performance measures are met.**

[ ] No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **All contracts have annual monitoring visits.**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify 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 is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

[x] Yes.

[ ] No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

[x] Yes.

[ ] No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.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) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Lead Agency held virtual focus group meetings to obtain feedback on the development of the 25-27 CCDF State Plan. Representatives of general purpose local government were invited to a 2-hour stakeholder focus group session on April 30, 2024.**

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **In April of 2024 the Lead Agency invited members of the existing SAC to a feedback session around the CCDF state plan. It is important to note that legislation passed in the 2024 session modified the structure of Early Childhood Iowa (ECI) which houses Iowa's State Advisory Council on Early Childhood Education and Care. The Early Childhood Iowa system is in the process of reorganizing and a potential new structure for the SAC will be presented to the ECI State Board in June 2024. Historically, Lead Agency staff have coordinated with ECI staff to add CCDF relevant topics to the quarterly SAC meeting agendas as well as attending SAC meetings. Lead Agency staff will continue to do this once the reorganization is complete and a new meeting schedule is finalized.**

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The Lead Agency meets with the Meskwaki Nation on a regular basis, approximately quarterly. The agenda items and topics of discussion center around topics relevant to the State Plan.**

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The Lead Agency held four virtual focus group meetings in the month of April to obtain feedback on the development of 25-27 State Plan. In addition to the general stakeholder group mentioned, there were specific focus groups for families using child care (4/11/24), support professionals that work with child care providers (4/22/24) and child care providers (4/26/24). The feedback sessions allowed the lead agency to gauge perceptions of current child care assistance policies and procedures, child care regulation policies and procedures, payment practices and quality initiatives. The Lead Agency is using this information to inform priorities for policy and procedure updates as well as quality initiatives.**

1.3.2 Public hearing process

Lead Agencies must 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.

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.

i. Date of the public hearing: **6/5/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

ii. Date of notice of public hearing: **5/15/2024**

iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

[x] Yes.

[ ] No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**The public was notified through stakeholder distribution lists, and the lead agency website.**

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The public hearing had in-person and virtual options for attendance. Those that wanted to attend in person were able to go to a location within the Des Moines metro and those that were not able to or preferred not to attend in-person were able to attend through Zoom.**

vi. Describe 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 PDF draft of the state plan was posted on the lead agency's website using the Preprint form provided by the Office of Child Care. All notification methods above gave information about how to access this draft.**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **The Lead Agency's child care leadership attended all feedback sessions, the public hearing and reviewed all written comments. The majority of the comments were either supportive of current lead agency initiatives or addressed challenges that are currently priorities for the lead agency are priorities. This feedback was useful to affirm work on current initiatives. Additionally changes to provider regulations that were already in process were amended based on feedback.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **https://hhs.iowa.gov/programs/programs-and-services/child-care**

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

i. **[ ]** Working with advisory committees. Describe:

ii. **[x]** Working with child care resource and referral agencies. Describe: **CCR&R has an email distribution list which the lead agency uses to send messages to child care providers and stakeholders throughout the State.**

iii. **[ ]** Providing translation in other languages. Describe:

iv. **[x]** Sharing through social media (e.g., Facebook, Instagram, email). Describe: **CCR&R uses Facebook Instagram and YouTube to connect with child care providers and stakeholders and sends messages for the lead agency.**

v. **[x]** Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **Early Childhood Iowa (ECI) has a monthly email for those involved in the initiative and information on the State Plan is included in that monthly email when applicable.**

vi. **[ ]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:

vii. **[ ]** Direct communication with the child care workforce. Describe:

viii. **[ ]** Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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, Lead Agencies 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).

2.1.1 Eligibility practices to reduce barriers to enrollment

a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

i. [ ] Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:

ii. [ ] Leveraging eligibility from other public assistance programs. Describe:

iii. [ ] Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:

iv. [ ] Self-assessment screening tools for families. Describe:

v. [ ] Extended office hours (evenings and/or weekends).

vi. [ ] Consultation available via phone.

vii. [x] Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **Iowa's Child Care Assistance application contains an optional release of information form. This form enables Lead Agency staff to reach out to employers, schools or other organizations for needed information rather than the family having to ask follow up questions and then relay that information back to the Lead Agency.**

viii. [ ] None.

b. Does the Lead Agency use an online subsidy application?

[x] Yes.

[ ] No. If no, describe why an online application is impracticable.

c. Does the Lead Agency use different policies for families receiving TANF assistance?

[x] Yes. If yes, describe the policies: **Families on TANF do not need to submit application or redetermination paperwork and are approved based on information already submitted for TANF eligibility.**

[ ] No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

i. [x] Advance notice to parents of pending redetermination.

ii. [x] Advance notice to providers of pending redetermination.

iii. [ ] Pre-populated subsidy renewal form.

iv. [x] Online documentation submission.

v. [ ] Cross-program redeterminations.

vi. [ ] Extended office hours (evenings and/or weekends).

vii. [x] Consultation available via phone.

viii. [ ] Leveraging eligibility from other public assistance programs.

ix. **[ ]** Other. Describe:

b. Does the Lead Agency use different policies for families receiving TANF assistance?

[x] Yes. If yes, describe the policies: **Families on TANF do not need to submit application or redetermination paperwork and are approved based on information already submitted for TANF eligibility.**

[ ] No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, 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 (SMI) for a family of the same size and whose family assets do not exceed $1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

[x] Yes.

[ ] No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

[ ] No.

[x] Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity:
The child must meet one or more of the following conditions:
(1) A physician or a school psychologist endorsed by the Iowa Department of Education has diagnosed the child to have a developmental disability that: Substantially limits one or more major life activities, and requires professional treatment, assistance in self-care, or the purchase of special adaptive equipment.
(2) A qualified intellectual disability professional has determined the child to have a condition that impairs the child's intellectual and social functioning.
(3) A mental health professional has diagnosed the child to have a behavioral or

emotional disorder characterized by situationally inappropriate behavior that: Deviates substantially from behavior appropriate to the child's age, or significantly interferes with the child's intellectual, social, or personal adjustment.

c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

[x] No.

[ ] Yes. If yes, and the upper age is (may not equal or exceed age 19):

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

i. "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.

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

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

a. Identify which of the following activities are included in your definition of "working" by checking the boxes below:

i. **[x]** An activity for which a wage or salary is paid.

ii. **[x]** Being self-employed.

iii. **[ ]** During a time of emergency or disaster, partnering in essential services.

iv. **[ ]** Participating in unpaid activities like student teaching, internships, or practicums.

v. **[ ]** Time for meals or breaks.

vi. **[x]** Time for travel.

vii. **[x]** Seeking employment or job search.

viii. [ ] Other. Describe:

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

i. [x] Vocational/technical job skills training.

ii. [ ] Apprenticeship or internship program or other on-the-job training.

iii. [x] English as a Second Language training.

iv. [x] Adult Basic Education preparation.

v. [x] Participation in employment service activities.

vi. [ ] Time for meals and breaks.

vii. [x] Time for travel.

viii. [x] Hours required for associated activities such as study groups, lab experiences.

ix. [ ] Time for outside class study or completion of homework.

x. [ ] Other. Describe:

c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:

i. [x] Adult High School Diploma or GED.

ii. [x] Certificate programs (12-18 credit hours).

iii. [x] One-year diploma (36 credit hours).

iv. [x] Two-year degree.

v. [x] Four-year degree.

vi. [x] Travel to and from classrooms, labs, or study groups.

vii. [ ] Study time.

viii. [x] Hours required for associated activities such as study groups, lab experiences.

ix. [ ] Time for outside class study or completion of homework.

x. [ ] Applicable meal and break times.

xi. [ ] Other. Describe:

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

[ ] No.

[x] Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

[x] Work. Describe: **average 32 hours or more per week**

[x] Job training. Describe: **average 32 hours or more per week**

[x] Education. Describe: **Full-time enrollment as determined by the education/training entity**

[x] Combination of allowable activities. Describe: **average 32 hours or more per week**

[x] Other. Describe: **For families with a child that has special needs the requirement is an average of 28 hours or more per week.**

e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

[x] Yes.

[ ] No. If no, describe the additional work requirements:

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of "children who receive or need to receive protective services?"

Note: 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 Lead Agency's protective services definition.

[ ] No. If no, skip to question 2.2.3.

[x] Yes. If yes, answer the questions below:

Provide the Lead Agency's definition of "protective services" by checking below the sub-populations of children that are included:

[x] Children in foster care.

[x] Children in kinship care.

[ ] Children who are in families under court supervision.

[x] Children who are in families receiving supports or otherwise engaged with a child welfare agency.

[ ] Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

[ ] Children whose family members are deemed essential workers under a governor-declared state of emergency.

[ ] Children experiencing homelessness.

[ ] Children whose family has been affected by a natural disaster.

[ ] Other. Describe:

g. 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?

[ ] No.

[x] Yes.

h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.)

requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

[ ] No.

[x] Yes.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

[x] No.

[ ] Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

[x] There is a statewide limit with no local variation.

[ ] There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1	4529.00	44.30	2008.00
2	5923.00	46.00	2726.00
3	7316.00	47.10	3443.00
4	8710.00	47.80	4160.00
5	10103.00	48.30	4878.00

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[x] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above SMI and

includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[ ] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination? Check all that apply:

i. **[x]** Gross wages or salary.

ii. **[x]** Disability or unemployment compensation.

iii. **[x]** Workers' compensation.

iv. **[x]** Spousal support, child support.

v. **[x]** Survivor and retirement benefits.

vi. **[x]** Rent for room within the family's residence.

vii. **[x]** Pensions or annuities.

viii. **[x]** Inheritance.

ix. **[x]** Public assistance.

x. **[ ]** Other. Describe:

d. What is the effective date for these income eligibility limits? **7/1/2024**

e. 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, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits? **[x]** LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2023**

[ ] Other. Describe:

f. Provide the direct URL/website link, if available, for the income eligibility limits. **https://www.legis.iowa.gov/docs/iac/rule/441.170.2.pdf This is a link for the administrative code that sets income eligibility limits.**

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

i. **[x]** Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time **12 months**

ii. **[x]** Request earning statements that are most representative of the family's monthly income.

iii. **[x]** Deduct temporary or irregular increases in wages from the family's standard income level.

iv. **[ ]** Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed $1,000,000?

[x] Yes.

[ ] No. If no, describe:

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.

[x] Yes. If yes, describe the policy or procedure: **Income and asset limits can be waived for foster families and families needing protective child care services.**

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

a. **[ ]** Eligibility determination? If checked, describe:

b. **[ ]** Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
[x]	**[x]**	Applicant identity. Describe how you verify: **Self-attestation by parent/caregiver on the application is sufficient for initial and renewal applications.**
[x]	**[x]**	Applicant's relationship to the child. Describe how you verify: **Self-attestation by parent/caregiver on the application is sufficient for initial and renewal applications.**
[x]	**[x]**	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **Self-attestation by parent/caregiver on the application, however if status is called into question documents are requested from the parent/caregiver.**
[x]	**[x]**	Work. Describe how you verify: **Parent/caregiver reports work hours on the initial or renewal application and provide either a letter or pay stubs from the employer. Eligibility workers verify that information provided by the employer (letter or pay stubs) matches what is reported by the parent/caregiver on the application.**
[x]	**[x]**	Job training or educational program. Describe how you verify: **Parent/caregiver indicates if they are in school or training on the initial or renewal application then must provide an class schedule from the educational/training institution. Eligibility workers verify that the information provided by the parent matches what is on the class schedule from the educational institution.**
[x]	**[x]**	Family income. Describe how you verify: **Parent/caregiver reports income on the initial and renewal applications and provide either a letter or pay stubs from the employer. If a parent/caregiver is self-employed tax records may be used instead of information from the employer. Eligibility workers verify that information provided by the employer (letter or pay stubs) or on tax records matches what is reported by the parent/caregiver on the application.**
[x]	**[x]**	Household composition. Describe how you verify: **Self-attestation by parent/caregiver on the application is sufficient for initial and renewal applications.**
[x]	**[x]**	Applicant residence. Describe how you verify: **Self-attestation by parent/caregiver on the application is sufficient for initial and renewal applications.**
[ ]	**[ ]**	Other. Describe how you verify: **N/A**

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

a. Identify the TANF agency that established these criteria or definitions: **Iowa Department of Health and Human Services, the CCDF lead agency is also the TANF lead agency.**

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

   i. "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 non-registered child care home providers.**

   ii. "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.**

   iii. "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.**

   iv. "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. Copayments are based on a sliding fee schedule.**

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

   i. **[x]** In writing

   ii. **[x]** Verbally

   iii. **[ ]** Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d. "Children with special needs." **A "child with special needs" is defined as a child with one or more of the following conditions:**
(1)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.
(2) The child has been determined, by a qualified intellectual disability professional, to have a condition which impairs the child's intellectual and social functioning.
(3) 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.

e. "Families with very low incomes." **Children in families with an income of less than 100 percent of the Federal Poverty Level(FPL) who meet the need for service requirements.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	**[ ]**	**[ ]**	**[ ]**	**[x]**	**[ ]**	**[ ]** Describe:
Families with very low incomes	**[ ]**	**[ ]**	**[x]**	**[x]**	**[ ]**	**[ ]** Describe:
Children experiencing homelessness, as defined by CCDF	**[x]**	**[x]**	**[ ]**	**[x]**	**[ ]**	**[ ]** Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	**[ ]**	**[x]**	**[x]**	**[x]**	**[ ]**	**[ ]** Describe:

a. Does the Lead Agency define any other priority groups?

[ ] No.

[x] Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Families with protective child care needs that are involved in the child welfare system, licensed foster parents who need care for foster children, and families receiving a state adoption subsidy are served without placing on waiting lists.**

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness 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 State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Information regarding immunization and other health and safety requirements for a child's file is not part of Iowa's child care assistance eligibility determination. Families provide this documentation directly to the child care program upon enrollment and regulatory requirements state that providers must give a grace period to obtain those documents.**

b. Describe the grace period for each population below and how it allows them 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.

   i. Provide the policy for a grace period for:

      Children experiencing homelessness: **Child care provider regulations require providers to allow families experiencing homelessness 60 days to obtain child immunization and health and safety information for the child's file.**

      Children who are in foster care: **Child care provider regulations require providers to allow foster families 60 days to obtain child immunization and health and safety information for the child's file.**

   ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

      [x] Yes.

      [ ] No. If no, describe:

c. 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: **The lead agency coordinates with internal licensing staff, Child Care Resource and Referral staff, Child Care Nurse Consultants and child care programs to support families to comply with immunization and health requirements. 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 information about what immunization and medical forms are acceptable and how to access them so providers can help direct families to the correct forms. These guides are available to child care providers and lead agency licensing staff frequently direct providers to this information if they or their families have questions about documents required for child files. The lead agency also contracts with CCR&R to provide free consultation support to child care providers on understanding of and compliance regulations including this one. Additionally, Child Care Nurse Consultants are available free of charge to child care providers to provide consultation and technical assistance including resources and referrals for families in obtaining these documents.**

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

i. **[x]** Application in languages other than English (application and related documents, brochures, provider notices).

ii. **[x]** Informational materials in languages other than English.

iii. **[ ]** Website in languages other than English.

iv. **[ ]** Lead Agency accepts applications at local community-based locations.

v. **[x]** Bilingual caseworkers or translators available.

vi. **[ ]** Bilingual outreach workers.

vii. **[x]** Partnerships with community-based organizations.

viii. **[ ]** Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

ix. **[ ]** Home visiting programs.

x. **[ ]** Other. Describe:

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

i. **[ ]** Applications and public informational materials available in braille and other

communication formats for access by individuals with disabilities.

ii. **[x]** Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii. **[ ]** Caseworkers with specialized training/experience in working with individuals with disabilities.

iv. **[ ]** Ensuring accessibility of environments and activities for all children.

v. **[ ]** Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi. **[ ]** 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.

vii. **[ ]** Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii. **[ ]** Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

ix. **[ ]** Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i. **[ ]** Lead Agency accepts applications at local community-based locations.

ii. **[ ]** Partnerships with community-based organizations.

iii. **[x]** Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.

iv. **[ ]** Other. Describe:

b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Lead Agency created a training series called Essentials Child Care Preservice that all child care staff are required to take pre-service or within the first three months of employment. This series contains a 30-minute module called Understanding Homelessness.**

ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **Lead Agency regulatory staff take the Essentials Child Care Preservice training series as part of their onboarding process so they also take the above mentioned 30-minute module called Understanding Homelessness.**

2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **Iowa's Child Care Assistance policies that support continuity of care include: minimum of 12-month eligibility, limiting change reporting to only items that would terminate eligibility (cessation of all work/training/education or income over 85% SMI), we offer multiple methods of submitting documentation or communicating with the lead agency, including online, email and phone with no in-person requirements. Additionally, Child Care Assistance policies for children with special needs have a higher income eligibility limit (200% federal poverty level as compared to 160%), the age limit is increased from 13 to 19 years-of-age, and an increased reimbursement rate is available to child care providers who are caring for a child with special needs.**

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

[x] Yes.

[ ] No. If no, describe:

b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

1. 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.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.

6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.

7. Any changes in residency within the State or Territory.

[x] Yes.

[ ] No. If no, describe:

c. Are the policies different for redetermination?

[x] No.

[ ] Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. **[x]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **Families are eligible for Child Care Assistance (CCA) when the parent or parents are looking for employment. If employment is found within three months the certification period continues the full 12 months. If employment is not found after three months the certification period is cancelled.**

ii. **[x]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **If a parent is seeking employment at redetermination they can be eligible for three months. If they find employment within three months the certification period continues for a full 12 months. If the parent has not found employment within three months the certification period is cancelled.**

iii. **[ ]** No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

[ ] Yes. The Lead Agency continues assistance.

[x] No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **When a recipient family reports a job loss or termination of an education or training program they may continue to be eligible for assistance for up to three months. If the family member is not engaging in another eligible need for service (employment, education, job training) after three months then assistance is discontinued.**

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **Families are required to report job loss or cessation of education or training programs to the Lead Agency. Family report triggers the**

start of the job-search period.

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **3 months**

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. **[ ]** Not applicable.

ii. **[ ]** 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.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

iii. **[x]** A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **The family is required to report change in residency outside of the state. A notice of cancellation is sent to the family and assistance is discontinued 10 or more days after the notice of cancellation.**

iv. **[ ]** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance:

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

[x] Yes.

[ ] No. If no, describe:

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead

Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

(i) 85 percent of SMI for a family of the same size; or,
(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 family with a low income
    (B) Provides justification that the second eligibility threshold is:
        (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes 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 must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

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

a. **[ ]** Not applicable. 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. (If checked, skip to question 3.1.1.)

b. **[ ]** The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:

    i. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

    ii. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

c. **[x]** 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. If checked, provide the following information:

i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three: **$4,842, 66.2% SMI**

ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: **In addition to our second tier of eligibility Iowa has a third state-funded eligibility tier so that families can continue to receive CCA until 250% FPL. While FPL does not line up directly with SMI, 250% FPL approximates and sometimes exceeds 85% SMI.**

iii. Describe how the second eligibility threshold 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: **The 250% FPL exit tier allows for a significant increase in income for families before they would no longer be eligible. For a family of 3 the initial tier of eligibility is 160% of FPL or not more than $3,443 in gross monthly income. To exceed the 250% FPL the family would have to increase their earnings to over $5,180 in gross monthly income. This allows for a raise of more than $10 per hour before the family would become ineligible.**

iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: **The Lead Agency sends renewal paperwork to all families in advance of their annual redetermination. At each annual redetermination the family must provide updated documentation around eligibility requirements so the Lead Agency can determine continued eligibility. This information can be returned through postal mail, e-mail, online forms, FAX or dropped off in person at a local DHS office and does not require an in-person interview. As long as the family's income has not exceeded 250% FPL and they meet all other eligibility requirements they will continue to receive annual renewal certifications.**

v. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

vi. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead

Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **6.5%**

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

[x] Yes.

[ ] No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

a. Is the sliding fee scale set statewide?

[x] Yes.

[ ] No. If no, describe how the sliding fee scale is set:

b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

--	A	B	C	D	E	F
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	**1255.00**	**0.00**	**0.00**	**2008.00**	**0.00**	**0.00**
2	**1704.00**	**8.00**	**0.50**	**2726.00**	**178.00**	**6.50**
3	**2152.00**	**18.00**	**0.80**	**3443.00**	**188.00**	**5.50**
4	**2600.00**	**28.00**	**1.10**	**4160.00**	**198.00**	**4.80**
5	**3049.00**	**28.00**	**0.90**	**4878.00**	**198.00**	**4.10**

c. What is the effective date of the sliding-fee scale(s)? **7/1/2024**

d. Provide the link(s) to the sliding-fee scale(s): **https://hhs.iowa.gov/programs/programs-and-services/child-care/CCA**

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

[ ] No.

[x] 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 does not provide a barrier and promotes affordability and access for families: **During the 2022 legislative session access to child care was a key topic. The Iowa legislature heard from a number of child care providers that they limited the number of children on child care assistance that their program would take because private pay clients were financially more viable for their child care business. In the 2022 legislative session a code change was passed to allow child care providers to charge child care assistance clients the difference between what the state CCA program pays and what they charge private-pay clients, with the intent that CCA clients may be able to access more options if they were allowed to pay the difference. The additional payments must be agreed upon in writing between the child care provider and the CCA client.**

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: **The Lead agency is in the process of developing a systematic procedure to collect this**

information on an ongoing basis. Current information regarding the extent of this practice comes from surveys questions that were part of the Narrow Cost Analysis and price information from a reimbursement project for foster parents. The Narrow Cost Analysis used a representative sample of Iowa's provider population. Based on that survey 35% of centers and 43% of child development homes charge families additional amounts. The Lead Agency also has a pilot program in which foster parents are reimbursed for the additional amounts that child care providers are allowed to charge to families. Based on information from the 43 participating families (verified by the child care provider) additional amounts range from $14 per month to $330 per month with an average of $234 per month.

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

i. **[x]** The fee is a dollar amount and (check all that apply):

[ ] 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 a certain number of children.

[x] The fee is per family.

[ ] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

[x]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://hhs.iowa.gov/media/12445/download?inline=). 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.

ii. **[ ]** The fee is a percent of income and (check all that apply):

[ ]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 a 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:

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

[ ] No.

[x] Yes.

If yes, check and describe those additional factors below:

i. **[ ]** Number of hours the child is in care. Describe:

ii. **[ ]**Quality of care (as defined by the Lead Agency). Describe:

iii. **[x]** 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.**

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. **[ ]** Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. **[ ]** Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. **[ ]**Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

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

[ ] No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

[x] Yes. If yes, identify and describe which family contributions/co-payments waived.

i. **[x]**Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. **[ ]**Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. **[ ]**Families experiencing homelessness.

iv. **[ ]**Families with children with disabilities.

v. **[ ]**Families enrolled in Head Start or Early Head Start.

vi. **[x]**Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Children involved in the child welfare system who have been determined to be in need of protective child care and children in foster care that are eligible for CCA are not assessed a co-pay by the lead agency.**

vii. **[ ]**Families meeting other criteria established by the Lead Agency. Describe the policy:

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies 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 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **The Lead Agency received feedback from providers through the survey that was part of the Narrow Cost Analysis as well as through feedback sessions held to inform the CCDF State Plan. In both instances the top two concerns were reimbursement rates being less than their private pay tuition and difficult in understanding the CCA process/paperwork. Some additional concerns that were mentioned were payment based on attendance instead of slot which is different than how they charge private pay clients and challenges with parents understanding CCA.**

b. Does the Lead Agency offer child care assistance through vouchers or certificates?

[x] Yes.

[ ] No.

c. Does the Lead Agency offer child care assistance through grants or contracts?

[ ] Yes.

[x] No.

d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **The families are informed through multiple methods that that they may choose from a variety of child care arrangements. The lead agency's website, as well as consumer education materials from Iowa Child Care Resource and Referral describe the family's ability to choose from providers that have a CCA agreement with the Lead Agency. Additionally, the CCA application allows families to write in the child care provider that they wish to use. Upon review of the application if that provider does not currently have a CCA agreement with the Lead Agency, eligibility staff will let the family know that they can either choose a different provider or they can ask their desired provider to enter into a CCA agreement with the Lead Agency.**

e. Describe what information is included on the child care certificate: **Families are issued a Notice of Decision (NOD) which includes the following: notice date, case number, worker name and phone number, action taken (i.e. approved or denied), when care is approved for (for all eligible children), the child care provider chosen for each child, the monthly income calculation that was determined by the lead agency, what changes they need to report, that they have the right to reapply at any time, and their appeal rights.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (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, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

a. **[x]** Market rate survey.

   i. When were the data gathered (provide a date range; for instance, September – December 2023)? **October 2022 through September 2023**

b. **[ ]** ACF pre-approved alternative methodology.

i. **[ ]** The alternative methodology was completed.

ii. **[ ]** The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

iii. State Advisory Council or similar coordinating body: **The Lead Agency attends quarterly SAC meetings and coordinates with ECI staff on agenda items. At one of the SAC quarterly meetings lead agency staff discussed the plan to contract with Iowa State University(ISU) to conduct the analysis of the MRS data and collection and analysis of the NCA data. Feedback from the SAC was supportive of contracting with ISU.**

iv. Local child care program administrators: **The lead agency consulted the Workforce Committee in September of 2022 regarding contracting with Iowa State University to analyze MRS data and to collect and analyze the NCA data. The workforce committee, which has child care program administrators and they were supportive of this plan. Additionally Iowa State University held focus groups with program administrators from both home-based and center-based child care to obtain feedback on the NCA survey questions and logistics of the survey. Questions were reworded or modified based on this feedback.**

v. Local child care resource and referral agencies: **The lead agency consulted the CCR&R Network Team, which is made up of the Regional Directors for all five regional CCR&R organizations. They were supportive of contracting with Iowa State University to analyze MRS data and collect and analyze the NCA data. Additionally, CCR&R staff that consult directly with child care programs attended a focus group held by Iowa State University and provided feedback on the NCA survey questions and logistics of the survey.**

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The workforce committee which was consulted as described above contains individuals that represent Iowa Association for the Education of Young Children, Early Childhood Iowa, Iowa Women's Foundation, institutions of higher education, First Children's Finance, HeadStart recipients and**

the HeadStart State Collaboration office.

vii. Other. Describe: **N/A**

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

i. When was the market rate survey completed? **9/1/2023**

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **Iowa CCR&R is required to update all provider rates at least one time per year and all provider rates in their data system had been updated within the last year at the time that the data was pulled in September 2023.**

iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The Child Care Resource and Referral system contains licensed center-based programs, licensed family child care homes and license-exempt family child care homes. Iowa does not have licensed-exempt child care centers.**

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **The National Data System powered by WorkLife Systems which is used by Iowa's Child Care Resource and Referral agencies.**

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **Child care providers are able to update their rate information in an online portal, through the phone or email by contacting their child care consultant or through a paper form that is mailed to them. Child Care Resource and Referral staff monitor the NDS database and reach out to providers to ensure that no provider rate information is not more than 1 year old.**

vi. What is the percent of licensed or regulated child care centers responding to the survey? **87.00**

vii. What is the percent of licensed or regulated family child care homes responding to the survey? **93.00**

viii. Describe if the survey conducted in any languages other than English: **: Child Care Resource and Referral staff have access to translation lines if needed to assist child care providers in completing updates of their provider information.**

ix. Describe if data were analyzed in a manner to determine price of care per child: **Data were analyzed to determine price of care per child based on the age of child (infant/toddler, preschool or school-age) and the type of program (licensed center, Category A/B Child Development Homes, Category C Child Development Homes, and Non-Registered Child Care Homes).**

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **N/A**

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The Market Rate Survey included rates from 87% of center-based providers and 93% of home-based providers in the state. There were respondents from all counties in the state including rural and urban areas. Rates were analyzed by urban and rural zip codes.**

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The Market Rate Survey data was analyzed by provider type including licensed centers and homes (called registered child development homes in Iowa). Iowa does not have licensed-exempt centers and we were unable to analyze data for licensed-exempt homes due low response rate.**

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The Market Rate Survey data was analyzed for each provider type by three age categories infant/toddler, preschool and school-age.**

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The market rate survey data was also analyzed by QRIS level (i.e. level 1-2, level 3-4, level 5) and center size (i.e. small, medium, large).**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The Lead Agency contracted with Iowa State University to conduct the narrow cost analysis. A combination of a cost survey and cost modeling data were used to complete the NCA. Data for costs**

related to staffing were taken from the 2023 Iowa Child Care Workforce Study. Surveys were used to collect direct cost for limited expendable, operational, and outsources costs and estimated for total of each type of cost using 2020 Narrow Cost Analysis estimates and focus group input from child care financial experts, licensed center administrators, and child development home small business owners.

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? Differences were identified by geographic location and age of child. Differences in per child per day cost were identified in rural versus urban geography, with urban areas having a higher per child per day cost. This was driven primarily by differences in staff costs. Additionally were differences noted per age group, with the highest per-child-per day costs for infants/toddlers, then preschoolers and the lowest per child per day costs for school-agers. These differences were mostly based on our improved ability to estimate staff costs more precisely and spread classroom staff costs by the age-specific teacher-child ratio and group size. Differences between center-based and home-based care is hard to compare due to the fact that we are able to breakdown per child per day costs by age group in center-based care and we are not able to do the same in home-based care. The per child per day cost in home-based settings is approximately equivalent to the per child per day cost for infants/toddlers in center-based care.

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? The following assumptions were used to estimate costs for center-based care: Programs operating less than seven hours per day were considered part-time. Enrollment was calculated in full time equivalent (FTE) with children enrolled part-time counted as .5 FTE Non-teaching staff costs were spread evenly among FTE regardless of age. Teaching staff costs were calculated at the median wage for the specified education level reported in the 2023 Iowa Child Care Workforce Study. Classroom staffing of teaching staff was calculated at 1 lead teacher and 1.6 assistant teachers per day. Enrollment used to calculate teaching staff cost was set at 8 infants and toddlers, 16 preschoolers, and 20 school age children per classroom. Before and After School Program (BASP) teaching staff costs were calculated at 4 hrs/day of lead teacher time and 3 hrs/day of assistant teacher time. Legally required employee benefits costs were calculated at 7.65% of wages (FICA) plus $420 annually for each director, other administrator, lead teacher, and one assistant teacher per classroom (FUTA), and Iowa unemployment taxes and disability insurance was calculated as 2% of staff wages. The following assumptions were used to estimate cost for registered child development homes: Providers worked 63 hrs/week (median reported hours) in models using reported hours per week to calculate costs. Provider wage costs were calculated to include 15.3% self-employment tax rate. All costs were spread equally across enrolled children, regardless of age. This helps to manage the complexity of possible age combinations for CDH that is different than center-based care. Similarly, reported enrollment FTE is used in calculations for CDH, as opposed to regulatory group sizes. FTE was calculated as one reported full-time enrolled child or two children reported as part-time.

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead

Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **Estimated costs at various levels of quality used Iowa's IQ4K levels to operationalize quality. For the sake of having large enough groups for meaningful analysis, we grouped participants into four categories not engaged, currently working toward first rating, levels 1-3, and levels 4-5. Regression analyses were conducted to examine differences in base cost to provide care for non-staff related costs. Controlling for program group, there were not significant differences in base non-staff operating costs by IQ4K group. However, we note that the education criteria for IQ4K levels 4 and 5 most closely align with the high education. Therefore, additional costs wages costs for high education levels were used. We calculated additional costs reported by participants as specific to their efforts towards IQ4K, specific examples of these efforts are in the detailed MRS report. Respondents also had an open-ended opportunity to describe any additional costs.**

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **For licensed centers there was not a gap between the 75th percentile of the market rate and the average per child per day cost of care for preschool aged children, school-aged children. For infants and toddlers in rural centers there was not a gap between the 75th percentile of the market rate and the per child per day cost, however, for infants and toddlers in urban centers the cost of care exceeded the 75th percentile of the market rate by $1.14 to $7.70 per day. For Child Development Homes the per child cost per day I not done by age group however there was a gap noted between the 75th percentile of the market rates and the per child per day average for all age groups, ranging from $6.37 to $28.93 per day. Current legislation directs the department to set CCA's tiered reimbursement rates between 65th and the 80th percentile of the market rate survey. Since there is a gap between price and cost for infant/toddler slots in both center-based and home-based programs the Lead Agency specifically supported allowing the infant/toddler base rates to be set at the 75th or higher percentile for all tiers instead of starting at the 65th percentile. Since the cost analysis was not fully completed until after legislative session was finished the Lead Agency intends to continue to review the NCA data and provide additional information to the legislature.**

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

i. Provide the date the report was completed: **5/13/2024**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **5/15/2024**

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **https://hhs.iowa.gov/media/13428/download?inline The Lead Agency notified providers and stakeholders through distribution lists when the report was available on the website. Additionally CCR&R released social media posts to make the public aware.**

iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The Lead Agency consulted with providers and stakeholders prior to contracting with Iowa State University (ISU) to analyze the market rate data and conduct and analyze the narrow cost analysis. Feedback from providers indicated that they believed their prices and especially their costs vary based on key factors such as geographic location (urban vs rural), type of program (non-profit, for profit) and types of benefits provided to employees. This information informed the analysis of both the market rate survey and the narrow cost analysis as the information was broken up in multiple different ways to try to determine what factors influenced price and cost.**

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates 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. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

[x] Yes.

i. If yes, check if the Lead Agency:

[x] Sets the same payment rates for the entire State or Territory.

[ ] Sets different payment rates for different regions in the State or Territory.

[ ] No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/1/2024**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **Rates are published in "units" which is a 5-hour time period. Full-time care is considered 2 units per day five days a week so 10 units per week was used to calculate a weekly rate.**

4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	256.60 Per Week	85.00	256.60	75.00	206.66	225.00	256.60		
Family Child Care for Infants (6 months)	166.30 Per Week	85.00	166.30	75.00	150.00	150.00	166.30		
Center Care for Toddlers (18 months)	256.60 Per Week	85.00	256.60	75.00	206.66	225.00	256.60		
Family Child Care for Toddlers (18 months)	166.30 Per Week	85.00	166.30	75.00	150.00	150.00	166.30		
Center Care for Preschoolers (4 years)	195.00 Per Week	85.00	195.00	65.00	175.00	185.00	215.00		
Family Child Care for Preschoolers (4 years)	150.00 Per Week	85.00	150.00	65.00	150.00	150.00	160.00		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for School-Age (6 years)	165.00 Per Week	85.00	165.00	65.00	150.00	160.00	175.00		
Family Child Care for School-Age (6 years)	150.00 Per Week	85.00	150.00	75.00	135.00	140.00	150.00		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

[x] Yes.

[ ] No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

[ ] Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid:

[x] No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

[x] Yes.

[ ] No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based

on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i. **[ ]** Differential rate for non-traditional hours. Describe:

ii. **[x]** Differential rate for children with special needs, as defined by the Lead Agency. Describe: **Providers caring for a child with special needs that are documented have a maximum rate that is 1.5 times whatever rate the provider is eligible for.**

iii. **[ ]** 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:

iv. **[ ]** 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:

v. **[x]** Differential rate for higher quality, as defined by the Lead Agency. Describe: **The Lead Agency has a tiered rates based on the provider's Iowa Quality for Kids(IQ4K) level, which is Iowa's QRIS. Providers with a current Level 1 or 2 in IQ4K have a higher ceiling rate than providers with no IQ4K rating. Providers with a current level 3 or 4 in the IQ4K have a higher ceiling rate than providers with a Level 1 or 2. Providers with a level 5 in IQ4K have the highest ceiling rate. These rates set at increasingly higher percentiles of the MRS to encourage participant in Iowa's QRIS.**

vi. **[ ]** Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

[x] Yes. If yes, describe: **The Lead Agency pays the provider their private pay rate up to the CCA ceiling rate based on the child's age, provider's program type and IQ4K rating level.**

[ ] No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **Iowa Code gives the legislature the authority to set rates for the Child Care Assistance program. The Lead Agency provided MRS results and recommendations to the legislature.**

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The Narrow Cost Analysis reinforces that licensed child care center rates are in alignment for cost of care. Additionally, while conducting a red tape review of rules and regulations and level of burden, child care centers have largely agreed that existing health and safety regulations are not a burden to**

operations. Family child care home rates were also increased as part of the Market Rate Survey and Narrow Cost Analysis. The lead agency continues to evaluate the sophistication and accuracy of family child care home survey data given our understanding of a lack of professional financial management practices. As such, the lead agency continues to focus on providing supports and technical assistance on sound business practices to provide sustainable outcomes as well as improved data for decision making.

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The Lead Agency used the NCA to confirm that the largest gap was between price and cost was for infants/toddlers and we continue to prioritize the infant/toddler rates at the 75th or higher percentiles.**

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The Lead Agency tiers CCA reimbursement rates so that providers at increasing levels of the states QRIS receive increased reimbursement rates.**

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **N/A**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (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. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must 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 have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based

payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

[ ] Yes. If yes, describe:

[x] No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **The Lead Agency acknowledges the CCDF regulations regarding prospective payment changed effective 4/30/2024. The Lead Agency's current IT system that handles provider payments does not have the capability to pay prospectively and the Lead Agency is exploring new IT solutions to meet this requirement. The Lead Agency intends to submit a waiver request to come into compliance on this provision.**

b. Does the Lead Agency pay based on authorized enrollment for all provider types?

[ ] Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

[ ] No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

[x] It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: **The Lead Agency acknowledges the CCDF regulations regarding payment based on enrollment changed effective 4/30/2024. The Lead Agency's current IT system that handles provider payments does not have the capability to pay based on enrollment and the Lead Agency is exploring new IT solutions to meet this requirement. The Lead Agency intends to submit a waiver request to come into compliance on this provision.**

4.4.2 Other payment practices

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, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

[x] Yes.

[ ] No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

[ ] Yes. If yes, identify the fees the Lead Agency pays for:

[x] No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: **The Lead Agency directs Child Care Resource and Referral to collect information on all licensed and licensed-exempt providers throughout the state, including if they charge mandatory registration fees. As of April 2024 only 34% of licensed providers and .04% of licensed-exempt providers indicated that they charge a mandatory registration fee.**

c. Describe how 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: **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.**

d. Describe how 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: **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 which 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.**

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **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 Health and 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 or 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.

f. Other. Describe any other payment practices established by the Lead Agency: **N/A**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **The Lead agency currently has a timeliness policy to pay completed provider invoices within seven business days. Timeliness of payment information is tracked by the Lead Agency and over 99% of the time payments are made within the 7 business day timeframe. This policy applies to all child care providers (licensed and licensed-exempt) to incentivize a full range of providers to participate in the CCA program. This shows up in the number of child care providers willing to accept CCA payments. When the data was checked in April of 2023 84.2% of child care providers had an active CCA provider agreement.**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

[ ] Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

[ ] Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

[x] No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **The lead agency currently contracts for wraparound services for HeadStart, Title 1 preschool and special education classrooms but**

does not currently funds slots absent these core programs. The Lead Agency is requesting a waiver for this requirement and will be reviewing data from our new Iowa Child Care Connect dashboards to identify areas of greatest need.

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

[ ] Children with disabilities. Number of slots allocated through grants or contracts:

[ ] Infants and toddlers. Number of slots allocated through grants or contracts:

[ ] Children in underserved geographic areas. Number of slots allocated through grants or contracts:

[ ] Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

[ ] School-age children. Number of slots allocated through grants or contracts:

[ ] Children experiencing homelessness. Number of slots allocated through grants or contracts:

[ ] Children in urban areas. Percent of CCDF children served in an average month:

[ ] Children in rural areas. Percent of CCDF children served in an average month:

[ ] Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

4.5.2 Care in the child's home (in-home care)

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

Will the Lead Agency limit the use of in-home care in any way?

[x] Yes.

[ ] No.

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

i. **[x]** Restricted based on the minimum number of children in the care of the in-home 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**

ii. **[x]** Restricted based on the in-home provider meeting a minimum age requirement. Describe: **Provider must be at least 18 years of age**

iii. **[ ]** Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

iv. **[ ]** Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:

v. **[ ]** Restricted to care for children with special needs or a medical condition. Describe:

vi. **[ ]** Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

vii. **[ ]** Other. Describe:

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

a. In infant and toddler programs:

i. Data sources used to identify shortages: **The Lead Agency, in partnership with Iowa State University has developed an operational data store called Child Care Connect (C3). Iowa child care providers' desired capacity and vacancies (supply data) is sent to C3 from child care management systems, CCR&R's database (National Data System by WorkLife Systems) and monthly provider data collection forms. Demand estimates are generated based on birth records and a statistical estimation model. Integrated into C3, this data powers four interactive data dashboards that generate meaningful visualizations for current child care vacancies, total supply, demand estimates and supply compared to demand. The new dashboards were launched in June of 2024. Lead Agency staff are able to use the dashboards to filter by child age groups, program type, city, county and demand level to view different aspects of the child care supply and demand data.**

ii. Method of tracking progress: **All four dashboards referenced above have graphs that track data trends over time and can be filtered by the age category of infants/toddlers. With the launch of the dashboards in June 2024, trend data is captured beginning in April 2024. The data will grow over time and allow the Lead Agency to track progress. The Lead Agency is in the process of determining team members responsible for reviewing and solidifying the process for reviewing this data quarterly.**

iii. What is the plan to address the child care shortages using family child care homes **The Lead Agency is currently using the dashboards launched in June 2024 to analyze gaps between demand estimates and supply of child care slots for infants/toddlers. Based on the data analysis, the Lead Agency will develop strategies at the state-level. Additionally, the Lead Agency is training stakeholder groups throughout the state such as staff from CCR&R agencies, local Early**

Childhood Iowa area boards, Head Start grantees and delegates, Iowa Afterschool Alliance, local economic development agencies, community action agencies and United Way agencies on how to use the dashboards. The intent is to empower local communities to use the data to be a part of the development of local-level solutions that fit the unique needs of that community.

iv. What is the plan to address the child care shortages using child care centers? The Lead Agency is currently using the dashboards launched in June 2024 to analyze gaps between demand estimates and supply of child care slots for infants/toddlers. Based on the data analysis, the Lead Agency will develop strategies at the state-level. Additionally, the Lead Agency is training stakeholder groups throughout the state such as staff from CCR&R agencies, local Early Childhood Iowa area boards, Head Start grantees and delegates, Iowa Afterschool Alliance, local economic development agencies, community action agencies and United Way agencies on how to use the dashboards. The intent is to empower local communities to use the data to be a part of the development of local-level solutions that fit the unique needs of that community.

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: The Lead Agency, in partnership with Iowa State University, has developed an operational data store called Child Care Connect (C3). Iowa child care providers' desired capacity and vacancies (supply data) is sent to C3 from child care management systems, CCR&R's database (National Data System by WorkLife Systems) and monthly provider data collection forms. Demand estimates are generated based on birth records and a statistical estimation model. Integrated into C3, this data powers four interactive data dashboards that generate meaningful visualizations for current child care vacancies, current supply, demand estimations, and supply compared to demand. The new dashboards launched in June of 2024. Lead Agency staff are able to use the dashboards to filter by child age groups, program type, city, county and demand level to view different aspects of supply and demand data.

ii. Method of tracking progress: All four dashboards referenced above have graphs that track data trends over time. The dashboards can be filtered by city and county to look at the data for specific counties and regions. With the launch of the dashboards in June 2024, trend data is captured beginning in April 2024. The data will grow over time and allow the Lead Agency to track progress. The Lead Agency is in the process of determining team members responsible for reviewing and solidifying a the process for reviewing this data quarterly.

iii. What is the plan to address the child care shortages using family child care homes? The Lead Agency is currently using the dashboards launched in June 2024 to analyze gaps between demand estimates and supply of child care slots in counties and regions throughout the state. Based on the data analysis, the lead agency will develop strategies at the state-level. Additionally, the Lead Agency is training stakeholder groups throughout the state such as staff from CCR&R agencies, local Early Childhood Iowa area boards, Head Start grantees and delegates, Iowa Afterschool Alliance, local economic development agencies, community action agencies and United Way agencies on how to use the

dashboards. The intent is to empower local communities to use the data to be a part of the development of local-level solutions that fit the unique needs of that county or region.

iv. What is the plan to address the child care shortages using child care centers? The Lead Agency is currently using the dashboards launched in June 2024 to analyze gaps between demand estimates and supply of child care slots in counties and regions throughout the state. Based on the data analysis, the lead agency will develop strategies at the state-level. Additionally, the Lead Agency is training stakeholder groups throughout the state such as staff from CCR&R agencies, local Early Childhood Iowa area boards, Head Start grantees and delegates, Iowa Afterschool Alliance, local economic development agencies, community action agencies and United Way agencies on how to use the dashboards. The intent is to empower local communities to use the data to be a part of the development of local-level solutions that fit the unique needs of that county or region.

c. In care for special populations:

i. Data sources used to identify shortages: The Lead Agency, in partnership with Iowa State University, has developed an operational data store called Child Care Connect (C3). Iowa child care providers' desired capacity and vacancies (supply data) is sent to C3 from child care management systems, CCR&R's database (National Data System by WorkLife Systems) and monthly provider data collection forms. Demand estimates are generated based on birth records and a statistical estimation model. Integrated into C3, this data powers a new child care search application. The application can be filtered to identify programs with experience and training in supporting children with special needs and programs that are open during non-traditional hours. Lead Agency staff are able to use this application to identify the number and geographic locations of programs that serve these special populations..

ii. Method of tracking progress: The lead agency is in the process of determining team members responsible for reviewing and solidifying the process for reviewing this data quarterly.

iii. What is the plan to address the child care shortages using family child care homes? The Lead Agency is currently analyzing data to determine any shortages. Based on the data analysis, the Lead Agency will develop strategies at the state-level and/or collaborate with local communities that have supply shortages.

iv. What is the plan to address the child care shortages using child care centers? The Lead Agency is currently analyzing data to determine any shortages. Based on the data analysis, the Lead Agency will develop strategies at the state-level and/or collaborate with local communities that have supply shortages.

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

a. Underserved geographic areas. Describe: **The Lead Agency is currently analyzing data from our child care dashboards powered by C3 that launched in June 2024 to determine geographic areas that are underserved. Based on the data analysis, the Lead Agency will determine strategies to implement. Additionally, the Lead Agency is training stakeholder groups throughout the state such as staff from CCR&R agencies, local Early Childhood Iowa area boards, Head Start grantees and delegates, Iowa Afterschool Alliance, local economic development agencies, community action agencies and United Way agencies on how to use the dashboards. The intent is to empower local communities to use the data to be a part of the development of local-level solutions that fit the unique needs of that community.**

b. Infants and toddlers. Describe: **The Lead Agency is currently analyzing data from our child care dashboards powered by C3 that launched in June 2024 to determine areas that have a gap between estimated demand and supply of infant/toddler slots. Based on the data analysis, the Lead Agency will determine strategies to implement. Additionally, the Lead Agency is training stakeholder groups throughout the state such as staff from CCR&R agencies, local Early Childhood Iowa area boards, Head Start delegates and grantees, Iowa Afterschool Alliance, local economic development agencies, community action agencies and United Way agencies on how to use the dashboards. The intent is to empower local communities to use the data to be a part of the development of local-level solutions that fit the unique needs of that community.**

c. Children with disabilities. Describe: **As part of the Shared Services Project, the Lead Agency launched a new child care search application in June 2023. The application is powered by data from C3 to support families searching for child care. The search portal can identify programs with education and training that support children with special needs. The Lead Agency will use this application to identify the number and location of programs with education and training that support children with special needs. Based on data analysis of this information, the Lead Agency will implement strategies such as targeted professional development opportunities to increase workforce knowledge**

d. Children who receive care during non-traditional hours. Describe: **As part of the Shared Services Project, the Lead Agency launched a new child care search application in June 2023. The application is powered by data from C3 to support families searching for child care. The search portal can identify programs that operate during non-traditional hours. The Lead Agency will use this application to identify the number and location of programs that operate during non-traditional hours. Based on data analysis of this information, the Lead Agency will determine appropriate strategies through collaborations with stakeholders and employers in local communities that need more care during non-traditional hours.**

e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **N/A**

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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.

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 access to high-quality programs. **Using the C3 child care data dashboards that launched in June 2024, the Lead Agency will complete a data analysis of the availability and quality of child care slots in the 10 counites with the highest poverty and unemployment rates. Based on the data analysis, the Lead Agency will determine strategies to implement to support child care service needs.**

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, 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 by the Lead Agency. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

a. Identify the center-based provider types subject to child care licensing: **A licensed child care center is defined as a center that has been issued a full or provisional license. A facility providing care for seven or more children is required to have a child care license unless exempt under Iowa Code 237A.1 Licensed centers must meet requirements in the following areas which are outlined in Iowa Administrative Rules 441.109: adequate floor plan and fire marshal's report, preinspection, annual inspection, policies for fees, enrollment, field trips, discipline, nutrition, and health and safety policies. Developmentally appropriate curriculum, parent participation, personnel, professional growth and development, staff ratio requirements, Records, physical facility requirements, activity program requirements, food services, and if applicable: extended evening care and get well center**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

b. Identify the family child care providers subject to licensing: **Any person providing childcare in their own home can apply to be a registered child development home. Effective July 1, 2021, those serving more than 5 children plus one school ager (total 6) are required to register. Child Development Homes must apply every 2 years and are subject to pre-inspection and annual inspection. CDH's must meet requirements in the following areas outlined in Iowa Administrative Rules 441.110: 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**

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

c. Identify the in-home providers subject to licensing: **Iowa does not have in-home providers subject to licensing.**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

a. License-exempt center-based child care. Describe by answering the questions below.

   i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Iowa does not have any license-exempt center-based programs that are eligible to receive CCDF.**

   ii. Describe the 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. **N/A**

   iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**

b. License-exempt family child care. Describe by answering the questions below.

   i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Iowa code allows Child Care Homes with six children or less, as long as one is a school-ager, to not 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 prior to approval of a provider agreement. Child Care Homes that receive CCDF funds are subject to annual inspection and required to follow minimum health, fire and safety standards.**

   ii. Describe the 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. **License-exempt Child Care Homes are able to care for five children of any age plus one school-aged child for a total of 6.**

   iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Programs have minimum health and safety standards reviewed during annual inspection and renewal of Child Care Assistance Provider Agreement.**

c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.

   i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **Iowa allows in-home care if there are 3 or more children in one family that need care, however In-home providers are paid with state funds so do not receive CCDF funds.**

   ii. Describe the 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. **N/A**

   iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the Lead Agency defines the following age classifications (e.g., Infant: 0 – 18 months).

a. Infant. Describe: **0-24 months**

b. Toddler. Describe: **0-24 months**

c. Preschool. Describe: **Over 24 months but not yet attending Kindergarten**

d. School-Age. Describe: **Enrolled in Kindergarten or higher**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **1adult:4 children**

Group size: **The State Fire Marshal and inspection ultimately determines the total building capacity however through the evaluation of below information, the Lead Agency issues a Certificate of License with the total allowable number of children that can be served. The annual licensing report shows the maximum capacity by age group for the child care center. Iowa Administrative Rules outline a multitude of sections that determine the maximum allowable capacity for a licensed child care facility, effectively defining group size. 441.109.8(2) outline staff to child ratios including combinations of age groups permitted. 441IAC 109.11(1) require program room size to be a minimum of 80 square feet of usable floor space or sufficient floor space to provide 35 square feet of usable floor space per child. In rooms where floor space is occupied by cribs is counted as usable floor space, there shall be 40 square feet of floor space per child. Kitchens, bathrooms, halls, lobby areas, storage areas, and other areas of the center not designed as activity space for children shall not be used as regular program space or counted as usable floor space. 441 IAC 109.11(4) required at least one functioning toilet and sink for each 15 children ages two years and older. At least one sink shall be provided in program rooms for infants and toddlers or in an adjacent area other than the kitchen.**

ii. Toddler.

Ratio: **1 adult:4 children**

Group size: **The State Fire Marshal and inspection ultimately determines the total building capacity however through the evaluation of below information, the Lead Agency issues a Certificate of License with the total allowable number of children that can be served. The annual licensing report shows the maximum capacity by age group for the child care center. Iowa Administrative Rules outline a multitude of sections that determine the maximum allowable capacity for a licensed child care facility, effectively defining group size. 441.109.8(2) outline staff to child ratios including combinations of age groups permitted. 441IAC 109.11(1) require program room size to be a minimum of 80 square feet of usable floor space or sufficient floor space to provide 35 square feet of usable floor space per child. In rooms where floor space is occupied by cribs is counted as usable floor space, there shall be 40 square feet of floor space per child. Kitchens, bathrooms, halls, lobby areas, storage areas, and other areas of the center not designed as activity space for children shall not be used as regular program space or counted as usable floor space. 441 IAC 109.11(4) required at least one functioning toilet and sink for each 15 children ages two years and older. At least one sink shall be provided in program rooms for infants and toddlers or in an adjacent area other than the kitchen.**

iii. Preschool.

Ratio: **Age 2: 1 adult: 7 children**
Age 3: 1 adult: 10 children
Age 4: 1 adult: 12 children

Group size: **The State Fire Marshal and inspection ultimately determines the total building capacity however through the evaluation of above information, the Lead Agency issues a Certificate of License with the total allowable number of children that can be served. This certificate shows the maximum capacity by age group for the child care center Iowa Administrative Rules outline a multitude of sections that determine the maximum allowable capacity for a licensed child care facility, effectively defining group size. 441.109.8(2) outline staff to child ratios including combinations of age groups permitted. 441IAC 109.11(1) require program room size to be a minimum of 80 square feet of usable floor space or sufficient floor space to provide 35 square feet of usable floor space per child. In rooms where floor space is occupied by cribs is counted as usable floor space, there shall be 40 square feet of floor space per child. Kitchens, bathrooms, halls, lobby areas, storage areas, and other areas of the center not designed as activity space for children shall not be used as regular program space or counted as usable floor space. 441 IAC 109.11(4) required at least one functioning toilet and sink for each 15 children ages two years and older. At least one sink shall be provided in program rooms for infants and toddlers or in an adjacent area other than the kitchen.**

iv. School-Age.

Ratio: **1 adult: 15 children**

Group size: **The State Fire Marshal and inspection ultimately determines the total building capacity however through the evaluation of above information, the Lead Agency issues a Certificate of License with the total allowable number of children that can be served. This certificate shows the maximum capacity by age group for the child care center .Iowa Administrative Rules outline a multitude of sections that determine the maximum allowable capacity for a licensed child care facility, effectively defining group size. 441.109.8(2) outline staff to child ratios including combinations of age groups permitted. 441IAC 109.11(1) require program room size to be a minimum of 80 square feet of usable floor space or sufficient floor space to provide 35 square feet of usable floor space per child. In rooms where floor space is occupied by cribs is counted as usable floor space, there shall be 40 square feet of floor space per child. Kitchens, bathrooms, halls, lobby areas, storage areas, and other areas of the center not designed as activity space for children shall not be used as regular program space or counted as usable floor space. 441 IAC 109.11(4) required at least one functioning toilet and sink for each 15 children ages two years and older. At least one sink shall be provided in program rooms for infants and toddlers or in an adjacent area other than the kitchen.**

v. Mixed-Age Groups (if applicable).

Ratio: **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. Combinations of age groupings for children between three years of age and five years of age may be allowed with a staff of 1 to every 12 children. Children between 18 months and 3 years of age may be combined, if appropriate to the developmental needs of the child. If a child under 2 years is combined, the staff ratio of 1 to 7 shall be maintained, otherwise staff ratio may be determined by the age of the majority of the children in the group.**

Group size: **The State Fire Marshal and inspection ultimately determines the total building capacity however through the evaluation of above information, the Lead Agency issues a Certificate of License with the total allowable number of children that can be served. This certificate shows the maximum capacity by age group for the child care center .Iowa Administrative Rules outline a multitude of sections that determine the maximum allowable capacity for a licensed child care facility, effectively defining group size. 441.109.8(2) outline staff to child ratios including combinations of age groups permitted. 441IAC 109.11(1) require program room size to be a minimum of 80 square feet of usable floor space or sufficient floor space to provide 35 square feet of usable floor space per child. In rooms where floor space is occupied by cribs is counted as usable floor space, there shall be 40 square feet of floor space per child.**

Kitchens, bathrooms, halls, lobby areas, storage areas, and other areas of the center not designed as activity space for children shall not be used as regular program space or counted as usable floor space. 441 IAC 109.11(4) required at least one functioning toilet and sink for each 15 children ages two years and older. At least one sink shall be provided in program rooms for infants and toddlers or in an adjacent area other than the kitchen.

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. **[x]** Not applicable. There are no differences in ratios and group size requirements.

ii. Infant:

iii. Toddler:

iv. Preschool:

v. School-Age:

vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: **1 adult: 4 children**

Group size: **Specifically for this age group only 4 children under 24 months of age may be present at any one time (of those 4 children only 3 of those may be under 18 months of age). However registered child development homes may have additional children of older ages present as well. Considering all age groups total group sizes are: Category A; 8 children, Category B; 12 children, Category C; 16 children.**

ii. Toddler (if applicable)

Ratio: **1 adult: 4 children**

Group size: **Specifically for this age group only 4 children under 24 months of age may be present at any one time (of those 4 children only 3 of those may be under 18 months of age). However registered child development homes may have additional children of older ages present as well. Considering all age groups total group sizes are: Category A; 8 children, Category B; 12 children, Category C; 16 children.**

iii. Preschool (if applicable)

Ratio: **1 adult: 8 children**

Group size: **Preschool group size varies by registration category. Not more than the following number of preschoolers may be present at any one time: Category A: 6 preschoolers, Category B: 8 preschoolers and Category C: 14 preschoolers. However registered child development homes may have additional children of older ages present as well. Considering all age groups total group sizes are: Category A; 8 children, Category B; 12**

children, Category C; 16 children.

iv. School-Age (if applicable)

Ratio: **1 adult: 12 children**

Group size: **School-age group size varies by registration category. Not more than the following number of school-agers may be present at any one time: Category A: 8, Category B: 12 and Category C: 16.**

v. Mixed-Age Groups

Ratio: **Ratios in licensed CCDF family child care homes (Child Development Homes) vary depending on the age of the child as described below in ii-v. There is not a ratio specifically for mixed age group.**

Group size: **Child Development Homes can care for no more than the following (which includes the use of assistants). Category A: 8 children, Category B: 12 children, Category C: 16 children.**

d. Are any of the responses above different for license-exempt family child care homes?

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **1:6 Ratio, Iowa Code allows licensed-exempt Child Care Homes to care for up to 6 children as long as at least one of those children is school-age.**

[ ] Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **N/A, Iowa does not have licensed in-home child care.**

Group size: **N/A, Iowa does not have licensed in-home child care.**

ii. Toddler (if applicable)

Ratio: **N/A, Iowa does not have licensed in-home child care.**

Group size: **N/A, Iowa does not have licensed in-home child care.**

iii. Preschool (if applicable)

Ratio: **N/A, Iowa does not have licensed in-home child care.**

Group size: **N/A, Iowa does not have licensed in-home child care.**

iv. School-Age (if applicable)

Ratio: **N/A, Iowa does not have licensed in-home child care.**

Group size: **N/A, Iowa does not have licensed in-home child care.**

v. Mixed-Age Groups (if applicable)

Ratio: **N/A, Iowa does not have licensed in-home child care.**

Group size: **N/A, Iowa does not have licensed in-home child care.**

f. Are any of the responses above different for license-exempt in-home care?

[x] No.

[ ] Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served.

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Outlined in Iowa Administrative Rules 441.109.6. Must be at least 16 years of age. At least one staff person over the age of 18 must be on duty in the center whenever children are present. Staff members under the age of 18 may not provide care to children younger than school-age without an adult present.**

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **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 Iowa Page 168 of 305 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: 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: 1 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. Points obtained in the child development related training category shall have been taken within the past five years. 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. 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 family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **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 child care provider 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.**

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **N/A**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

a. License-exempt center-based child care. **N/A, Iowa does not have license-exempt center-based child care.**

b. License-exempt home-based child care. **Licensed-exempt family child care providers must be at least 18 years of age.**

c. License-exempt in-home care (care in the child's own home). **N/A**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider

setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Practices that contribute to the prevention and control of infectious diseases are found throughout requirements in Iowa Administrative Rules 441.109.**
109.4(3) Required Postings: a. Postings are required for the certificate of license, notice of exposure of children to a
communicable disease, and notice of decision to deny, suspend, or revoke the center's license or reduce
the center's license to a provisional status. The center's license, reflecting current regulatory status,
and all other required postings shall be conspicuously placed at the main entrance to the center. If the
center is located in a building used for additional purposes and shares the main entrance to the building, the required postings shall be conspicuously placed in the center in an area that is frequented daily by
parents or the public.
109.7(1)Required training within the first three months of employment. During their first three months of employment, all staff shall receive the following training: (b) At least one hour of training regarding universal precautions and infectious disease control
109.9(1) Personnel records. The center shall maintain personnel information sufficient to ensure
that persons employed in the center meet minimum staff and training requirements and do not pose
any threat to the health, safety, or well-being of the children. Each employee's file shall contain, at a
minimum, the following: (d) A physical examination report. Personnel shall have good health as evidenced by a
preemployment physical examination. Acceptable physical examinations shall be documented on Form
470-5152, Child Care Provider Physical Examination Report. The examination shall be performed
within six months prior to beginning employment and shall be repeated at least every three years.

109.9(3) Immunization certificates. Signed and dated Iowa immunization certificates, provided
by the state department of public health, shall be on file for each child enrolled as prescribed by the
department of public health at 641Chapter 7.
109.10(1) Physical examination report.
a. Preschool-age children. For each child five years of age and younger not enrolled in
kindergarten, the child care center shall require an admission physical examination report, submitted
within 30 days from the date of admission, signed by a licensed medical doctor, doctor of osteopathy,
chiropractor, physician's assistant or advanced registered nurse practitioner. The date of the physical
examination shall be no more than 12 months prior to the first day of attendance at the center. The
written report shall include past health history, status of present health including allergies, medications,
and acute or chronic conditions, and recommendations for continued care when necessary. Annually
thereafter, a statement of health condition, signed by a licensed medical doctor, doctor of osteopathy,
chiropractor, physician's assistant or advanced registered nurse practitioner, shall be submitted that
includes any change in functioning, allergies, medications, or acute or chronic conditions.
b. School-age children. For each child five years of age and older and enrolled in school, the child
care center shall require, prior to admission, a statement of health status signed by the parent or legal
guardian that certifies that the child is free of communicable disease and that specifies any allergies,
medications, or acute or chronic conditions. The statement from the parent shall be submitted annually
thereafter.
109.10(4) Daily contact. Each child shall have direct contact with a staff person upon arrival for
early detection of apparent illness, communicable disease, or unusual condition or behavior which may
adversely affect the child or the group. The center shall post notice at the main entrance to the center
where it is visible to parents and the public of exposure of a child receiving care by the center to a
communicable disease, the symptoms, and the period of communicability. If the center is located in
a building used for other purposes and shares the main entrance to the building, the notice shall be
conspicuously posted in the center in an area that is frequented daily by parents

or the public.
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. Soiled diapers shall be stored in containers separate from other waste
109.10(6) Quiet area for ill or injured. The center shall provide a quiet area under supervision for a
child who appears to be ill or injured. The parents or a designated person shall be notified of the child's
status in the event of a serious illness or emergency.
109.10(7) Staff hand washing. The center shall ensure that staff demonstrate clean personal hygiene
sufficient to prevent or minimize the transmission of illness or disease. All staff shall wash their hands
at the following times:
a. Upon arrival at the center.
b. Immediately before eating or participating in any food service activity.
c. After diapering a child.
d. Before leaving the rest room either with a child or by themselves.
e. Before and after administering nonemergency first aid to a child if gloves are not worn.
f. After handling animals and cleaning cages.
109.10(8) Children's hand washing. The center shall ensure that staff assist children in personal
hygiene sufficient to prevent or minimize the transmission of illness or disease. For each infant or child
with a disability, a separate cloth for washing and one for rinsing may be used in place of running water.
Children's hands shall be washed at the following times:
a. Immediately before eating or participating in any food service activity.
b. After using the rest room or being diapered.
c. After handling animals.
109.10(14) Pets. Animals kept on site shall be in good health with no evidence of disease, be of
such disposition as to not pose a safety threat to children, and be maintained in a clean and sanitary
manner. Documentation of current vaccinations shall be available for all cats and dogs. No ferrets,
reptiles, including turtles, or birds of the parrot family shall be kept on site. Pets shall not be allowed in
kitchen or food preparation areas.
109.11(3)(8) Sufficient bathroom and diapering facilities are provided to attend immediately to children's
toileting needs and maintained to reduce the transmission of disease.
109.11(3)(10) Sanitation and safety procedures for the center are developed and implemented to reduce the
risk of injury or harm to children and reduce the transmission of disease.
109.11(4) Bathroom facilities. At least one functioning toilet and one sink for each

15 children ages
two years and older shall be provided in a room with natural or artificial ventilation. Training seats or
chairs may be used for children under two years of age. New construction after November 1, 1995, shall
provide for at least one sink in the same area as the toilet and, for centers serving children two weeks to
two years of age, shall provide for at least one sink in the central diapering area. At least one sink shall
be provided in program rooms for infants and toddlers or in an adjacent area other than the kitchen. New
construction after April 1, 1998, shall have at least one sink provided in the program rooms for infants
and toddlers.
109.12(5)b Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central
diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in
every diapering area. There shall be at least one changing table for every 15 infants.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Practices that contribute to the prevention and control of infectious diseases for Child Development Homes can found throughout requirements in Iowa Administrative Rules 441.110.
110.8(1)n Providers shall inform parents of the presence of any pet in the home.
(1) Each dog or cat in the household shall undergo an annual health examination by a licensed
veterinarian. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary
Health Certificate. This examination shall verify that the animal's routine immunizations, particularly
rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms,
whipworms) and ectoparasites (fleas, mites, ticks, lice).(2) Each pet bird in the household shall be purchased from a dealer licensed by the Iowa department of agriculture and land stewardship and shall be examined by a veterinarian to verify that the bird is free
of infectious diseases. Acceptable veterinary examinations shall be documented on Form 470-5153,
Veterinary Health Certificate. Children shall not handle pet birds.
(3) Aquariums shall be well maintained and installed in a manner that prevents children from
accessing the water or pulling over a tank.
(4) All animal waste shall be immediately removed from the children's areas and properly disposed
of. Children shall not perform any feeding or care of pets or cleanup of pet waste.
(5) No animals shall be allowed in the food preparation, food storage, or serving

areas during food
preparation and serving times.
110.8(1)p. The provider shall have written policies regarding the care of mildly ill children and the
exclusion of children due to illness and shall inform parents of these policies.
110.8(3)d. The provider shall establish procedures related to infectious disease control and handling of
any bodily excrement or discharge or blood. Soiled diapers shall be stored in containers separate from
other waste.
110.9(1) A provider file shall be maintained and shall contain the following:
a. A physical examination report. Providers and all members of a provider's household aged 18
years or older shall have good health as evidenced by a preregistration physical examination. Acceptable
physical examinations shall be documented on Form 470-5152, Child Care Provider Physical
Examination Report. All children residing in the household must have the medical documentation
outlined in paragraphs 110.9(4)"d," "f," and "g."
Children's Files
110.9(4)d. An admission physical examination report signed by a licensed medical doctor, doctor of
osteopathy, chiropractor, physician's assistant or advanced registered nurse practitioner.
(1) The date of the physical examination shall not be more than 12 months before the child's first
day of attendance at the child development home.
(2) The written report shall include the child's past health history, status of the child's present
health, allergies and restrictive conditions, and recommendations for continued care when necessary.
(3) For a child who is five years of age or older and enrolled in school, a statement of health status
signed by the parent or legal guardian may be substituted for the physical examination report.
(4) The examination report or statement of health status shall be on file before the child's first day
of care.
110.9(4)e. For children under the age of six, a statement of health condition signed by a licensed medical
doctor, doctor of osteopathy, chiropractor, physician's assistant or advanced registered nurse practitioner
and submitted annually from the date of the admission physical examination. For a child who is enrolled
in school, a statement of health status signed by the parent or legal guardian may be substituted for the
statement of health.

110.9(4)g. A signed and dated immunization certificate provided by the Iowa department of public health.
For the school-age child, a copy of the most recent immunization record shall be acceptable.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Child Care homes accepting CCDF funds are required to meet minimum health and safety standards in Iowa Administrative Rules 441.120.
120.8(1)n. Providers shall inform parents of the presence of any pet in the home.
(1) Each dog or cat in the household shall undergo an annual health examination by a licensed
veterinarian. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary
Health Certificate. This examination shall verify that the animal's routine immunizations, particularly
rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms,
whipworms) and ectoparasites (fleas, mites, ticks, lice).
(2) Each pet bird in the household shall be purchased from a dealer licensed by the Iowa department
of agriculture and land stewardship and shall be examined by a veterinarian to verify that the bird is free
of infectious diseases. Acceptable veterinary examinations shall be documented on Form 470-5153,
Veterinary Health Certificate. Children shall not handle pet birds.
(3) Aquariums shall be well maintained and installed in a manner that prevents children from
accessing the water or pulling over a tank.
(4) All animal waste shall be immediately removed from the children's areas and properly disposed
of. Children shall not perform any feeding or care of pets or cleanup of pet waste.
(5) No animals shall be allowed in the food preparation, food storage, or serving areas during food
preparation and serving times.
120.8(3)e. The provider shall establish procedures related to infectious disease control and handling of
any bodily excrement or discharge or blood. Soiled diapers shall be stored in containers separate from
other waste.
Children's Files:
120.9(2)d. An admission physical examination report signed by a licensed medical doctor, doctor of
osteopathy, chiropractor, physician's assistant or advanced registered nurse

practitioner.
120.9(2)e. For children under the age of six, a statement of health condition signed by a licensed medical
doctor, doctor of osteopathy, chiropractor, physician's assistant or advanced registered nurse practitioner
submitted annually from the date of the admission physical examination. For a child who is enrolled in
school, a statement of health status signed by the parent or legal guardian may be substituted for the
statement of health.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **These requirements are found in Iowa Administrative Rules 441.109.**
109.9(3) Immunization certificates. Signed and dated Iowa immunization certificates, provided
by the state department of public health, shall be on file for each child enrolled as prescribed by the
department of public health at 641Chapter 7.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **These requirements are found in Iowa Administrative Rules 441.110.**
110.9(4) Children's files. An individual file for each child shall be maintained and updated annually
or when the provider becomes aware of changes. The file shall contain:
110.9(4)g. A signed and dated immunization certificate provided by the Iowa department of public health.
For the school-age child, a copy of the most recent immunization record shall be acceptable.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **These requirements are found in Iowa Administrative Rules 441.120 in the section on Children's Files.**
120.9(1) An individual file for each child shall be maintained and updated annually or when the provider becomes aware of changes.

120.9(2) The file shall contain:
g. A signed and dated immunization certificate provided by the Iowa department of public health.
For the school-age child, a copy of the most recent immunization record shall be acceptable.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Licensed Centers must follow safe sleep standards articulated in Iowa Administrative Rules 441.109 and outlined by the AAP for children under the age of 1.**
109.12(5)e. The provider shall follow safe sleep practices as recommended by the American Academy of
Pediatrics for infants under the age of one. Requirements are as follows:
(1) Infants shall always be placed on their backs for sleep.
(2) Infants shall be placed on a firm mattress with a tight fitted sheet that meets U.S. Consumer
Product Safety Commission federal standards.
(3) Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child
shall be allowed to sleep in any item not designed for sleeping including, but not limited to, an infant
seat, car seat, swing, or bouncy seat.
(4) No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall
be allowed in the sleeping area with the infant.
(5) No co-sleeping shall be allowed.
(6) Sleeping infants shall be actively observed by sight and sound.
(7) If an alternate sleeping position is needed, a signed physician or physician assistant
authorization with statement of medical reason is required.
109.12(5)f. A crib or criblike furniture which has a waterproof mattress covering and sufficient bedding to
enable a child to rest comfortably and which meets the current standards or recommendations from the
Consumer Product Safety Commission or ASTM International for juvenile products shall be provided

for each child under two years of age if developmentally appropriate. Crib railings shall be fully raised
and secured when the child is in the crib. A crib or criblike furniture shall be provided for the number
of children present at any one time. The center shall develop procedures for maintaining all cribs or
criblike furniture and bedding in a clean and sanitary manner. There shall be no restraining devices of
any type used in cribs.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Child Development Homes must follow safe sleep standards articulated in Iowa Administrative Rules 441.110 and outlined by the AAP for children under the age of 1.
110.8(5) Safe sleep.
a. The provider shall follow safe sleep practices as recommended by the American Academy of
Pediatrics for infants under the age of one. Infant sleep shall conform to the following standards:
(1) Infants shall always be placed on their backs for sleep.
(2) Infants shall be placed on a firm mattress with a tight fitted sheet that meets U.S. Consumer
Product Safety Commission federal standards.
(3) Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface.
(4) No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall
be allowed in the sleeping area with the infant.
(5) No co-sleeping shall be allowed.
(6) Sleeping infants shall be actively observed by sight and sound.
(7) If an alternate sleeping position is needed, a signed physician or physician assistant
authorization with statement of medical reason is required.
b. No child shall be allowed to sleep in any item not designed for sleeping including, but not
limited to, an infant seat, car seat, swing, or bouncy seat.
c. A crib or criblike furniture which has a waterproof mattress covering and sufficient bedding to
enable a child to rest comfortably and which meets the current standards or recommendations from the
Consumer Product Safety Commission or ASTM International for juvenile products shall be provided
for each child under two years of age if developmentally appropriate. Crib railings shall be fully raised
and secured when the child is in the crib. A crib or criblike furniture shall be provided for the number
of children present at any one time. The home shall maintain all cribs or criblike furniture and bedding

in a clean and sanitary manner. There shall be no restraining devices of any type used in cribs.
d. All items used for sleeping must be used in compliance with manufacturer standards for age
and weight of the child.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Non-Registered Child Care Homes that receive CCDF funds must follow safe sleep standards articulated in Iowa Administrative Rules 441.120 and outlined by the AAP for children under the age of 1.
120.8(5) Safe sleep.
a. The provider shall follow safe sleep practices as recommended by the American Academy of
Pediatrics for infants under the age of one. Infant sleep shall conform to the following standards:
(1) Infants shall always be placed on their backs for sleep.
(2) Infants shall be placed on a firm mattress with a tight fitted sheet that meets U.S. Consumer
Product Safety Commission federal standards.
(3) Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface.
(4) No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall
be allowed in the sleeping area with the infant.
(5) No co-sleeping shall be allowed.
(6) Sleeping infants shall be actively observed by sight and sound.
(7) If an alternate sleeping position is needed, a signed physician or physician assistant
authorization with statement of medical reason is required.
b. No child shall be allowed to sleep in any item not designed for sleeping including, but not
limited to, an infant seat, car seat, swing, or bouncy seat.
c. A crib or criblike furniture which has a waterproof mattress covering and sufficient bedding to
enable a child to rest comfortably and which meets the current standards or recommendations from the
Consumer Product Safety Commission or ASTM International for juvenile products shall be provided
for each child under two years of age if developmentally appropriate. Crib railings shall be fully raised
and secured when the child is in the crib. A crib or criblike furniture shall be provided for the number
of children present at any one time. The home shall maintain all cribs or criblike

furniture and bedding
in a clean and sanitary manner. There shall be no restraining devices of any type used in cribs.
d. All items used for sleeping must be used in compliance with manufacturer standards for age
and weight of the child

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Licensed Centers must follow medication administration requirements in Iowa Administrative code 441.109.**
109.7(1) Required training within the first three months of employment. During their first three
months of employment, all staff shall receive the following training: e (3) Administration of medication, consistent with standards for parental consent.
109.10(3) Medications. The center shall have written procedures for the dispensing, storage,
authorization, and recording of all prescription and nonprescription medications, including the
following:
a. All medications shall be stored in their original containers, with accompanying physician or
pharmacist's directions and label intact and stored so they are inaccessible to children and the public.
Nonprescription medications shall be labeled with the child's name.
b. For every day an authorization for medication is in effect and the child is in attendance, there
shall be a notation of administration including the name of the medicine, date, time, dosage given or
applied, and the initials of the person administering the medication or the reason the medication was not
given.
c. In the case of medications that are administered on an ongoing, long-term basis, authorization
shall be obtained for a period not to exceed the duration of the prescription.
d. A child care staff member shall not provide medications to a child if the staff member has not

completed preservice/orientation training that includes medication administration.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Development Homes must follow medication administration requirements in Iowa Administrative Code 441.110**
110.8(3)c Medications shall be given only with the parent's or doctor's written authorization. Each
prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both
nonprescription and prescription medications shall be in the original container with directions intact
and labeled with the child's name. All medications shall be stored properly and, when refrigeration
is required, shall be stored in a separate, covered container so as to prevent contamination of food or
other medications. All medications shall be stored so they are inaccessible to children. Any medication
administered to a child shall be recorded, and the record shall indicate the name of the medication, the
date and time of administration, and the amount administered.
110.10(1) a. Prior to registration, the provider shall complete minimum health and safety trainings, approved
by the department, in all of the following areas: (3) Administration of medication, consistent with standards for parental consent.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Child Care Homes with a CCA Agreement (license-exempt) must follow medication administration requirements in Iowa Administrative Code 441.120.**
120.8(3)c. Medications shall be given only with the parent's or doctor's written authorization. Each
prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both
nonprescription and prescription medications shall be in the original container with directions intact
and labeled with the child's name. All medications shall be stored properly and, when refrigeration
is required, shall be stored in a separate, covered container so as to prevent contamination of food or
other medications. All medications shall be stored so they are inaccessible to children. Any medication
administered to a child shall be recorded, and the record shall indicate the name of the medication, the

date and time of administration, and the amount administered.
d. Medications shall not be provided to a child if the provider has not completed preservice/orientation training that includes medication administration.
120.10(1) a. Prior to issuance of a provider agreement, the provider shall complete minimum health and safety trainings, approved
by the department, in all of the following areas: (3) Administration of medication, consistent with standards for parental consent.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Licensed Centers must follow medication administration requirements in Iowa Administrative code 441.109.**
109.7(1) Required training within the first three months of employment. During their first three
months of employment, all staff shall receive the following training: e (3) Administration of medication, consistent with standards for parental consent.
109.10(3) Medications. The center shall have written procedures for the dispensing, storage,
authorization, and recording of all prescription and nonprescription medications, including the
following:
a. All medications shall be stored in their original containers, with accompanying physician or
pharmacist's directions and label intact and stored so they are inaccessible to children and the public.
Nonprescription medications shall be labeled with the child's name.
b. For every day an authorization for medication is in effect and the child is in attendance, there
shall be a notation of administration including the name of the medicine, date, time, dosage given or
applied, and the initials of the person administering the medication or the reason the medication was not
given.
c. In the case of medications that are administered on an ongoing, long-term basis, authorization
shall be obtained for a period not to exceed the duration of the prescription.
d. A child care staff member shall not provide medications to a child if the staff member has not
completed preservice/orientation training that includes medication administration.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Development Homes must follow medication administration requirements in Iowa Administrative Code 441.110**
110.8(3)c Medications shall be given only with the parent's or doctor's written authorization. Each
prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both
nonprescription and prescription medications shall be in the original container with directions intact
and labeled with the child's name. All medications shall be stored properly and, when refrigeration
is required, shall be stored in a separate, covered container so as to prevent contamination of food or
other medications. All medications shall be stored so they are inaccessible to children. Any medication
administered to a child shall be recorded, and the record shall indicate the name of the medication, the
date and time of administration, and the amount administered.
110.10(1) a. Prior to registration, the provider shall complete minimum health and safety trainings, approved
by the department, in all of the following areas: (3) Administration of medication, consistent with standards for parental consent.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x]Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Child Care Homes with a CCA Agreement (license-exempt) must follow medication administration requirements in Iowa Administrative Code 441.120.
120.8(3)c. Medications shall be given only with the parent's or doctor's written authorization. Each
prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both
nonprescription and prescription medications shall be in the original container with directions intact
and labeled with the child's name. All medications shall be stored properly and, when refrigeration
is required, shall be stored in a separate, covered container so as to prevent contamination of food or
other medications. All medications shall be stored so they are inaccessible to children. Any medication
administered to a child shall be recorded, and the record shall indicate the name of the medication, the
date and time of administration, and the amount administered.
d. Medications shall not be provided to a child if the provider has not completed preservice/orientation training that includes medication administration.

120.10(1) a. Prior to issuance of a provider agreement, the provider shall complete minimum health and safety trainings, approved by the department, in all of the following areas: (3) Administration of medication, consistent with standards for parental consent.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Licensed Centers must follow these requirements in Iowa Administrative Code 441.109.**
109.7(1) Required training within the first three months of employment. During their first three months of employment, all staff shall receive the following training: e(4) Prevention of and response to emergencies due to food and allergic reactions
109.9(2)g. For any child with allergies, a written emergency plan is available in case of an allergic reaction.
A copy of this information shall accompany the child if the child leaves the premises.
109.10(1) Physical examination report.
a. Preschool-age children. For each child five years of age and younger not enrolled in kindergarten, the child care center shall require an admission physical examination report, submitted within 30 days from the date of admission, signed by a licensed medical doctor, doctor of osteopathy, chiropractor, physician's assistant or advanced registered nurse practitioner. The date of the physical examination shall be no more than 12 months prior to the first day of attendance at the center. The written report shall include past health history, status of present health including allergies, medications, and acute or chronic conditions, and recommendations for continued care when necessary. Annually thereafter, a statement of health condition, signed by a licensed medical doctor, doctor of osteopathy, chiropractor, physician's assistant or advanced registered nurse practitioner, shall be submitted that includes any change in functioning, allergies, medications, or acute or chronic

conditions.
b. School-age children. For each child five years of age and older and enrolled in school, the child
care center shall require, prior to admission, a statement of health status signed by the parent or legal
guardian that certifies that the child is free of communicable disease and that specifies any allergies,
medications, or acute or chronic conditions. The statement from the parent shall be submitted annually
thereafter.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Development Homes must follow these requirements under Iowa Administrative Code 441.110**
110.9(4)An individual file for each child shall be maintained and updated annually or when the provider becomes aware of changes. The file shall contain: d(2)The written report shall include the child's past health history, status of the child's present
health, allergies and restrictive conditions, and recommendations for continued care when necessary
441.110.9(4)h. For any child with allergies, a written emergency care plan in case of an allergic reaction. A
copy of this information shall accompany the child if the child leaves the premises.
441.IAC 110.10(1)a Prior to registration, the provider shall complete minimum health and safety trainings, approved
by the department, in all of the following areas: (4)Prevention and response to emergencies due to food and allergic reactions. All providers must complete this as a part of the health and safety training prior to becoming registered.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Child Care Homes that receive CCDF funds must follow these requirements under 441 Iowa Administrative Code 441.120**
120.9(2)h. For any child with allergies, a written emergency plan in case of an allergic reaction. A copy
of this information shall accompany the child if the child leaves the premises.
120.10(1) Prior to the issuance of a provider agreement, the provider shall complete minimum health
and safety trainings, approved by the department, in all of the following content areas: d. Prevention of and response to emergencies due to food and allergic reactions

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Licensed Centers must follow these requirements in Iowa Administrative Code 441.109.**
109.7(1) Required training within the first three months of employment. During their first three
months of employment, all staff shall receive the following training: e(4) Prevention of and response to emergencies due to food and allergic reactions
109.9(2)g. For any child with allergies, a written emergency plan is available in case of an allergic reaction.
A copy of this information shall accompany the child if the child leaves the premises.
109.10(1) Physical examination report.
a. Preschool-age children. For each child five years of age and younger not enrolled in
kindergarten, the child care center shall require an admission physical examination report, submitted
within 30 days from the date of admission, signed by a licensed medical doctor, doctor of osteopathy,
chiropractor, physician's assistant or advanced registered nurse practitioner. The date of the physical
examination shall be no more than 12 months prior to the first day of attendance at the center. The
written report shall include past health history, status of present health including allergies, medications,
and acute or chronic conditions, and recommendations for continued care when necessary. Annually
thereafter, a statement of health condition, signed by a licensed medical doctor, doctor of osteopathy,
chiropractor, physician's assistant or advanced registered nurse practitioner, shall be submitted that
includes any change in functioning, allergies, medications, or acute or chronic conditions.
b. School-age children. For each child five years of age and older and enrolled in school, the child
care center shall require, prior to admission, a statement of health status signed by the parent or legal
guardian that certifies that the child is free of communicable disease and that specifies any allergies,
medications, or acute or chronic conditions. The statement from the parent shall be submitted annually
thereafter.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Development Homes must follow these requirements under Iowa Administrative Code 441.110**
110.9(4)An individual file for each child shall be maintained and updated annually or when the provider becomes aware of changes. The file shall contain: d(2)The written report shall include the child's past health history, status of the child's present
health, allergies and restrictive conditions, and recommendations for continued care when necessary
441.110.9(4)h. For any child with allergies, a written emergency care plan in case of an allergic reaction. A
copy of this information shall accompany the child if the child leaves the premises.
441.IAC 110.10(1)a Prior to registration, the provider shall complete minimum health and safety trainings, approved
by the department, in all of the following areas: (4)Prevention and response to emergencies due to food and allergic reactions. All providers must complete this as a part of the health and safety training prior to becoming registered.

iii. All CCDF-eligible licensed in-home care. Provide the standard::

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Child Care Homes that receive CCDF funds must follow these requirements under 441 Iowa Administrative Code 441.120**
120.9(2)h. For any child with allergies, a written emergency plan in case of an allergic reaction. A copy
of this information shall accompany the child if the child leaves the premises.
120.10(1) Prior to the issuance of a provider agreement, the provider shall complete minimum health
and safety trainings, approved by the department, in all of the following content areas: d. Prevention of and response to emergencies due to food and allergic reactions

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Iowa Administrative**

Code was updated and went into effect on 7/1/25. Practices that contribute to the identification of and protection from building and physical premises is found in 441 IAC 109.11 Physical Facilities.
109.11(1) Room size. The program room size must be a minimum of 80 square feet of useable floor
space or sufficient floor space to provide 35 square feet of useable floor space per child. In rooms where
floor space occupied by cribs is counted as useable floor space, there must be 40 square feet of floor space
per child. Kitchens, bathrooms, halls, lobby areas, storage areas and other areas of the center not designed
as activity space for children cannot be used as regular program space or counted as useable floor space.
109.11(2) Play equipment, materials and furniture.
a. The center will provide sufficient and safe indoor play equipment, materials, and furniture that
conform with the standards or recommendations of the Consumer Product Safety Commission (CPSC)
(August 1, 2024) or the American Society for Testing and Materials (ASTM)
(August 1, 2024) for juvenile
products. Play equipment, materials, and furniture must meet the developmental, activity, and special needs
of the children.
b. Rooms must be arranged so as not to obstruct the direct observation of children by staff. Individual
covered mats, beds, or cots and appropriate bedding will be provided for all children who nap. The center
will develop procedures to ensure that all equipment and materials are maintained in a sanitary manner.
Sufficient spacing must be maintained. The center shall provide sufficient toilet articles for each child for
hand washing.
109.11(3) Indoor facility requirements.
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a. The center shall ensure that:
(1) The facility and premises are sanitary, safe and hazard-free.
(2) The facility has sufficient:
1. Lighting.
2. Ventilation.
3. Heating and cooling.
(3) Equipment placed in a program area is maintained so as not to result in injury to children.
109.11(4) Outdoor facility requirements.
a. Centers must have a safe outdoor program area adjacent to the center, with sufficient square
footage to accommodate at least 30 percent of the enrollment capacity at any one time at 75 square feet per
child. The outdoor area must:

(1) Be free from litter and unsafe materials and free from contamination by the drainage or ponding of
sewage or storm water.
(2) Include safe play equipment and an area of shade.
(3) Include fencing to protect from bodies of water and vehicular traffic.
b. The director or designated person must complete and keep a record of at least monthly inspections
of the outdoor play area and equipment for the purpose of assessing and rectifying potential safety hazards.
If the outdoor play area is not used for a period of time due to inclement weather conditions, the center
shall document the reasons why the monthly inspection did not occur and must complete and document an
inspection prior to resuming use of the area.
c. Approval may be given by the department to waive the outdoor space requirement for programs of
three hours or less, provided there is suitable substitute space and equipment available.
d. Approval may be given by the department for centers operating in a densely developed area to use
alternative outdoor play areas in lieu of adjacent outdoor play areas.
109.11(5) Bathroom facilities. At least one functioning toilet and one sink per 15 children two years
of age and older must be provided in a room with natural or artificial ventilation. New construction after
November 1, 1995, must provide for at least one sink in the same area as the toilet and, for centers serving
children two weeks to two years of age, shall provide for at least one sink in the central diapering area. At
least one sink must be provided in program rooms for infants and toddlers or in an adjacent area other than
the kitchen. New construction after April 1, 1998, shall have at least one sink provided in the program
rooms for infants and toddlers.
109.11(6) Telephone. A working nonpay telephone must be available in the center with emergency
telephone numbers for police or 911, fire, ambulance, and poison control center posted in a conspicuous
area. The street address and telephone number of the center must be included in the posting. A separate file
or listing of emergency telephone numbers for each child shall be maintained.
109.11(7) Kitchen appliances. Gas or electric ranges or ovens shall not be placed in the program area.
If kitchen appliances are maintained in the program area for food preparation activities, the area must be
sectioned off and shall not be counted as useable floor space for room size.
109.11(8) Environmental hazards.
a. Within one year of being issued an initial or renewal license, centers operating

in facilities built
prior to 1978 shall conduct a visual assessment for lead hazards that exist in the form of peeling, cracking
or chipping paint or painted surfaces in need of repair. If these lead hazards are found, it shall be assumed
that lead-based paint is present on the surfaces, and the surfaces shall be repaired by an Iowa certified lead safe renovator before a full license will be issued.
b. Within one year of being issued an initial or renewal license, centers operating in facilities that are
at ground level, use a basement area as program space, or have a basement beneath the program area shall
have radon testing following the National Consensus Standards as outlined in 641—Chapter 43.
c. To reduce the risk of carbon monoxide poisoning, all centers shall, on an annual basis, have a
professional inspect all fuel-burning appliances, including oil and gas furnaces, gas water heaters, gas
ranges and ovens, and gas dryers, to ensure the appliances are in good working order with proper
ventilation. All centers shall install one carbon monoxide detector on each floor of the center that is listed
with Underwriters Laboratory (UL) as conforming to UL Standard 2034 (August 7, 2024).
[ARC 9021C, IAB 3/19/25, effective 7/1/25]

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Child Development Home regulations in 441 IAC 110 address building and physical premises hazards in section 110.8(1) Facility Requirements and 110.8(2) Use of Outdoor Space
"110.8(1) Facility requirements: a. The home shall have a nonpay, working landline or mobile telephone with emergency numbers
posted for police, fire, ambulance, and the poison information center. The number for each child's parent,
for a responsible person who can be reached when the parent cannot, and for the child's physician shall
be written on paper and readily accessible by the telephone. The home must prominently display all
emergency information, and all travel vehicles must have a paper copy of emergency parent contact
information. b. Electrical wiring shall be maintained, and all accessible electrical outlets shall be
tamper-resistant outlets or shall be safely capped. Electrical cords shall be properly used. Improper use
includes the running of cords under rugs, over hooks, or through door openings or other use that has
been known to be hazardous.
c. Combustible materials shall be kept a minimum of three feet away from

furnaces, stoves, water
heaters, and gas dryers.
d. Approved safety gates at stairways and doors shall be provided and used as needed.
e. Annual laboratory analysis of a private water supply shall be conducted to show satisfactory
bacteriological quality. When children under the age of two are to be cared for, the analysis shall include
a nitrate analysis. When private water supplies are determined unsuitable for drinking, commercially
bottled water or water treated through a process approved by the health department or designee shall be
provided.
f. A safety barrier shall surround any heating stove or heating element, in order to prevent burns.
g. The home shall have at least one 2A 10BC-rated fire extinguisher located in a visible and readily
accessible place on each child-occupied floor.
h. The home shall have at least one single-station, battery-operated, UL-approved smoke detector
in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed
according to the manufacturer's recommendations. The provider shall test each smoke detector monthly
and keep a record of testing for inspection purposes.
i. Smoking and the use of tobacco products shall be prohibited at all times in the home and in
every vehicle in which children receiving care in the home are transported. Smoking and the use of
tobacco products shall be prohibited in the outdoor play area during the home's hours of operation. "No
smoking" signs shall be posted at every entrance of the child care home and in every vehicle used to
transport children. All signs shall include:
(1) The telephone number for reporting complaints, and
(2) The Internet address of the department of public health (smokefreeair.iowa.gov).
j. Homes served by a private sewage disposal system shall be operated and maintained to
ensure the system is properly treating the wastewater and not creating an unsanitary condition in the
environment. Discharge of untreated waste water from private sewage disposal systems is prohibited.
Concerns about noncompliance shall be referred to the local county sanitarian.
k. A provider operating in a facility built before 1978 shall assess and control lead hazards before
being issued an initial child development home registration or a renewal of the registration. To comply

with this requirement, the provider shall:
(1) Determine if painted surfaces on the interior or exterior of the facility are chipping, peeling,
or cracking or in need of repair. Painted surfaces include walls, ceilings, windows, doors, stairs, and
woodwork; and
(2) If painted surfaces are in need of repair, hire an Iowa certified lead-safe renovator to make
repairs or take training to become an Iowa certified lead-safe renovator. Iowa lead-safe renovators shall
apply interim controls on any chipping, peeling, or cracking paint found, using lead-safe work methods
in accordance with and as defined by department of public health rules at 641Chapters 69 and 70.
l. The child development home shall be located in a single-family residence that is owned, rented,
or leased by the person, or, for dual registrations, at least one of the persons, who is named on the child
development home's certificate of registration.
m. Any driver who transports children for any purpose shall have a valid driver's license and
adequate motor vehicle insurance that authorizes the driver to operate the type of vehicle being driven.
Child restraint devices shall be utilized in compliance with Iowa Code section 321.446.
n. Providers shall inform parents of the presence of any pet in the home.
(1) Each dog or cat in the household shall undergo an annual health examination by a licensed
veterinarian. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary
Health Certificate. This examination shall verify that the animal's routine immunizations, particularly
rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms,
whipworms) and ectoparasites (fleas, mites, ticks, lice). (2) Each pet bird in the household shall be purchased from a dealer licensed by the Iowa department of agriculture and land stewardship and shall be examined by a veterinarian to verify that the bird is free
of infectious diseases. Acceptable veterinary examinations shall be documented on Form 470-5153,
Veterinary Health Certificate. Children shall not handle pet birds.
(3) Aquariums shall be well maintained and installed in a manner that prevents children from
accessing the water or pulling over a tank.
(4) All animal waste shall be immediately removed from the children's areas and properly disposed
of. Children shall not perform any feeding or care of pets or cleanup of pet waste.
(5) No animals shall be allowed in the food preparation, food storage, or serving

areas during food
preparation and serving times.
o. Using an injury report form, the provider shall document all injuries that require first aid or
medical care. The form shall be completed on the date of occurrence, shared with the parent, and
maintained in the child's file.
p. The provider shall have written policies regarding the care of mildly ill children and the
exclusion of children due to illness and shall inform parents of these policies.
q. The provider shall have written policy and procedures for responding to health-related
emergencies.
r. The certificate of registration shall be displayed in a conspicuous place.
s. Serious injuries.
(1) Serious injuries, as defined in Iowa Code section 702.18, that occur in a child care facility or
when a child is in the care of child care facility staff shall be reported to the department within 24 hours
of the incident.
(2) Serious injuries shall be documented and information maintained in the child's file as required
by subrule 110.9(4)."
"110.8(2) Use of outdoor space: a. A safe outdoor play area shall be maintained in good condition throughout the year. The play
area shall be fenced off when located on a busy thoroughfare or near a hazard which may be injurious to
a child and shall have both sunshine and shade areas. The play area shall be kept free from litter, rubbish,
and flammable materials and shall be free from contamination by the drainage or ponding of sewage,
household waste, or storm water.
b. When there is a swimming or wading pool on the premises:
(1) The wading pool shall be drained daily and shall be inaccessible to children when it is not in
use.
(2) An aboveground or in-ground swimming pool that is not fenced shall be covered whenever
the pool is not in use. The cover shall meet or exceed the ASTM International (formerly known as the
American Society for Testing and Materials) specification intended to reduce the risk of drowning by
inhibiting access to the water by children under five years of age.
(3) An uncovered aboveground swimming pool shall be enclosed with an approved fence that is
nonclimbable and is at least four feet high.
(4) An uncovered in-ground swimming pool shall be enclosed with an approved fence that is

nonclimbable and is at least four feet high and flush with the ground.
c. If children are allowed to use an aboveground or in-ground swimming pool:
(1) Written permission from parents shall be available for review.
(2) Equipment needed to rescue a child or adult shall be readily accessible.
(3) The child care provider shall accompany the children and provide constant supervision while
the children use the pool.
(4) The child care provider shall complete training in cardiopulmonary resuscitation for infants,
toddlers, and children, according to the criteria of the American Red Cross or the American Heart
Association."

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Regulations for Child Care Homes with a CCA Provider Agreement are found in 441 IAC 120. Building and physical premises hazards are addressed in sections 120.8(1) Facility requirements and 120.8(2) Use of outdoor space.
"120.8(1) Facility requirements: a. The home shall have a nonpay, working landline or mobile telephone with emergency numbers
posted for police, fire, ambulance, and the poison information center. The number for each child's parent,
for a responsible person who can be reached when the parent cannot, and for the child's physician shall
be written on paper and readily accessible by the telephone. The home must prominently display all
emergency information, and all travel vehicles must have a paper copy of emergency parent contact
information.
b. Electrical wiring shall be maintained, and all accessible electrical outlets shall be tamper-resistant outlets or shall be safely capped. Electrical cords shall be properly used. Improper use
includes the running of cords under rugs, over hooks, or through door openings or other use that has
been known to be hazardous.
c. Combustible materials shall be kept a minimum of three feet away from furnaces, stoves, water
heaters, and gas dryers.
d. Approved safety gates at stairways and doors shall be provided and used as needed.
e. Annual laboratory analysis of a private water supply shall be conducted to show satisfactory
bacteriological quality. When children under the age of two are to be cared for,

the analysis shall include
a nitrate analysis. When private water supplies are determined unsuitable for drinking, commercially
bottled water or water treated through a process approved by the health department or designee shall be
provided.
f. A safety barrier shall surround any heating stove or heating element, in order to prevent burns.
g. The home shall have at least one 2A 10BC-rated fire extinguisher located in a visible and readily
accessible place on each child-occupied floor.
h. The home shall have at least one single-station, battery-operated, UL-approved smoke detector
in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed
according to manufacturer's recommendations. The provider shall test each smoke detector monthly
and keep a record of testing for inspection purposes.
i. Smoking and the use of tobacco products shall be prohibited at all times in the home and in
every vehicle in which children receiving care in the home are transported. Smoking and the use of
tobacco products shall be prohibited in the outdoor play area during the home's hours of operation. "No
smoking" signs shall be posted at every entrance of the child care home and in every vehicle used to
transport children. All signs shall include:
(1) The telephone number for reporting of complaints, and (2) The Internet address of the department of public health (smokefreeair.iowa.gov).
j. Homes served by a private sewage disposal system shall be operated and maintained to
ensure the system is properly treating the wastewater and not creating an unsanitary condition in the
environment. Discharge of untreated waste water from private sewage disposal systems is prohibited.
Concerns about noncompliance shall be referred to the local county sanitarian.
k. A provider operating in a facility built before 1978 shall assess and control lead hazards before
being issued an initial child care assistance provider agreement or a renewal of the provider agreement.
To comply with this requirement, the provider shall:
(1) Determine if painted surfaces on the interior or exterior of the facility are chipping, peeling,
or cracking or in need of repair. Painted surfaces include walls, ceilings, windows, doors, stairs, and
woodwork; and
(2) If painted surfaces are in need of repair, hire an Iowa certified lead-safe renovator to make

repairs or take training to become an Iowa certified lead-safe renovator. Iowa lead-safe renovators shall
apply interim controls on any chipping, peeling, or cracking paint found, using lead-safe work methods
in accordance with and as defined by department of public health rules at 641Chapters 69 and 70.
l. The child care home shall be located in a single-family residence that is owned, rented, or leased
by the provider.
m. Any driver who transports children for any purpose shall have a valid driver's license and
adequate motor vehicle insurance that authorizes the driver to operate the type of vehicle being driven.
Child restraint devices shall be utilized in compliance with Iowa Code section 321.446.
n. Providers shall inform parents of the presence of any pet in the home.
(1) Each dog or cat in the household shall undergo an annual health examination by a licensed
veterinarian. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary
Health Certificate. This examination shall verify that the animal's routine immunizations, particularly
rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms,
whipworms) and ectoparasites (fleas, mites, ticks, lice).
(2) Each pet bird in the household shall be purchased from a dealer licensed by the Iowa department
of agriculture and land stewardship and shall be examined by a veterinarian to verify that the bird is free
of infectious diseases. Acceptable veterinary examinations shall be documented on Form 470-5153,
Veterinary Health Certificate. Children shall not handle pet birds.
(3) Aquariums shall be well maintained and installed in a manner that prevents children from
accessing the water or pulling over a tank.
(4) All animal waste shall be immediately removed from the children's areas and properly disposed
of. Children shall not perform any feeding or care of pets or cleanup of pet waste.
(5) No animals shall be allowed in the food preparation, food storage, or serving areas during food
preparation and serving times.
o. Using an injury report form, the provider shall document all injuries that require first aid or
medical care. The form shall be completed on the date of occurrence, shared with the parent, and
maintained in the child's file.
p. Serious injuries.
(1) Serious injuries, as defined in Iowa Code section 702.18, that occur in a child

**care home or
when a child is in the care of child care home staff shall be reported to the department within 24 hours
of the incident.
(2) Serious injuries shall be documented and information maintained in the child's file as required
by subrule 120.9(2)."
"120.8(2) Use of outdoor space: a. A safe outdoor play area shall be maintained in good condition throughout the year. The play
area shall be fenced off when located on a busy thoroughfare or near a hazard which may be injurious to
a child and shall have both sunshine and shade areas. The play area shall be kept free from litter, rubbish,
and flammable materials and shall be free from contamination by the drainage or ponding of sewage,
household waste, or storm water.
b. When there is a swimming or wading pool on the premises: (1) The wading pool shall be drained daily and shall be inaccessible to children when it is not in
use.
(2) An aboveground or in-ground swimming pool that is not fenced shall be covered whenever
the pool is not in use. The cover shall meet or exceed the ASTM International (formerly known as the
American Society for Testing and Materials) specification intended to reduce the risk of drowning by
inhibiting access to the water by children under five years of age.
(3) An uncovered aboveground swimming pool shall be enclosed with an approved fence that is
nonclimbable and is at least four feet high.
(4) An uncovered in-ground swimming pool shall be enclosed with an approved fence that is
nonclimbable and is at least four feet high and flush with the ground.
c. If children are allowed to use an aboveground or in-ground swimming pool:
(1) Written permission from parents shall be available for review.
(2) Equipment needed to rescue a child or adult shall be readily accessible.
(3) The child care provider shall accompany the children and provide constant supervision while
the children use the pool.
(4) The child care provider shall complete training in cardiopulmonary resuscitation for infants,
toddlers, and children, according to the criteria of the American Red Cross or the American Heart
Association."**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate**

standards for out-of-school programs, they are licensed centers.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **IAC 441.109.11(4) outline requirements for outdoor facility requirements. Health and Safety: Building and Physical Premises Safety (vehicular traffic and bodies of water) 109.11(4)(3): Include fencing to protect from bodies of water and vehicular traffic.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **IAC 441.110.8(2) outline requirements for pools. 110.8(2) Use of outdoor space. a. A safe outdoor play area shall be maintained in good condition throughout the year. The play area shall be fenced off when located on a busy thoroughfare or near a hazard which may be injurious to a child and shallcer have both sunshine and shade areas. The play area shall be kept free from litter, rubbish, and flammable materials and shall be free from contamination by the drainage or ponding of sewage, household waste, or storm water. b. When there is a swimming or wading pool on the premises: (1) The wading pool shall be drained daily and shall be inaccessible to children when it is not in use. (2) An aboveground or in-ground swimming pool that is not fenced shall be covered whenever the pool is not in use. The cover shall meet or exceed the ASTM International (formerly known as the American Society for Testing and Materials) specification intended to reduce the risk of drowning by inhibiting access to the water by children under five years of age. (3) An uncovered aboveground swimming pool shall be enclosed with an approved fence that is non-climbable and is at least four feet high. (4) An uncovered in-ground swimming pool shall be enclosed with an approved fence that is non-climbable and is at least four feet high and flush with the ground. c. If children are allowed to use an aboveground or in-ground swimming pool: (1) Written permission from parents shall be available for review. (2) Equipment needed to rescue a child or adult shall be readily accessible. (3) The child care provider shall accompany the children and provide constant supervision while the children use the pool. (4) The child care provider shall complete training in cardiopulmonary resuscitation for infants, toddlers, and children, according to the criteria of the American Red Cross or the American Heart Association.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IAC 441.120.8(2) outline requirements for pools. 120.8(2) Use of outdoor space. a. A safe outdoor play area shall be maintained in good condition throughout the year. The play area shall be fenced off when located on a busy thoroughfare or near a hazard which may be injurious to a child and shall have both sunshine and shade areas. The play area shall be kept free from litter, rubbish, and flammable**

materials and shall be free from contamination by the drainage or ponding of sewage, household waste, or storm water. b. When there is a swimming or wading pool on the premises: (1) The wading pool shall be drained daily and shall be inaccessible to children when it is not in use. (2) An aboveground or in-ground swimming pool that is not fenced shall be covered whenever the pool is not in use. The cover shall meet or exceed the ASTM International (formerly known as the American Society for Testing and Materials) specification intended to reduce the risk of drowning by inhibiting access to the water by children under five years of age. (3) An uncovered aboveground swimming pool shall be enclosed with an approved fence that is non-climbable and is at least four feet high. (4) An uncovered in-ground swimming pool shall be enclosed with an approved fence that is non-climbable and is at least four feet high and flush with the ground. c. If children are allowed to use an aboveground or in-ground swimming pool: (1) Written permission from parents shall be available for review. (2) Equipment needed to rescue a child or adult shall be readily accessible. (3) The child care provider shall accompany the children and provide constant supervision while the children use the pool. (4) The child care provider shall complete training in cardiopulmonary resuscitation for infants, toddlers, and children, according to the criteria of the American Red Cross or the American Heart Association

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **IAC 441.109.11(4) outline requirements for outdoor facility requirements. Health and Safety: Building and Physical Premises Safety (vehicular traffic and bodies of water) 109.11(4)(3): Include fencing to protect from bodies of water and vehicular traffic.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Development Home regulations in 441 IAC 110.8(2)a 110.8(2) Use of outdoor space. a. A safe outdoor play area shall be maintained in good condition throughout the year. The play area shall be fenced off when located on a busy thoroughfare or near a hazard which may be injurious to a child and shall have both sunshine and shade areas**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Child Care Homes accepting CCDF follow regulations in 441 IAC 120 rules 120.8(2) Use of outdoor space. a. A safe outdoor play area shall be maintained in good**

condition throughout the year. The play area shall be fenced off when located on a busy thoroughfare or near a hazard which may be injurious to a child and shall have both sunshine and shade areas

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Standards are found in Iowa Administrative Code 441.109**
109.4(2) Required written policies. The child care center owner, board or director shall:(b.) Develop and implement policies for enrollment and discharge of children, field trips and non-center activities, discipline, nutrition, health and safety policies and, if transporting children,
transportation policy.
109.7(1)(e) Required training within the first three months of employment. During their first three
months of employment, all staff shall receive the following training: (6) Prevention of shaken baby syndrome and abusive head trauma.
109.12(2) Discipline. The center shall have a written policy on the discipline of children which
provides for positive guidance, with direction for resolving conflict and the setting of well-defined limits.
The written policy shall be provided to staff at the start of employment and to parents at time of admission.
The center shall not use as a form of discipline:
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.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Standards are found in Iowa Administrative Code 441.110**
110.8(6) Discipline. Discipline shall conform to the following standards:
a. Corporal punishment, including spanking, shaking and slapping, shall not be used.
b. Punishment that is humiliating or frightening or that causes pain or discomfort to the child shall
not be used.
c. Punishmentshall not be administered because of a child'sillness, or progress or lack of progress
in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
d. No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or
the child's family.
e. Discipline shall be designed to help the child develop self-control, self-esteem, and respect for
the rights of others.
110.10(1) Required training.
a. Prior to registration, the provider shall complete minimum health and safety trainings, approved
by the department, in all of the following areas: (6) Prevention of shaken baby syndrome and abusive head trauma.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Standards are found in Iowa Administrative Code 441.120
120.8(6) Discipline. Discipline shall conform to the following standards: a. Corporal punishment, including spanking, shaking and slapping, shall not be used. b. Punishment that is humiliating or frightening or that causes pain or discomfort to the child shall not be used. c. Punishment shall not be administered because of a child's illness, or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest. d. No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family. e. Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.
441□120.10(237A) Professional development.
120.10(1) Prior to the issuance of a provider agreement, the provider shall complete minimum health
and safety trainings, approved by the department, in all of the following content areas: f. Prevention of shaken baby syndrome and abusive head trauma.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Standards are found in Iowa Administrative Code 441.109**
109.4(2) Required written policies. The child care center owner, board or director shall:(b.) Develop and implement policies for enrollment and discharge of children, field trips and non-center activities, discipline, nutrition, health and safety policies and, if transporting children,
transportation policy.
109.7(1)(e) Required training within the first three months of employment. During their first three
months of employment, all staff shall receive the following training: (6) Prevention of shaken baby syndrome and abusive head trauma.
109.12(2) Discipline. The center shall have a written policy on the discipline of children which
provides for positive guidance, with direction for resolving conflict and the setting of well-defined limits.
The written policy shall be provided to staff at the start of employment and to parents at time of admission.
The center shall not use as a form of discipline:
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.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Standards are found in Iowa Administrative Code 441.110**
110.8(6) Discipline. Discipline shall conform to the following standards:
a. Corporal punishment, including spanking, shaking and slapping, shall not be used.
b. Punishment that is humiliating or frightening or that causes pain or discomfort to the child shall
not be used.
c. Punishmentshall not be administered because of a child'sillness, or progress or

lack of progress
in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
d. No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or
the child's family.
e. Discipline shall be designed to help the child develop self-control, self-esteem, and respect for
the rights of others.
110.10(1) Required training.
a. Prior to registration, the provider shall complete minimum health and safety trainings, approved
by the department, in all of the following areas:(6) Prevention of shaken baby syndrome and abusive head trauma.
b. Prior to registration, the provider shall complete two hours of Iowa's training for mandatory
reporting of child abuse as required by Iowa Code section 232.69. The provider shall maintain a valid
certificate indicating expiration date.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Standards are found in Iowa Administrative Code 441.120
120.8(6) Discipline. Discipline shall conform to the following standards: a. Corporal punishment, including spanking, shaking and slapping, shall not be used. b. Punishment that is humiliating or frightening or that causes pain or discomfort to the child shall not be used. c. Punishment shall not be administered because of a child's illness, or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest. d. No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family. e. Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.
441120.10(237A) Professional development.
120.10(1) Prior to the issuance of a provider agreement, the providershall complete minimum health
and safety trainings, approved by the department, in all of the following content areas: f. Prevention of shaken baby syndrome and abusive head trauma.
120.10(2) Prior to issuance of a provider agreement, the provider shall complete two hours of Iowa's
training for mandatory reporting of child abuse as required by Iowa Code section 232.69. The provider
shall maintain a valid certificate indicating expiration date.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-**

home care is paid with state funds and not CCDF-eligible.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

i. **[x]** Evacuation

ii. **[x]** Relocation

iii. **[x]** Shelter-in-place

iv. **[x]** Lock down

v. Staff emergency preparedness

[x] Training

[x] Practice drills

vi. Volunteer emergency preparedness

[x] Training

[x] Practice drills

vii. **[x]** Communication with families

viii. **[x]** Reunification with families

ix. **[x]** Continuity of operations

x. Accommodation of

[x] Infants

[x] Toddlers

[x] Children with disabilities

[x] Children with chronic medical conditions

xi. If any of the above are not checked, describe:

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Standards are found in Iowa Administrative Code 109.10(3).**
Infectious disease control. Centers must establish policies and procedures related to infectious disease control and the use of universal precautions with the

handling of any bodily fluids that include blood, bodily excrement or discharge. Soiled diapers shall be stored in containers separate from other waste. Sanitation and safety procedures for the center are developed and implemented to reduce the risk of injury or harm to children and reduce the transmission of disease.

109.11(8) Environmental hazards. a. Within one year of being issued an initial or renewal license, centers operating in facilities built prior to 1978 shall conduct a visual assessment for lead hazards that exist in the form of peeling, cracking or chipping paint or painted surfaces in need of repair. If these lead hazards are found, it shall be assumed that lead-based paint is present on the surfaces, and the surfaces shall be repaired by an Iowa certified leadsafe renovator before a full license will be issued. b. Within one year of being issued an initial or renewal license, centers operating in facilities that are at ground level, use a basement area as program space, or have a basement beneath the program area shall have radon testing following the National Consensus Standards as outlined in 641Chapter 43. c. To reduce the risk of carbon monoxide poisoning, all centers shall, on an annual basis, have a professional inspect all fuel-burning appliances, including oil and gas furnaces, gas water heaters, gas ranges and ovens, and gas dryers, to ensure the appliances are in good working order with proper ventilation. All centers shall install one carbon monoxide detector on each floor of the center that is listed with Underwriters Laboratory (UL) as conforming to UL Standard 2034 (August 7, 2024). [ARC 9021C, IAB 3/19/25, effective 7/1/25]

ii. All CCDF-eligible licensed family child care homes. Provide the standard:
Regulations for Child Development Homes are found in 441 IAC 110.
110.8(1)(c) Combustible materials shall be kept a minimum of three feet away from furnaces, stoves, water
heaters, and gas dryers.
110.8(1)(e) Annual laboratory analysis of a private water supply shall be conducted to show satisfactory
bacteriological quality. When children under the age of two are to be cared for, the analysis shall include
a nitrate analysis. When private water supplies are determined unsuitable for drinking, commercially
bottled water or water treated through a process approved by the health department or designee shall be
provided.
110.8(1)(i) Smoking and the use of tobacco products shall be prohibited at all times in the home and in
every vehicle in which children receiving care in the home are transported. Smoking and the use of
tobacco products shall be prohibited in the outdoor play area during the home's hours of operation. No
smoking signs shall be posted at every entrance of the child care home and in every vehicle used to
transport children. All signs shall include:
(1) The telephone number for reporting complaints, and

(2) The Internet address of the department of public health (smokefreeair.iowa.gov).
110.8(1)(k) A provider operating in a facility built before 1978 shall assess and control lead hazards before being issued an initial child development home registration or a renewal of the registration. To comply with this requirement, the provider shall:
(1) Determine if painted surfaces on the interior or exterior of the facility are chipping, peeling, or cracking or in need of repair. Painted surfaces include walls, ceilings, windows, doors, stairs, and woodwork; and
(2) If painted surfaces are in need of repair, hire an Iowa certified lead-safe renovator to make repairs or take training to become an Iowa certified lead-safe renovator. Iowa lead-safe renovators shall apply interim controls on any chipping, peeling, or cracking paint found, using lead-safe work methods in accordance with and as defined by department of public health rules at 641—Chapters 69 and 70.
110.8(1)(n) Providers shall inform parents of the presence of any pet in the home.
(1) Each dog or cat in the household shall undergo an annual health examination by a licensed veterinarian. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary Health Certificate. This examination shall verify that the animal's routine immunizations, particularly rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms, whipworms) and ectoparasites (fleas, mites, ticks, lice). (2) Each pet bird in the household shall be purchased from a dealer licensed by the Iowa department of agriculture and land stewardship and shall be examined by a veterinarian to verify that the bird is free of infectious diseases. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary Health Certificate. Children shall not handle pet birds.
(3) Aquariums shall be well maintained and installed in a manner that prevents children from accessing the water or pulling over a tank.
(4) All animal waste shall be immediately removed from the children's areas and properly disposed of. Children shall not perform any feeding or care of pets or cleanup of pet waste.
(5) No animals shall be allowed in the food preparation, food storage, or serving areas during food preparation and serving times.
110.8(3) Medication and hazardous materials. a. All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child. b. A first-aid kit shall be available and easily accessible whenever

children are in the child
development home, in the outdoor play area, in vehicles used to transport children, and on field trips.
The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an
area inaccessible to children. The kit shall, at a minimum, include adhesive bandages, bottled water,
disposable tweezers, and disposable plastic gloves.
c. Medications shall be given only with the parent's or doctor's written authorization. Each
prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both
nonprescription and prescription medications shall be in the original container with directions intact
and labeled with the child's name. All medications shall be stored properly and, when refrigeration
is required, shall be stored in a separate, covered container so as to prevent contamination of food or
other medications. All medications shall be stored so they are inaccessible to children. Any medication
administered to a child shall be recorded, and the record shall indicate the name of the medication, the
date and time of administration, and the amount administered.
d. The provider shall establish procedures related to infectious disease control and handling of
any bodily excrement or discharge or blood. Soiled diapers shall be stored in containers separate from
other waste.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Regulations for Child Care Homes with a CCA Provider Agreement are found in 441 IAC 120.
120.8(1)(c) Combustible materials shall be kept a minimum of three feet away from furnaces, stoves, water
heaters, and gas dryers.
120.8(1)(e) Annual laboratory analysis of a private water supply shall be conducted to show satisfactory
bacteriological quality. When children under the age of two are to be cared for, the analysis shall include
a nitrate analysis. When private water supplies are determined unsuitable for drinking, commercially
bottled water or water treated through a process approved by the health department or designee shall be

provided.
120.8(1)(i) Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the home's hours of operation. "No smoking" signs shall be posted at every entrance of the child care home and in every vehicle used to transport children. All signs shall include:
(1) The telephone number for reporting of complaints, and (2) The Internet address of the department of public health (smokefreeair.iowa.gov).
120.8(1)(k) k. A provider operating in a facility built before 1978 shall assess and control lead hazards before being issued an initial child care assistance provider agreement or a renewal of the provider agreement.
To comply with this requirement, the provider shall:
(1) Determine if painted surfaces on the interior or exterior of the facility are chipping, peeling, or cracking or in need of repair. Painted surfaces include walls, ceilings, windows, doors, stairs, and woodwork; and
(2) If painted surfaces are in need of repair, hire an Iowa certified lead-safe renovator to make repairs or take training to become an Iowa certified lead-safe renovator. Iowa lead-safe renovators shall apply interim controls on any chipping, peeling, or cracking paint found, using lead-safe work methods in accordance with and as defined by department of public health rules at 641"Chapters 69 and 70.
120.8(1)(n) Providers shall inform parents of the presence of any pet in the home.
(1) Each dog or cat in the household shall undergo an annual health examination by a licensed veterinarian. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary Health Certificate. This examination shall verify that the animal's routine immunizations, particularly rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms, whipworms) and ectoparasites (fleas, mites, ticks, lice). (2) Each pet bird in the household shall be purchased from a dealer licensed by the Iowa department of agriculture and land stewardship and shall be examined by a veterinarian to verify that the bird is free of infectious diseases. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary Health Certificate. Children shall not handle pet birds.
(3) Aquariums shall be well maintained and installed in a manner that prevents children from

accessing the water or pulling over a tank.
(4) All animal waste shall be immediately removed from the children's areas and properly disposed
of. Children shall not perform any feeding or care of pets or cleanup of pet waste.
(5) No animals shall be allowed in the food preparation, food storage, or serving areas during food
preparation and serving times.
120.8(3) Medication and hazardous materials. a. All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access
by a child. b. A first-aid kit shall be available and easily accessible whenever children are in the child care
home, in the outdoor play area, in vehicles used to transport children, and on field trips. The kit shall be
sufficient to address first aid related to minor injury or trauma and shall be stored in an area inaccessible
to children. The kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers,
and disposable plastic gloves.
c. Medications shall be given only with the parent's or doctor's written authorization. Each
prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both
nonprescription and prescription medications shall be in the original container with directions intact
and labeled with the child's name. All medications shall be stored properly and, when refrigeration
is required, shall be stored in a separate, covered container so as to prevent contamination of food or
other medications. All medications shall be stored so they are inaccessible to children. Any medication
administered to a child shall be recorded, and the record shall indicate the name of the medication, the
date and time of administration, and the amount administered.
d. Medications shall not be provided to a child if the provider has not completed preservice/orientation training that includes medication administration.
e. The provider shall establish procedures related to infectious disease control and handling of
any bodily excrement or discharge or blood. Soiled diapers shall be stored in containers separate from
other waste.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

b. Provide the standards, appropriate to the provider setting and age of children, that

address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Regulations for Licensed centers are found in 441 IAC 109.**
109.10(4) Daily contact. Each child shall have direct contact with a staff person upon arrival for
early detection of apparent illness, communicable disease, or unusual condition or behavior which may
adversely affect the child or the group. The center shall post notice at the main entrance to the center
where it is visible to parents and the public of exposure of a child receiving care by the center to a
communicable disease, the symptoms, and the period of communicability. If the center is located in
a building used for other purposes and shares the main entrance to the building, the notice shall be
conspicuously posted in the center in an area that is frequented daily by parents or the public.
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 or blood. Soiled diapers shall be stored in containers separate from other waste.
109.10(6) Quiet area for ill or injured. The center shall provide a quiet area under supervision for a
child who appears to be ill or injured. The parents or a designated person shall be notified of the child's
status in the event of a serious illness or emergency
109.10(7) Staff hand washing. The center shall ensure that staff demonstrate clean personal hygiene
sufficient to prevent or minimize the transmission of illness or disease. All staff shall wash their hands
at the following times:
a. Upon arrival at the center.
b. Immediately before eating or participating in any food service activity.
c. After diapering a child.
d. Before leaving the rest room either with a child or by themselves.
e. Before and after administering nonemergency first aid to a child if gloves are not worn.
f. After handling animals and cleaning cages.
109.10(8) Children's hand washing. The center shall ensure that staff assist children in personal
hygiene sufficient to prevent or minimize the transmission of illness or disease. For each infant or child
with a disability, a separate cloth for washing and one for rinsing may be used in place of running water.
Children's hands shall be washed at the following times:

a. Immediately before eating or participating in any food service activity.
b. After using the rest room or being diapered.
c. After handling animals
109.10(14) Pets. Animals kept on site shall be in good health with no evidence of disease, be of
such disposition as to not pose a safety threat to children, and be maintained in a clean and sanitary
manner. Documentation of current vaccinations shall be available for all cats and dogs. No ferrets,
reptiles, including turtles, or birds of the parrot family shall be kept on site. Pets shall not be allowed in
kitchen or food preparation areas.
109.11(4) Bathroom facilities. At least one functioning toilet and one sink for each 15 children ages
two years and older shall be provided in a room with natural or artificial ventilation. Training seats or
chairs may be used for children under two years of age. New construction after November 1, 1995, shall
provide for at least one sink in the same area as the toilet and, for centers serving children two weeks to
two years of age, shall provide for at least one sink in the central diapering area. At least one sink shall
be provided in program rooms for infants and toddlers or in an adjacent area other than the kitchen. New
construction after April 1, 1998, shall have at least one sink provided in the program rooms for infants
and toddlers.
109.12(4) 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.
Rooms shall be arranged so as not to obstruct the direct observation of children by staff. Individual
covered mats, beds, or cots and appropriate bedding shall be provided for all children who nap. The
center shall develop procedures to ensure that all equipment and materials are maintained in a sanitary
manner. Sufficient spacing shall be maintained between equipment to reduce the transmission of disease,
to allow ease of movement and participation by children and to allow staff sufficient space to attend to the
needs of the children during routine care and emergency procedures. The center shall provide sufficient

toilet articles for each child for hand washing. Parents may provide items for oral hygiene (if appropriate
to the developmental age and needs of the child). The center shall ensure that sanitary procedures are
followed for use and storage of the articles.
109.12(5)(b) Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central
diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in
every diapering area. There shall be at least one changing table for every 15 infants.
109.12(5)(d) Safe, washable toys, large enough so they cannot be swallowed and with no removable parts,
shall be provided. All hard-surface toys used by children shall be sanitized daily.

Licensed Centers must follow handling and storage of hazardous materials and disposal of bio-contaminates. Medications must be stored in a way inaccessible to children, hazardous materials must be inaccessible. 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. Centers must have emergency plan for chemical spills. Infectious Disease Control is outlined in Iowa Administrative Rules 441.109.10(5) and Comm 204 starting at Page 75 states that 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. Soiled diapers shall be stored in containers separate from other waste. In the Comm 204, first is the rule, verbatim. Second is what is called the Recommendation and Rationale for Implementation. The rule states that they shall follow universal precautions however separate rule citations also requires that all staff take Universal Precautions training within the first 3 months of employment, to ensure they know what universal precautions are. Additionally, OSHA requirements are outlined regarding biohazard material. Physical Facility Administrative Rule Requirements (441 IAC 109.11(7) also address requirements regarding environmental hazards such as lead based paint, radon, and carbon monoxide poisoning. Specifics can be found in Comm 204 starting on Page 98.

ii. All CCDF-eligible licensed family child care homes. Provide the standard:
Regulations for Child Development Homes are found in 441 IAC 110.
110.8(1)(n) Providers shall inform parents of the presence of any pet in the home.
(1) Each dog or cat in the household shall undergo an annual health examination by a licensed
veterinarian. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary
Health Certificate. This examination shall verify that the animal's routine immunizations, particularly
rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms,
whipworms) and ectoparasites (fleas, mites, ticks, lice).(2) Each pet bird in the

household shall be purchased from a dealer licensed by the Iowa department of agriculture and land stewardship and shall be examined by a veterinarian to verify that the bird is free
of infectious diseases. Acceptable veterinary examinations shall be documented on Form 470-5153,
Veterinary Health Certificate. Children shall not handle pet birds.
(3) Aquariums shall be well maintained and installed in a manner that prevents children from
accessing the water or pulling over a tank.
(4) All animal waste shall be immediately removed from the children's areas and properly disposed
of. Children shall not perform any feeding or care of pets or cleanup of pet waste.
(5) No animals shall be allowed in the food preparation, food storage, or serving areas during food
preparation and serving times.
110.8(1)(p) The provider shall have written policies regarding the care of mildly ill children and the
exclusion of children due to illness and shall inform parents of these policies.
110.8(3) Medications and hazardous materials.
a. All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access
by a child. b. A first-aid kit shall be available and easily accessible whenever children are in the child
development home, in the outdoor play area, in vehicles used to transport children, and on field trips.
The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an
area inaccessible to children. The kit shall, at a minimum, include adhesive bandages, bottled water,
disposable tweezers, and disposable plastic gloves.
c. Medications shall be given only with the parent's or doctor's written authorization. Each
prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both
nonprescription and prescription medications shall be in the original container with directions intact
and labeled with the child's name. All medications shall be stored properly and, when refrigeration
is required, shall be stored in a separate, covered container so as to prevent contamination of food or
other medications. All medications shall be stored so they are inaccessible to children. Any medication
administered to a child shall be recorded, and the record shall indicate the name of the medication, the
date and time of administration, and the amount administered.
d. The provider shall establish procedures related to infectious disease control and handling of
any bodily excrement or discharge or blood. Soiled diapers shall be stored in

containers separate from
other waste.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Regulations for Child Development Homes are found in 441 IAC 120.
120.8(1)(n) Providers shall inform parents of the presence of any pet in the home.
(1) Each dog or cat in the household shall undergo an annual health examination by a licensed
veterinarian. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary
Health Certificate. This examination shall verify that the animal's routine immunizations, particularly
rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms,
whipworms) and ectoparasites (fleas, mites, ticks, lice).(2) Each pet bird in the household shall be purchased from a dealer licensed by the Iowa department of agriculture and land stewardship and shall be examined by a veterinarian to verify that the bird is free
of infectious diseases. Acceptable veterinary examinations shall be documented on Form 470-5153,
Veterinary Health Certificate. Children shall not handle pet birds.
(3) Aquariums shall be well maintained and installed in a manner that prevents children from
accessing the water or pulling over a tank.
(4) All animal waste shall be immediately removed from the children's areas and properly disposed
of. Children shall not perform any feeding or care of pets or cleanup of pet waste.
(5) No animals shall be allowed in the food preparation, food storage, or serving areas during food
preparation and serving times.
120.8(3) Medications and hazardous materials.
a. All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access
by a child. b. A first-aid kit shall be available and easily accessible whenever children are in the child
development home, in the outdoor play area, in vehicles used to transport children, and on field trips.
The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an
area inaccessible to children. The kit shall, at a minimum, include adhesive bandages, bottled water,
disposable tweezers, and disposable plastic gloves.

c. Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name. All medications shall be stored properly and, when refrigeration is required, shall be stored in a separate, covered container so as to prevent contamination of food or other medications. All medications shall be stored so they are inaccessible to children. Any medication administered to a child shall be recorded, and the record shall indicate the name of the medication, the date and time of administration, and the amount administered.
d. Medications shall not be provided to a child if the provider has not completed preservice/orientation training that includes medication administration.
e. The provider shall establish procedures related to infectious disease control and handling of any bodily excrement or discharge or blood. Soiled diapers shall be stored in containers separate from other waste.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Licensed Centers, must follow these requirements when transporting per Iowa Administrative Rules 441.109.10(12). 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. Drivers shall not operate a vehicle while under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair the drivers' ability to operate a motor vehicle. Vehicles that are owned or leased by the center shall receive regular maintenance and inspection according to manufacturer recommended guidelines for vehicle and tire maintenance and inspection. Child care centers are required to have a photocopy of valid drivers license for staff involved in transportation.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All Child Development Homes must follow these requirements when transporting per Iowa Administrative Rules 441.110.8(1). 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.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Per Iowa Administrative Rules 441.120.8 (1) CCDF-eligible license exempt home 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.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **441.109.7(1) outlines the training requirements within the first three months of employment in licensed centers, including 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.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **This requirement was identified as a possible non-compliance in Iowa's monitoring visit results dated 1/17/24. The Lead Agency needs additional time to change administrative rules as we are currently under a rules moratorium. Current policy does not specify pediatric in regards to first aid. 441.110.10(1)c states that Child Development Homes must obtain: Certification in American red Cross, American Heart Association, American Safety and Health Institute, or MEDIC First Aid or equivalent approved by the department. Valid certificate indicating the date of training and expiration date shall be maintained. Certification in first aid that uses nationally recognized curriculum or is received from a nationally recognized training organization.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **This requirement was identified as a possible non-compliance in Iowa's monitoring visit results dated 1/17/24. The Lead Agency needs additional time to change administrative rules as we are currently under a rules moratorium. Current policy does not specify pediatric in regards to first aid. 441.120.10(3) requires Non-Registered Child Care Homes that receive CCDF funds to obtain: Certification in American red Cross, American Heart Association, American Safety and Health Institute, or MEDIC First Aid or equivalent approved by the department. Valid certificate indicating the date of training and expiration date shall be maintained.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **441.109.7(1) Licensed Centers must have 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.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **441.110.10(1) Child Development Homes must have 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.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **441.120.10(3) Non-Registered Child Care Homes that receive CCDF funds must have 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.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Standards are found in Iowa Administrative Code 441.109**
109.4(3) Required postings (b.) Postings are required for mandatory reporter requirements, the notice of availability of the
handbook required in subrule 109.4(5), and the program activities and shall be placed in an area that
is frequented daily by parents or the public.
109.4(4) Mandatory reporters. Requirements and procedures for mandatory reporting of suspected
child abuse as defined in Iowa Code section 232.69 shall be posted where they can be read by staff and
parents. Methods of identifying and reporting suspected child abuse and neglect shall be discussed with
all staff within 30 days of employment.
441 109.7 Professional growth and development. The center director, on-site supervisor, and
staff counted as part of the staff ratio shall meet the following minimum staff training requirements:
(1) Required training within the first three months of employment. During their first three
months of employment, all staff shall receive the following training: a. Two hours of Iowa's training for mandatory reporting of child abuse.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Development Homes must complete two hours of Iowa's training for mandatory reporting of child abuse as required by Iowa Code section 232.69. The provider shall maintain a valid certificate indicating expiration date. These requirements ensure that Iowa child care providers comply with child abuse reporting requirements in the Child Abuse Prevention and Treatment Act**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Non-Registered Child Care Homes that receive CCDF funds must complete two hours of Iowa's training for mandatory reporting of child abuse as required by Iowa Code section 232.69. The provider shall maintain a valid certificate indicating expiration date. These requirements ensure that Iowa child care providers comply with child abuse reporting requirements in the Child Abuse Prevention and Treatment Act.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-**

home care is paid with state funds and not CCDF-eligible.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Standards are found in Iowa Administrative Code 441.109**
109.4(3) Required postings(b.) Postings are required for mandatory reporter requirements, the notice of availability of the
handbook required in subrule 109.4(5), and the program activities and shall be placed in an area that
is frequented daily by parents or the public.
109.4(4) Mandatory reporters. Requirements and procedures for mandatory reporting of suspected
child abuse as defined in Iowa Code section 232.69 shall be posted where they can be read by staff and
parents. Methods of identifying and reporting suspected child abuse and neglect shall be discussed with
all staff within 30 days of employment.
441109.7 Professional growth and development. The center director, on-site supervisor, and
staff counted as part of the staff ratio shall meet the following minimum staff training requirements:
(1) Required training within the first three months of employment. During their first three
months of employment, all staff shall receive the following training: a. Two hours of Iowa's training for mandatory reporting of child abuse.

Iowa Code Section 232.69, a report shall be made within twenty-four hours.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Development Homes must complete two hours of Iowa's training for mandatory reporting of child abuse as required by Iowa Code section 232.69. The provider shall maintain a valid certificate indicating expiration date. These requirements ensure that Iowa child care providers comply with child abuse reporting requirements in the Child Abuse Prevention and Treatment Act.**

In accordance to Iowa Code Section 232.69, a report shall be made within twenty-four hours.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A, Iowa does not have CCDF-eligible licensed-exempt centers.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

Non-Registered Child Care Homes that receive CCDF funds must complete two hours of Iowa's training for mandatory reporting of child abuse as required by Iowa Code section 232.69. The provider shall maintain a valid certificate indicating expiration date. These requirements ensure that Iowa child care providers comply with child abuse reporting requirements in the Child Abuse Prevention and Treatment Act. In accordance to Iowa Code Section 232.69, a report shall be made within twenty-four hours

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A, Iowa does not have separate standards for out-of-school programs, they are licensed centers.**

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

[x] Yes, confirmed.

[ ] No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

[x] Yes.

[ ] No. If no, skip to Section 5.4

If yes, describe the standard(s).

i. Nutrition. Describe: **Child Care Centers:**

109.15(1) 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.

109.15(2) 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.

109.15(3) 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.
109.15(4) Food brought from home.
a. The center shall establish policies regarding food brought from home for children under five
years of age who are not enrolled in school. A copy of the written policy shall be given to the parent at
admission. Food brought from home for children under five years of age who are not enrolled in school
shall be monitored and supplemented if necessary to ensure CACFP guidelines are maintained.
b. The center may not restrict a parent from providing meals brought from home for school-age
children or apply nutritional standards to the meals.
c. Perishable foods brought from home shall be maintained to avoid contamination or spoilage.
d. Snacks that may not meet CACFP nutrition guidelines may be provided by parents for special
occasions such as birthdays or holidays.
109.15(5) 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.
109.15(6) Water supply. The center shall ensure that suitable water and sanitary drinking facilities
are available and accessible to children. Centers that serve infants and toddlers shall provide individual
cups for drinking in addition to drinking fountains that may be available in the center.
a. Private water supplies shall be of satisfactory bacteriological quality as shown by an annual
laboratory analysis. Water for the analysisshall be drawn between May 1 and June 30 of each year. When
the center provides care for children under two years of age, a nitrate analysis shall also be obtained.
b. When public or private water supplies are determined unsuitable for drinking, commercially
bottled water certified as chemically and bacteriologically potable or water treated through a process
approved by the health department or designee shall be provided.
Child Development Homes

110.8(7) Meals and snacks.

a. Regular meals and midmorning or midafternoon snacks shall be provided. The meals and

snacks shall be well-balanced, nourishing, and in appropriate amounts as defined by the USDA Child

and Adult Care Food Program.

b. Children may bring food to the child development home for their own consumption but shall

not be required to provide their own food.

c. Clean, sanitary drinking water shall be readily available to children in indoor and outdoor areas,

throughout the day

Child Care Homes with a CCA Agreement (licensed-exempt):

120.8(7) Meals and snacks.

a. Regular meals and snacks that are well-balanced and nourishing shall be provided.

b. Children may bring food to the child care home for their own consumption but shall not be

required to provide their own food.

c. Clean, sanitary drinking water shall be readily available to children in indoor and outdoor areas,

throughout the day.

ii. Access to physical activity. Describe: Child Care Centers

109.4(2) c. 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.

109.12(1) 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:

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.

Child Development Homes

110.8(8) 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.

iii. Caring for children with special needs. Describe: **Child Care Centers**

109.12(3) 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.

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **N/A**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety

standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	**Is the pre-service or orientation training on this standard appropriate to different settings and age groups?**	**Does the Lead Agency require staff to complete the training before caring for children unsupervised?**
a. Prevention and control of infectious diseases (including immunizations)	**[x]**	**[x]**	**[x]**
b. SIDS prevention and use of safe sleep practices	**[x]**	**[x]**	**[x]**
c. Administration of medication	**[x]**	**[x]**	**[x]**
d. Prevention and response to food and allergic reactions	**[x]**	**[x]**	**[x]**
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	**[x]**	**[x]**	**[x]**
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	**[x]**	**[x]**	**[x]**
g. Emergency preparedness and response planning and	**[x]**	**[x]**	**[x]**

	procedures			
h.	Handling and storage of hazardous materials and disposal of biocontaminants	**[x]**	**[x]**	**[x]**
i.	Appropriate Precautions in transporting children, if applicable	**[x]**	**[x]**	**[x]**
j.	Pediatric first aid and pediatric CPR (age-appropriate)	**[ ]**	**[x]**	**[x]**
k.	Child abuse and neglect recognition and reporting	**[x]**	**[x]**	**[x]**
l.	Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	**[x]**	**[x]**	**[x]**

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **N/A**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

[ ] No

[x] Yes. If yes, describe: **Licensed child care centers that only serve a school age population are exempt from prevention of shaken baby syndrome, abusive head trauma, SIDS prevention and use of safe sleep practices.**

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No. If no, describe: **The Lead Agency inspects for all requirements at annual visits.**

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **The Lead Agency, Iowa Department of Health and Human Services**

b. Licensed CCDF family child care providers

i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No. If no, describe: **The Lead Agency inspects for all requirements at annual visits.**

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **The Lead Agency, Iowa Department of Health and Human Services**

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

[x] No.

[ ] Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

[ ] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **Iowa does not have licensed in-home child care providers**

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A, Iowa does not have licensed in-home child care providers**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **N/A, Iowa does not have license-exempt CCDF center providers**

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative

of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **N/A, Iowa does not have license-exempt CCDF center providers**

b. License-exempt CCDF family child care providers

i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **The Lead Agency, Iowa Department of Health and Human Services**
This requirement was identified as a possible non-compliance in Iowa's monitoring visit results dated 1/17/24. Since the requirement for license-exempt family child care providers does not specify "pediatric" first aid they cannot be inspected for meeting this health and safety requirement. The Lead Agency needs additional time to change administrative rules as we are currently under a rules moratorium. Once the rule is updated to reflect a pediatric first aid requirement the inspection checklist will be updated to match that requirement.

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the 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. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency 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 monitoring and inspection reports.

a. Does the Lead Agency post:

   i. **[ ]** Pre-licensing inspection reports for licensed programs.

   ii. **[x]** Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

   iii. **[ ]** Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:

   iv. **[ ]** Other. Describe:

b. Check if the monitoring and inspection reports and any related plain language summaries include:

   i. **[x]** Date of inspection.

   ii. **[x]** Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **Health and safety violations are outlined in each annual compliance report. Fatalities are accepted as a complaint and on the complaint report, it is documented if the incident resulted in a fatality. For serious injuries, aggregate information is captured and if the injury was the result of a regulatory violation, this information is captured in the complaint and it is documented that the incident resulted in serious injury.**

   iii. **[x]** Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **Corrective action required by the child care provider is captured in the annual compliance report. The Lead Agency has further implemented the use of addendums for child care compliance workers to complete when a serious health or safety concern has been identified either through an annual inspection of a complaint. The addendum is added to the existing licensing report and is posted on the Agency website for public view and will include the safety or health concern, what actions or steps were taken to remedy or mitigate the concern.**

   iv. **[x]** A minimum of 3 years of results, where available.

v. If any of the components above are not selected, please explain:

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

i. Provide the direct URL/website link to where the reports are posted: **https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport**

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Reports are posted to the Agency website in real time upon completion and final approval by the licensing or regulatory supervisor.**

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

[x] Yes.

[ ] No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

[x] Yes.

[ ] No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

[x] Yes.

[ ] No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must 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.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and 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. **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. Prior to conducting inspection visits staff must complete the same preservice/orientation training (called "The Essentials" in Iowa) that child care program staff are required to complete. This training is specifically designed to cover the Health & Safety topics found at 98.41(a)(1) and is develop specifically for children birth through school age. The training contains references to both home-based care and center based care. Additionally, in early 2024, the Lead Agency implemented an onboarding policy for new licensing inspectors which includes,**

familiarization with all policies, regulations and technology systems. This also educates them on complaints and has components of shadowing with peers through pre-inspection, compliance and complaint visits. The onboarding process has expectations for the first three months, six months and one year of employment.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide 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 1:139. All child care centers were visited for annual inspection, as well as all required preinspections and any complaints that needed to be evaluated. The Lead Agency meets state policies regarding annual checks. In March of 2023, the Lead Agency developed a full-time dedicated unit to inspections for child care homes. Previously, this work was across 5 different service areas and many of the inspectors did multiple work in the social services space. Currently, the Child Development Homes(licensed)/Child Care Homes with a CCA PA(license-exempt) have an inspector ratio of 1:260. Iowa inspected approximately 80% of all eligible providers in 2023 however we have seen a decline in home-based child care and are further evaluating inspection completion rates to determine additional staffing needs. 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 individual team members. This data not only includes percentages of completion but a list of active providers and visit dates.**

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

a. Licensed child care centers: **Per Iowa Administrative Rules 441.109.7(2)b. Following their first year of employment, all center directors and all staff shall: (1) Maintain current certification for Iowa's training for the mandatory reporting of child abuse; infant, child and adult CPR; and infant, child and adult first aid.**

b. License-exempt child care centers: **N/A, Iowa does not have license-exempt child care centers**

c. Licensed family child care homes: **Staff at licensed family child care homes are required to take on-going training to maintain mandatory reporter, CPR and First Aid certification per Iowa Administrative Rules 441.110.10(1) Required Trainings:**
b. Prior to registration, the provider shall complete two hours of Iowa's training for mandatory reporting of child abuse as required by Iowa Code section 232.69. The provider shall maintain a valid certificate indicating expiration date.
c. Prior to registration, the provider shall complete first-aid and cardiopulmonary resuscitation (CPR) training that meets the following requirements:
(1) Training shall be provided by a nationally recognized training organization, such as the American Red Cross, American Heart Association, National Safety Council, the American Safety and Health Institute, or MEDIC First Aid or by an equivalent trainer using curriculum approved by the department.
(2) CPR training shall include certification in infant and child CPR.
(3) The provider shall maintain a valid certificate indicating the date of first-aid training and the expiration date.
(4) The provider shall maintain a valid certificate indicating the date of CPR training and the expiration date.

d. License-exempt family child care homes: **Staff at licensed-exempt family child care homes are required to take on-going training to maintain mandatory reporter, CPR and First Aid certification per Iowa Administrative Rules.**
120.10(2) Prior to issuance of a provider agreement, the provider shall complete two hours of Iowa's training for mandatory reporting of child abuse as required by Iowa Code section 232.69. The provider shall maintain a valid certificate indicating expiration date.

441.120.10(3) Prior to issuance of a provider agreement, the provider shall complete first-aid and cardiopulmonary resuscitation (CPR) training that meets the following requirements:
a. Training shall be provided by a nationally recognized training organization, such as the American Red Cross, American Heart Association, National Safety Council, American Safety and Health Institute or MEDIC First Aid or by an equivalent trainer using curriculum approved by the
department.
b. CPR training shall include certification in infant and child CPR.
c. The provider shall maintain a valid certificate indicating the date of first-aid training and the expiration date.
d. The provider shall maintain a valid certificate indicating the date of CPR training and the expiration date.

e. Regulated or registered in-home child care: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

f. Non-regulated or registered in-home child care: **N/A, all in-home care is paid with state funds and not CCDF-eligible.**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all

other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[ ] Yes.

[x] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints. **The Lead Agency meets this requirement for licensed family child care homes (Child Development Homes) but this requirement was identified as a possible non-compliance in Iowa's monitoring visit results dated 1/17/24. The Lead Agency will need time to implement new policy and develop new procedures. In-state criminal background 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. The Lead Agency's process allows for disclosure of the results of individual background checks with Child Care Center Directors which is not allowable. The Lead Agency has a process to conduct FBI criminal background checks for all staff of child care providers. For Licensed Center staff, the Lead Agency does not receive the results of background checks. The background check results are sent directly to the Child Care Center provider. If there is a transgression the Center director must submit those to the state agency and the state agency reviews the transgression information and makes the determination on employability. The Lead Agency does not see the results that do not have transgressions. Even though Iowa allows providers to sign up as a qualified entity, and receive the detailed results of the background, the CCDBG Act and CCDF regulations prohibit states from publicly releasing or sharing the results of individual background checks (42 USC 9858f(e)(2)(C); 45 CFR 98.43(e)(2)(iii). The Lead Agency's practice of allowing providers to access child care staff members' background check results is not allowable. Based on the**

lack of evidence the Lead Agency is not in compliance with 98.43(b)(1). The Lead Agency recognizes the newly published 2024 Child Care and Development Fund Final Rule: Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund which clarifies that States, Territories, and Tribes must make determination of eligibility for child care staff based on the background check and cannot leave the determination to the child care provider. The lead agency is in the process of implementation plan development to ensure compliance with this requirement.

b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[ ] Yes.

[x] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints. The Lead Agency meets this requirement for licensed family child care homes (Child Development Homes) but this requirement was identified as a possible non-compliance in Iowa's monitoring visit results dated 1/17/24. The Lead Agency will need time to implement new policy and develop new procedures. 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. Licensed Center's are qualified entities and work directly with Iowa's Department of Public Safety to complete FBI fingerprint check. The Lead Agency does not receive the results of background checks. The background check results are sent directly to the Child Care Center provider. If there is a transgression the Center director must submit those to the state agency and the state agency reviews the transgression information and makes the determination on employability. The Lead Agency does not see the results that do not have transgressions. Even though Iowa law allows providers to sign up as a qualified entity, and receive the detailed results of the background, the CCDBG Act and CCDF regulations prohibit states from publicly releasing or sharing the results of individual

background checks (42 USC 9858f(e)(2)(C); 45 CFR 98.43(e)(2)(iii). The Lead Agency recognizes the newly published 2024 Child Care and Development Fund Final Rule: Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund which clarifies that States, Territories, and Tribes must make determination of eligibility for child care staff based on the background check and cannot leave the determination to the child care provider. The lead agency is in the process of implementation plan development to ensure compliance with this requirement.

b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[ ] Yes.

[x] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks. **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently conducts national FBI checks through our Department of Public Safety but the NCIC NSOR is not part of that process. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently conducts national FBI checks through our Department of Public Safety but the NCIC NSOR is not part of that process. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

[ ] Yes.

[x] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check. **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently conducts national FBI checks through our Department of Public Safety but the NCIC NSOR is not part of that process. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[ ] Yes.

[x] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks. **The Lead Agency meets this requirement for licensed family child care homes (Child Development Homes) but this requirement was identified as a possible non-compliance in Iowa's monitoring visit results dated 1/17/24. The Lead Agency will need time to implement new policy and develop new procedures. The Lead Agency's process allows for disclosure of the results of individual background checks with Child Care Center Directors which is not allowable. The Lead Agency has a process to conduct sex offender registry checks for all staff of child care providers. For Licensed Center staff, the Lead Agency does not receive the results of background checks. The background check results are sent directly to the Child Care Center provider. If there is a transgression the Center director must submit those to the state agency and the state agency reviews the transgression information and makes the determination on employability. The Lead Agency does not see the results that do not have transgressions. Even though Iowa law allows providers to sign up as a qualified entity, and receive the detailed results of the background, the CCDBG Act and CCDF regulations prohibit states from publicly releasing or sharing the results of individual background checks (42 USC 9858f(e)(2)(C); 45 CFR 98.43(e)(2)(iii). The Lead Agency's practice of allowing providers to access child care staff members' background check results is not allowable. Based on the lack of evidence the Lead Agency is not in compliance with 98.43(b)(1). The Lead Agency recognizes the newly published 2024 Child**

Care and Development Fund Final Rule: Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund which clarifies that States, Territories, and Tribes must make determination of eligibility for child care staff based on the background check and cannot leave the determination to the child care provider. The lead agency is in the process of implementation plan development to ensure compliance with this requirement

b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[ ] Yes.

[x] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. The Lead Agency meets this requirement for licensed family child care homes (Child Development Homes) but this requirement was identified as a possible non-compliance in Iowa's monitoring visit results dated 1/17/24. The Lead Agency will need time to implement new policy and develop new procedures. The Lead Agency's process allows for disclosure of the results of individual background checks with Child Care Center Directors which is not allowable. The Lead Agency has a process to conduct CAN registry checks for all staff of child care providers. For Licensed Center staff, the Lead Agency does not receive the results of background checks. The background check results are sent directly to the Child Care Center provider. If there is a transgression the Center director must submit those to the state agency and the state agency reviews the transgression information and makes the determination on employability. The Lead Agency does not see the results that do not have transgressions. Even though Iowa law allows providers to sign up as a qualified entity, and receive the detailed results of the background, the CCDBG Act and CCDF regulations prohibit states from publicly releasing or sharing the results of individual background checks (42 USC 9858f(e)(2)(C); 45 CFR 98.43(e)(2)(iii). The Lead Agency's practice of allowing providers to access child care staff members' background check results is not allowable. Based on the lack of evidence the Lead Agency is not in compliance with 98.43(b)(1). The Lead Agency recognizes the newly published 2024 Child Care and Development Fund Final Rule: Improving Child Care Access, Affordability, and

Stability in the Child Care and Development Fund which clarifies that States, Territories, and Tribes must make determination of eligibility for child care staff based on the background check and cannot leave the determination to the child care provider. The lead agency is in the process of implementation plan development to ensure compliance with this requirement.

b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[ ] Yes.

[x] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently does not conduct interstate checks as part of our background check process and is therefore out of compliance with this requirement. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance**

with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently does not conduct interstate checks as part of our background check process and is therefore out of compliance with this requirement. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.

c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

[ ] Yes.

[x] No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check. **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently does not conduct interstate checks as part of our background check process and is therefore out of compliance with this requirement. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[ ] Yes.

[x] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently does not conduct interstate checks as part of our background check process and is therefore out of compliance with this requirement. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently does not conduct interstate checks as part of our background check process and is therefore out of compliance with this requirement. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[ ] Yes.

[x] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check. **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently does not conduct interstate checks as part of our background check process and is therefore out of compliance with this requirement. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[ ] Yes.

[x] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently does not conduct interstate checks as part of our background check process and is therefore out of compliance with this requirement. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently does not conduct interstate checks as part of our background check process and is therefore out of compliance with this requirement. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[ ] Yes.

[x] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks. **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently does not conduct interstate checks as part of our background check process and is therefore out of compliance with this requirement. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

[x] Yes.

[ ] No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **Iowa Code 237A.5 requires all transgressions to have a record check evaluation conducted. Founded child abuse or neglect is considered a transgression. A record check evaluation must consider: - The type and seriousness of the transgression - Time passed since the transgression - The circumstances under which the transgression was committed - The degree of rehabilitation - The likelihood that the person will commit the transgression again - The number of transgressions committed by the person involved. The Lead Agency determines whether a person may be involved in child care through the record check evaluation if a person is already not considered a mandatory prohibition under 45 CFR 98 or Iowa Code 237A.5**

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

[x] Does not use them to disqualify employment.

[ ] Uses them to disqualify employment. If checked, describe:

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

[ ] Yes.

[x] No. If no, describe the current process of notification: **This requirement was identified as a possible non-compliance in Iowa's monitoring visit results dated 1/17/24. The Lead Agency will need time to implement new policy and develop new procedures. The Lead Agency's process allows for disclosure of the results of individual background checks with Child Care Center Directors which is not allowable. For Licensed Center staff, the Lead Agency does not receive the results of background checks. The background check results are sent directly to the Child Care Center provider. If there is a transgression the Center director must submit those to the state agency and the state agency reviews the transgression information and makes the determination on employability. The Lead**

Agency does not see the results that do not have transgressions. Even though Iowa allows providers to sign up as a "qualified entity," and receive the detailed results of the background, the CCDBG Act and CCDF regulations prohibit states from publicly releasing or sharing the results of individual background checks (42 USC 9858f(e)(2)(C); 45 CFR 98.43(e)(2)(iii). The Lead Agency's practice of allowing providers to access child care staff members' background check results is not allowable. Based on the lack of evidence the Lead Agency is not in compliance with 98.43(b)(1). The Lead Agency recognizes the newly published 2024 Child Care and Development Fund Final Rule: Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund which clarifies that States, Territories, and Tribes must make determination of eligibility for child care staff based on the background check and cannot leave the determination to the child care provider. The lead agency is in the process of implementation plan development to ensure compliance with this requirement.

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

[x] Yes.

[ ] No. Describe:

ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

[x] Yes.

[ ] No. Describe:

iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

[x] Yes.

[ ] No. Describe:

iv. Get completed in a timely manner.

[x] Yes.

[ ] No. Describe:

v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how

the individual can correct the federal or State records at issue in the case.

[x] Yes.

[ ] No. Describe:

vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

[x] Yes.

[ ] No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

a. FBI criminal background check.

[ ] Yes.

[x] No. If no, describe: **Iowa was determined to be out of compliance for this requirement. Preliminary letter of non-compliance was issued 1/22/24 and Final Determination letter signed 7/15/24. The Lead Agency conducts FBI criminal record checks for all Child Development Homes and Child Care Homes accepting Child Care Assistance prior to approval. These background checks were found to be in-compliance. For Licensed Centers, a monitoring visit for the 2022-2024 CCDF State Plan did not find evidence that the Lead Agency has requirements in place to conduct the FBI criminal record check that is compliant with the CCDBG statute for Licensed Centers. The Lead Agency's process allows for disclosure of the results of individual background checks with Child Care Center Directors which is not allowable. The Lead Agency has a process to conduct FBI criminal record checks for all staff of child care providers. For Licensed Center staff, the Lead Agency does not receive the results of background checks. The background check results are sent directly to the Child Care Center provider. If there is a transgression the Center director must submit those to the state agency and the state agency reviews the transgression information and makes the determination on employability. The Lead Agency does not see the results that do not have transgressions. Even though Iowa law allows providers to sign up as a qualified entity, and receive the detailed results of the background, the CCDBG Act and CCDF regulations prohibit states from publicly releasing or sharing the results of individual background checks (42 USC 9858f(e)(2)(C); 45 CFR 98.43(e)(2)(iii). The Lead Agency's practice of allowing providers to access child care staff members' background check results is not allowable. Based on the lack of evidence the Lead Agency is not in compliance with 98.43(b)(1). The Lead Agency recognizes the newly**

published 2024 Child Care and Development Fund Final Rule: Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund which clarifies that States, Territories, and Tribes must make determination of eligibility for child care staff based on the background check and cannot leave the determination to the child care provider. The lead agency is in the process of implementation plan development to ensure compliance with this requirement

b. In-state criminal background check with fingerprints.

[ ] Yes.

[x] No. If no, describe: Iowa was determined to be out of compliance for this requirement. Preliminary letter of non-compliance was issued 1/22/24 and Final Determination letter signed 7/15/24. The Lead Agency conducts FBI criminal record checks for all Child Development Homes and Child Care Homes accepting Child Care Assistance prior to approval. These background checks were found to be in-compliance. For Licensed Centers, a monitoring visit for the 2022-2024 CCDF State Plan did not find evidence that the Lead Agency has requirements in place to conduct the in-state criminal record check that is compliant with the CCDBG statute for Licensed Centers. The Lead Agency's process allows for disclosure of the results of individual background checks with Child Care Center Directors which is not allowable. The Lead Agency has a process to conduct in-state criminal record checks for all staff of child care providers. For Licensed Center staff, the Lead Agency does not receive the results of background checks. The background check results are sent directly to the Child Care Center provider. If there is a transgression the Center director must submit those to the state agency and the state agency reviews the transgression information and makes the determination on employability. The Lead Agency does not see the results that do not have transgressions. Even though Iowa law allows providers to sign up as a qualified entity, and receive the detailed results of the background, the CCDBG Act and CCDF regulations prohibit states from publicly releasing or sharing the results of individual background checks (42 USC 9858f(e)(2)(C); 45 CFR 98.43(e)(2)(iii). The Lead Agency's practice of allowing providers to access child care staff members' background check results is not allowable. Based on the lack of evidence the Lead Agency is not in compliance with 98.43(b)(1). The Lead Agency recognizes the newly published 2024 Child Care and Development Fund Final Rule: Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund which clarifies that States, Territories, and Tribes must make determination of eligibility for child care staff based on the background check and cannot leave the determination to the child care provider. The lead agency is in the process of implementation plan development to ensure compliance with this requirement

c. In-state Sex Offender Registry.

[ ] Yes.

[x] No. If no, describe: Iowa was determined to be out of compliance for this requirement. Preliminary letter of non-compliance was issued 1/22/24 and Final Determination letter signed 7/15/24. The Lead Agency conducts FBI criminal record checks for all Child Development Homes and Child Care Homes accepting Child Care Assistance prior to approval. These background checks were found to be in-compliance. For Licensed Centers, a monitoring visit for the 2022-2024 CCDF State Plan did not find evidence that the Lead Agency has requirements in place to conduct the in-state Sex Offender Registry

check that is compliant with the CCDBG statute for Licensed Centers. The Lead Agency's process allows for disclosure of the results of individual background checks with Child Care Center Directors which is not allowable. The Lead Agency has a process to conduct sex offender registry checks for all staff of child care providers. Iowa's sex offender registry is public record. For Licensed Center staff, the Lead Agency does not receive the results of background checks. The background check results are sent directly to the Child Care Center provider. If there is a transgression the Center director must submit those to the state agency and the state agency reviews the transgression information and makes the determination on employability. The Lead Agency does not see the results that do not have transgressions. The Lead Agency's practice of allowing providers to access child care staff members' background check results is not allowable. Based on the lack of evidence the Lead Agency is not in compliance with 98.43(b)(1). The Lead Agency recognizes the newly published 2024 Child Care and Development Fund Final Rule: Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund which clarifies that States, Territories, and Tribes must make determination of eligibility for child care staff based on the background check and cannot leave the determination to the child care provider. The lead agency is in the process of implementation plan development to ensure compliance with this requirement

d. In-state child abuse and neglect registry.

[ ] Yes.

[x] No. If no, describe: Iowa was determined to be out of compliance for this requirement. Preliminary letter of non-compliance was issued 1/22/24 and Final Determination letter signed 7/15/24. The Lead Agency conducts FBI criminal record checks for all Child Development Homes and Child Care Homes accepting Child Care Assistance prior to approval. These background checks were found to be in-compliance. For Licensed Centers, a monitoring visit for the 2022-2024 CCDF State Plan did not find evidence that the Lead Agency has requirements in place to conduct the CAN Registry check that is compliant with the CCDBG statute for Licensed Centers. The Lead Agency's process allows for disclosure of the results of individual background checks with Child Care Center Directors which is not allowable. The Lead Agency has a process to conduct CAN registry checks for all staff of child care providers. For Licensed Center staff, the Lead Agency does not receive the results of background checks. The background check results are sent directly to the Child Care Center provider. If there is a transgression the Center director must submit those to the state agency and the state agency reviews the transgression information and makes the determination on employability. The Lead Agency does not see the results that do not have transgressions. The Lead Agency's practice of allowing providers to access child care staff members' background check results is not allowable. Based on the lack of evidence the Lead Agency is not in compliance with 98.43(b)(1). The Lead Agency recognizes the newly published 2024 Child Care and Development Fund Final Rule: Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund which clarifies that States, Territories, and Tribes must make determination of eligibility for child care staff based on the background check and cannot leave the determination to the child care provider. The lead agency is in the process of implementation plan development to ensure compliance with this requirement

e. Name-based national Sex Offender Registry (NCIC NSOR).

[ ] Yes.

[x] No. If no, describe: **The Lead Agency acknowledges non-compliance with the completion of NCIC NSOR checks for licensed child care center staff, child development home and CCA PA providers. Given additionally found non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed**

f. Interstate criminal background check, as applicable.

[ ] Yes.

[x] No. If no, describe: **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently does not conduct interstate checks as part of our background check process and is therefore out of compliance with this requirement. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

g. Interstate Sex Offender Registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently does not conduct interstate checks as part of our background check process and is therefore out of compliance with this requirement. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

h. Interstate child abuse and neglect registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with this requirement. The Lead Agency needs additional time to meet this requirement. Iowa currently does not conduct interstate checks as part of our background check process and is therefore out of compliance with this requirement. Given overall non-compliance with how Iowa allows child care center background check completion, a strategic plan to address all areas of non-compliance with background check requirements is being developed.**

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

[ ] Yes.

[x] No. If no, describe: **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with background check requirements. The Lead Agency needs additional time to meet this requirement and is working on a comprehensive solution to all background check non-compliances. Iowa is out of compliance with this requirement because we do not complete all the required pieces of**

the comprehensive background checks. Child Development Homes and Child Care Homes with a CCA agreement are required to complete FBI fingerprint checks, in-state criminal history, in-state child abuse and neglect registry and in-state sex-offender registry checks prior to being approved to work and there is no provisional hire status however the NCIC NSOR and interstate checks are not completed. Licensed child care centers employees must complete in-state criminal history, in-state child abuse and neglect registry and in-state sex-offender registry checks prior to starting employment and then are supervised pending return of the FBI fingerprint checks. However NCIC NSOR and interstate checks are not completed.

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

[x] Yes.

[ ] No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

[ ] Yes.

[x] No. If no, describe the current policy: **The Lead Agency does not routinely conduct out of state record checks.**

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

[x] Yes.

[ ] No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Information on how to request these checks in Iowa resides on the lead agency's website. The Iowa Department of Public Safety responds to requests for criminal history. Other states may submit a request online, by mail or by fax and must pay the required fee before the check will be completed. Iowa's CAN Registry is operated by the lead agency and there is no fee for information. States must fill out the Request for Child and Dependent Adult Abuse Information form and email, mail or fax it to the information contained on the form. Iowa's SOR is able to be publicly accessed at the following website https://www.iowasexoffender.gov/**

c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

[ ] Yes. If yes, describe the current policy.

[x] No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **https://hhs.iowa.gov/programs/programs-and-services/child-care The instructions are under the heading Provider Record Checks for Child Care**

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. **[x]** Is the State a National Fingerprint File (NFF) State?

x. **[x]** Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe:

c. Interstate sex offender registry (SOR) check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[ ]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. If not all boxes above are checked, describe: **There is not a direct email address for Iowa's SOR however there is a Support Contact link which allows the user to send a message.**

d. Interstate child abuse and neglect (CAN) registry check:

i. **[x]** Agency name

ii. **[x]** Is the CAN check conducted through a county administered registry or centralized registry?

iii. **[x]** Address

iv. **[x]** Phone number

v. **[x]** Email

vi. **[x]** Website

vii. **[x]** Instructions

viii. **[x]** Forms

ix. **[x]** Fees

x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

[x] Yes.

[ ] No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

[ ] Yes.

[x] No. If no, what is the frequency for renewing each component? **In the CCDF State Plan Approval letter dated 12/13/2021 it was noted that Iowa was out of compliance with background check requirements. The Lead Agency needs additional time to meet this requirement and is working on a comprehensive solution to all background check non-compliances. Iowa is out of compliance with this requirement because we do not complete all the required pieces of the comprehensive background checks. Current policy requires FBI fingerprint checks, in-state criminal history, in-state child abuse and neglect registry and in-state sex-offender registry checks however NCIC NSOR and interstate checks are not completed.**

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

[x] No.

[ ] Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

i. **[ ]** Providing program-level grants to support investments in staff compensation.

ii. **[x]** Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. **[x]** Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. **[ ]** Subsidizing family child care provider and center-based child care staff retirement benefits.

v. **[ ]** Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. **[ ]** Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

vii. **[x]** Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. **[x]** Other. Describe: **The Lead Agency is piloting a private public partnership model to support child care workforce recruitment and retention. The Lead Agency is partnering with local communities throughout the state to support Community Solutions Funds. A local entity such as a Chamber of Commerce or economic development board houses the fund, they obtain donations from local employers or businesses and the lead agency matches those funds. Once dollars are deposited in the fund local child care programs are able to apply for funds to give either retention bonuses or increased wages to their staff**

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Lead Agency intends to track progress in the Community Solutions Funds mentioned above. If the results of those efforts show increased recruitment and retention the Lead Agency will evaluate our ability to continue funding for these funds.**

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **The Lead Agency has partnered with both the Iowa Insurance Division and Iowa Navigator to support child care programs in expanding access to benefits. The Lead Agency helped the Iowa Insurance Division facilitate in-person events for child care providers around that state which provided free education and resource around financial literacy, health insurance and a number of other business topics. Providers were able to learn about the process to engage a health insurance agent free of charge to determine options for providing benefits that best fit their business's needs and budget. Additionally the Lead Agency has partnered with Iowa Navigator annually to do webinars for individuals regarding eligibility and how to sign up for free or low-cost health insurance through Medicaid or the Marketplace.**

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **N/A**

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **N/A**

6.1.2 Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **The Lead Agency supports multiple strategies to strengthen child care providers' business practices. The lead agency funds a training series from First Children's Finance called Business and Financial Fundamentals, there is a version of the training for both centers and family child care. Providers who complete either of these training series are eligible for one year of free coaching on business and financial topics. The Lead agency also funds Financial Management Coaches that support providers using state-supported Child Care Management Systems (CCMS) to effectively use technology to increase efficiency of management/administrative tasks and make data-driven business decisions.**

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

i. **[x]** Fiscal management.

ii. **[x]** Budgeting.

iii. **[x]** Recordkeeping.

iv. **[x]** Hiring, developing, and retaining qualified staff.

v. **[x]** Risk management.

vi. **[x]** Community relationships.

vii. **[x]** Marketing and public relations.

viii. **[x]** Parent-provider communications.

ix. **[x]** Use of technology in business administration.

x. **[x]** Compliance with employment and labor laws.

xi. **[ ]** Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a. Providers and staff with limited English proficiency: **The Lead Agency contracts with CCR&R to support child care providers. CCR&R has translated several of their materials and trainings into 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&R also provide technical assistance and educational opportunities to refugees who provide home child care. The Lead Agency partnered with CCR&R to develop a child development home regulation checklist tool with visual cues to support**

understanding for those with limited English proficiency.

b. Providers and staff who have disabilities: **The Lead Agency contracts with CCR&R to support child care staff's individual needs, including staff with disabilities. The contract requires CCR&R staff to provide services tailored to what that child care provider needs. For example, if a child care provider has a disability that that makes it difficult to fill out paperwork, CCR&R staff can visit on site to the child care provider and support the provider in completing the registration or licensing process. They can also assist in developing supports or action plans for accommodations that a child care staff member with disabilities may need to complete their daily work with children.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

[x] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **Legislation passed in the 2024 session modified the structure of Early Childhood Iowa (ECI) which is integral in Iowa's professional development framework and houses Iowa's State Advisory Council on Early Childhood Education and Care. The Early Childhood Iowa system is in the process of reorganizing and a potential new structure will be presented to the ECI State Board in coming months for their feedback.**

[ ]No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

[x] Yes. If yes, identify the other key groups: **The Lead Agency also consulted specifically with Before and After School programs as the Early Childhood Iowa initiative is generally an initiative focused on ages 0-5.**

[ ] No.

6.2.2 Description of the professional development framework

a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include

information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **Early Childhood Iowa has approved professional competencies for early childhood educators, adult educators and coaches. For early childhood educators Iowa has adopted the 2019 NAEYC Professional Standards and Competencies for Early Childhood Educators. For adult educators and coaches Iowa formed a cross disciplinary committee that researched and developed the competencies.**

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **Career pathways for early childhood educators and early childhood program administrators were developed and approved by Early Childhood Iowa (Iowa's multi-disciplinary, private-public statewide initiative to support young children and their families). Individuals interested in careers in either pathway can explore the pathways at this interactive website https://www.ecieducationpathway.org/ built to help individuals understand their options and what their next step in their career pathway might be. The Lead Agency has also developed a pathway for school-age professionals building off the National Afterschool Alliance's Core Knowledge and Competencies and with the feedback of afterschool programs in the state. This pathway can be accessed on the lead agency's website at https://hhs.iowa.gov/media/10557/download?inline=.**

iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **Legislation passed in the 2024 session modified the structure of Early Childhood Iowa (ECI) which is integral in Iowa's professional development framework and houses the professional development advisory structure. The Early Childhood Iowa system is in the process of reorganizing and a potential new structure will be presented to the ECI State Board in June 2024.**

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Many strong agreements exist between early childhood community college AA programs within the state and four-year early childhood programs within the state. The workforce committee which is 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 led by the Iowa Association for the Education of Young Children and a staff from the Lead Agency is member of the committee.**

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **Iowa Association for the Education of Young Children with funding from the Lead Agency completed a workforce study in 2023 as part of the requirements of their WAGE$ license. Key findings from the study include demographics and insights into recruitment and retention issues. Demographics of the Iowa child care workforce include: 96% female, 86% white, 98% primarily English speaking, 46% unmarried, 23% have no college**

experience and 48% have an associate's degree or higher. Key findings regarding recruitment and retention are that individuals find this work meaningful but they struggle financially. This is evidenced by 78% said they find the work meaningful, 62% plan to stay in the field as long as they are able financially, 50% of provider report they have used public assistance (i.e. SNAP, WIC, Medicaid, CCA), 53% have a household income below 200% FPL, 17% have another paid job in addition to their child care job and 52% that left the field would come back if there were improved compensation/benefits.

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **There are multiple funding streams for Iowa's PD system including CCDF, HeadStart funds, State funds and private-public partnerships. The Lead Agency uses CCDF dollars to contract with multiple organizations such as CCR&R, Iowa State University and First Children's Finance to provide training and technical assistance at no cost to providers. The Lead Agency also funds T.E.A.C.H. scholarships and WAGE$ stipends statewide with CCDF dollars. The Lead Agency and CCR&R also work closely with the Iowa Department of Education and the Head Start State Collaboration office to co-fund training and community of practice opportunities for early childhood professionals. Additionally Early Childhood Iowa has state funds that support local training needs as well as state-level Professional Development funds that support PD system needs. The Lead Agency is also funding a new private-public partnership opportunity in pilot communities throughout Iowa to support wage enhancements. The communities set up a Solutions Fund, generally housed in a chamber of commerce or a local economic development office. The fund manger solicits donations from area employers, business or foundations, then the Lead Agency matches those donations. Local child care programs can then apply to the fund manager for wage enhancements for their workforce.**

b. Does the Lead Agency use additional elements?

[x] Yes.

If yes, describe the element(s). Check all that apply.

i. **[x]** Continuing education unit trainings and credit-bearing professional development. 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 is tracked in Iowa's Early Childhood and School Age Workforce Registry (i-PoWeR) system.**

ii. **[ ]** Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe:

iii. **[ ]** Other. Describe:

[ ] No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? **For early childhood educators Iowa has adopted the NAEYC Professional Standards and Competencies. These competencies were developed by national experts in the early childhood field with a focus on reflecting the diversity of early childhood educators. Additionally multiple chances for feedback from the early childhood field were offered on drafts of these standards and competencies so that all individuals within the field could provide feedback. For Iowa's adult educator and coaching competencies the workgroup that drafted the competencies represented professionals from a multitude of settings (i.e. districts, area education agencies, child care resource and referral agencies, Head Start recipients, institutions of higher education and state agencies). Additionally multiple chances for feedback from adult educators and coaches were offered on drafts of the competencies before they were finalized.**

b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The Workforce Committee which is the advisory body for Iowa's T.E.A.C.H. and WAGE$ programs has released a recommended salary scale for early care and education in which the wage recommendations increase as staff gain credentials and experience. The scale uses data from the 2023 Iowa Child Care Workforce Study as well as data from similar occupations with the goal of parity with school district staff for equivalent qualifications. A staff member from the Lead Agency sits on the Workforce Committee and was involved in the subcommittee that worked on this resource. This resource can be found on the Iowa Association for the Education of Young Children's website as that organization is the administrative home of T.E.A.C.H. and WAGE$ https://iowaaeyc.b-cdn.net/app/uploads/2023/12/ECE-Salary-Scale.pdf**

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **Iowa's advisory structures sits within our Early Childhood Iowa initiative. The 2023-2026 ECI Strategic Plan Goal 3 is to transform the early childhood workforce. Specifically this includes targeted PD opportunities such as coaching to increase skills and knowledge as well as promotion of parity in compensation models. Strategies to achieve this goal included support of programs such as T.E.A.C.H. and WAGE$ that address compensation and implementation of a salary scall for the early childhood system.**

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The Lead Agency as well as other funders such as ECI support the T.E.A.C.H. Early Childhood Iowa program which provides financial scholarships but also counseling support to help providers navigate the higher education system and articulation concerns.**

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The 2023 Iowa Workforce Study by Iowa AEYC provided a wealth of information regarding existing wages and benefits available to the child care workforce.**

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **The Lead Agency does not have the authority to set a minimum wage for all child care staff. Based on information from the 2023 Workforce Study and with the feedback of stakeholders Iowa Association for the Education of Young Children has developed a Recommended Salary Scale as a resource to early childhood programs with the intent to help plan towards competitive wages that will reduce turnover and stabilize early childhood programs.**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

a. Licensed child care centers: **Six for teaching staff, eight for directors and on-site supervisors.**

b. License-exempt child care centers: **N/A, Iowa does not have license-exempt child care centers.**

c. Licensed family child care homes: **Preliminary notice of non-compliance for this requirement was issued on 1/22/24 related to Iowa's monitoring visit. The Lead Agency needs additional time to update administrative rules to meet this requirement. Currently policy requires that Child Development Homes have twenty-four hours of training during their 2-year certification period. Since the requirement is biennial not annual it is non-compliant.**

d. License-exempt family child care homes: **Preliminary notice of non-compliance for this requirement was issued on 1/22/24 related to Iowa's monitoring visit. The Lead Agency needs additional time to update administrative rules to meet this requirement. Currently policy requires that Child Care Homes with a CCA Agreement have 12 hours of training during their 2-year certification period. Since the requirement is biennial not annual it is non-compliant.**

e. Regulated or registered in-home child care: **N/A**

f. Non-regulated or registered in-home child care: **N/A**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **The Lead Agency meets with the Meskwaki Nation on a regular basis, approximately quarterly. During these meetings training and professional development opportunities are regularly an agenda item. Additionally, the Lead Agency has shared the two main websites that providers can go to for information about PD opportunities. These include i-PoWeR (Iowa's Early Childhood and School-Age Professional Development Workforce Registry) and the Iowa CCR&R website. i-PoWeR can be used to find and enroll in trainings and conferences throughout the State. The CCR&R website has whole section on Professional Development as well as contact information for CCR&R consultation services to support providers that need help finding training and professional development opportunities.**

6.3.3 Professional development appropriate for the children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **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: developmentally appropriate practices, 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 and on their ability to provide adult learning experiences that meet the needs of diverse participants.**

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **When the Lead Agency contracted to develop the Essentials Child Care Preservice Training we included information screening and resources when there are concerns regarding non-typical development including the above two criteria in the module called Understanding Child Development. All child care staff working directly with children must take this training.**

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

i. **[x]** Research-based.

ii. **[x]** Developmentally appropriate.

iii. **[x]** Culturally and linguistically appropriate.

iv. **[x]** Aligned with kindergarten entry.

v. **[x]** Appropriate for all children from birth to kindergarten entry.

vi. **[x]** Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

vii. If any components above are not checked, describe:

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. **[x]** Cognition, including language arts and mathematics.

ii. **[x]** Social development.

iii. **[x]** Emotional development.

iv. **[x]** Physical development.

v. **[x]** Approaches toward learning.

vi. **[x]** Other optional domains. Describe any optional domains: **The IELS also includes Area 4: Social Studies; Area 5: Creative Arts**

vii. If any components above are not checked, describe:

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The 3rd Edition of Iowa's Early Learning Standards was released in 2018. It was updated from the 2012 version to include updated research and information.**

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **https://publications.iowa.gov/46787/**

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The Iowa Early Learning Standards (IELS) are used to support child care providers understanding of how children develop and learn. The Lead Agency supports an Introduction to the IELS training to help the child care workforce understand the IELS and their intended use. Child care programs that participate in Iowa's quality rating and improvement system called Iowa Quality for Kids are required to take this training. Additionally the Lead Agency's workforce registry i-PoWeR was developed with IELS in mind. Professional development organizations can indicate which IELS a training addresses and then individuals looking for training on i-PoWeR can search by the IELS that they would like additional training on.**

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

   i. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

   ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

   iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.

   iv. **[x]** Will be used to deny children eligibility to participate in CCDF.

   v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated: **The Lead Agency uses a variety of data sources to assess needs for quality improvement activities including town hall meetings, administrative data, and feedback from support professionals. In 2021 Iowa's Governor formed a Child Care Task Force to assess supports needed to address the child care crisis. The final report and recommendations that were released near the end of 2021 have provided guidance for Lead Agency quality improvement initiatives. Additionally, in 2023 Lead Agency staff held a series of town hall meetings around the state for communities to discuss child care and the supports available for child care. The Lead Agency also reviews administrative data to determine trends in regulatory issues and in the child care assistance program.**

b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **The Child Care taskforce made a total of 15 recommendations. Of those recommendations five pertained to the Lead Agency, since some recommendations (i.e. tax breaks) are outside of the Lead Agency's purview. The recommendations that related to the Lead Agency's work were: Develop a shared services model that will allow child care providers to access a statewide, web-based partnership platform for support on various business operations; Provide more flexibility in Child Care Assistance program requirements to help more working families and child care providers; Re-examine staffing restrictions and child-staff ratios to determine whether regulatory changes should be made; Continue to support child care workforce education programs including T.E.A.C.H and WAGE$ and leverage new opportunities to fill the gap for individuals interested in pursuing the child care profession; and Develop a central online hub for parents to quickly and easily find information regarding child care facilities, openings, and enrollment.**

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF 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. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Quality**

Progress Report is publicly available on the Lead Agency's website. They can be found on the main Child Care page (https://hhs.iowa.gov/programs/programs-and-services/child-care) under the section entitled Child Care and Development Block Grant.

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. The Lead Agency supports a variety of training and professional development supports. In the Lead Agency's CCR&R contract provider services include, training, coaching and consultation services available to child care providers at no cost. The Lead Agency also funds multiple training series through Iowa State University, including but not limited to Universal Precautions, Medication Administration, Environmental Rating Scale training, and center employee orientation training (Passport). The Lead Agency, supports T.E.A.C.H. scholarships statewide for individuals that want to pursue higher education courses. The Lead Agency also funds maintenance of Iowa's Early Childhood and School Age Professional Workforce Registry, know as i-PoWeR which allows individuals to easily search and enroll for trainings as well as keep information related to their qualifications and professional development all in one place.

ii. Developing, maintaining, or implementing early learning and developmental guidelines.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

iii. Developing, implementing, or enhancing a quality improvement system.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. IQ4K is Iowa's Quality Rating and Improvement System. Our intent is to fund IQ4K and continue to evaluate the system. Current investments in our Quality Rating and Improvement System include a range of supports including: maintaining the online system used for IQ4K applications; achievement bonuses for all ratings achieved and funding training that is required in IQ4K. We also fund 10 IQ4K Specialists throughout the state in our contracts with Child Care Resource and Referral to support programs in achieving a quality rating. Child Care Nurse Consultants also provide health and safety supports and Environment Rating Scale assessment supports are also funded.

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

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. The Lead Agency currently funds a number of professional development opportunities (training and

consultation) specifically for individuals that work with infants/toddlers such as the Program for Infant Toddler Care (PITC), Infant/Toddler Pyramid Model Modules and training on the Infant Toddler Environment Rating Scale(ITERS). The Lead Agency will use Child Care Connect (C3) dashboards launched in June 2024 to analyze gaps between demand estimates and supply of child care slots for infants/toddlers. Based on the data analysis, the Lead Agency may develop additional strategies to improve the supply of child care services for infants and toddlers.

v. Establishing or expanding a statewide system of CCR&R services.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. The Lead Agency recently re-procured contracts for CCR&R services statewide. The contracts offer provider services, family services and community services. Provider services include but are not limited to consultation, coaching and training. Family services include child care referrals and consumer education. Community services include educational presentations, public education regarding quality child care and current child care issues and supporting communities to address local child care concerns.

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

[x] No plans to spend in this category of activities at this time.

[ ]Yes. If yes, describe current and future investments.

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

viii. Accreditation support.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. The Lead Agency also funds: maintenance and upgrades to IT systems, a shared services project, WAGE$

stipends and community solutions grants. Current IT systems that the Lead Agency maintains and upgrades are KinderTrack(payment system), CRIS (regulatory system), IQ4K (QRIS system) and i-PoWeR (workforce registry system). The Lead Agency also supports a shared services project that provides tools and resources for more informed decision making. The Shared Services project includes, Financial Management Coaches (FMCs) that teach child care providers how to effectively use Child Care Management Systems (CCMSs) to reduce administrative burden and have more precise data to inform business decisions. Additionally the Shared Services project has built and operational data store system called Child Care Connect (C3) that integrates multiple sources of data to power dashboard visualization that can be used to make informed decisions at all levels including state-level, regional-level, community-level and individual business level.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies 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.

The Lead Agency must coordinate with the following agencies:

a. 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 and results of the coordination: **Legislation passed in the 2024 session modified the structure of Early Childhood Iowa (ECI) which houses Iowa's State Advisory Council on Early Childhood Education and Care. The Early Childhood Iowa system is in the process of reorganizing and**

a potential new structure for the SAC will be presented to the ECI State Board in June 2024. Historically, Lead Agency staff have coordinated with ECI staff to add CCDF relevant topics to the agenda as well as attending SAC meetings. Lead Agency staff will continue to do this once the reorganization is finalized. Additionally, April of 2024 the Lead Agency invited members of the existing SAC to a feedback session around the CCDF state plan and their feedback was used to prioritize action items of the Lead Agency.

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: The Lead Agency meets regularly with the Meskwaki Nation. This results in sharing of opportunities available to the providers that serve the tribe. Most recently the Lead Agency and the Meskwaki Nation are coordinating to support the opening of a new child care center built by the Meskwaki Nation.

[ ] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: 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 bi-weekly Early ACCESS state staff team meetings, bi-monthly Early ACCESS AEA/Regional Grantee meetings and Iowa Council for Early ACCESS meetings as scheduled; Assist the Department of Education (IDOE) 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 (IDOE)administration; Provide technical assistance to the Department of Health and Human Services and to private/public constituents as identified in action plans or as directed by the Department of Education and HHS 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 HHS 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 Provide information, training, and guidance to DHS and other constituents about Early ACCESS; Collaborates with Iowa State University's Child Welfare Research and Training Project leaders.

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: Staff from the Lead Agency and the Head Start State Collaboration office have historically held collaboration meetings with Head Start recipients that hold the EHS-CCP grants. These meetings supported knowledge of the state's CCA system as well as problem solving on individual issues. The Head Start State Collaboration Office and the Lead Agency are currently in the process of relaunching these meetings and inviting all Head Start recipients that use the Lead Agency's CCA program to attend. Additionally Lead Agency staff and Head Start State Collaboration Office staff co-lead the State's Pyramid Model initiative and regularly work together to align systems and share professional development resources when possible.

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Lead Agency is also the public health agency. The Lead Agency's Child Care Policy Bureau which is responsible for coordination of the CCDF program contains three Registered Nurses, that operate the state's Health Child Care Iowa initiative. The Healthy Child Care Iowa project includes but is not limited to: training Child Care Nurse Consultants (CCNCs) throughout the state that provide technical assistance and training to child care providers, development of statewide health and safety trainings, supporting CCNCs and ensuring consistency of TA & training throughout the state, providing health and safety guidance to the Child Care Policy Bureau staff. Additionally, these lead agency staff are part of regular team meetings of the Child Care Policy Bureau and provide a public health perspective to child care policy in Iowa.**

f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Lead Agency has worked on multiple projects with staff from Iowa Workforce Development. These projects include child care grants as well as business incentive grants in areas across the state that lacked accessible child care. The child care grants supported additional child care slots throughout the state by either supporting expansions at current child care programs or development of new child care programs. The business incentive grants encouraged employers across the state to support slots at local child care facilities for them employees by providing matching funds.**

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Lead Agency staff collaborate with Iowa Department of Education staff in multiple capacities. 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. Additionally Lead Agency staff recently worked with Department of Education staff on a grant project that supports local districts in implementation of curriculum and supports that result in attainment of a CDA credential for high school students.**

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Lead Agency is the agency responsible for child care licensing. The Lead Agency's child care licensing staff are in the same unit at the Child Care Policy Bureau and both are overseen by the Child Care Director. The Child Care Director holds regular collaboration meetings with the supervisor of the child care policy bureau and the supervisors of the child care licensing staff to discuss areas of overlap. An example of a recent collaboration topic is review of current compliance reports in relation to the new CCDF final rule and determining areas of needed change.**

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The Regulatory Program Manager coordinates with State and local CACFP**

staff on an as needed basis when questions or concerns come up about regulatory issues. This results in both CACFP staff and the Lead Agency's regulatory staff being more aware of intersections between the programs. The Lead Agency's Professional Development Program manager works with CACFP staff as needed to provide support using the lead Agency's i-PoWeR workforce registry system. She is also working with CACFP staff to link the i-PoWeR system with the CACFP learning platform. This results in CACFP professional development opportunities being listed in the i-PoWeR workforce registry and widely seen by child care providers. The Lead Agency's Quality Program Manager has a state-level CACFP representative on the QRS oversight team. This team functions as an advisory group to the Iowa QRS and generally meets on a quarterly basis but has met more frequently during the process of redesigning the Iowa QRS into a QRIS. The Quality Program Manager also reaches out to the CACFP staff on an as needed basis to clarify policies or requirements related to the QRS. This results in clear and consistent advice to providers around CACFP requirements in the QRS and export food and nutrition guidance during the redesign of the QRS system. Additionally Lead Agency staff have been working with state CACFP staff on our Shared Services project with the goal of embedding CACFP documentation withing the state-sponsored Child Care Management Systems and within our new operational data store called Child Care Connect (C3). The intent is to increase efficiency for both child care administrators in record keeping and also be able to use the data at a state level to make informed decisions.

j. 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 and results of the coordination: **Lead Agency staff discussed ideas with McKinney-Vento staff to support those experiencing homelessness. The discussion lead to the ideas of adding information about Child Care Assistance to the Department of Education page on homelessness.**

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **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 childcare 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.**

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **The Lead Agency is the agency responsible for Medicaid and the Iowa's CHIP program known as Hawk-i. Child Care, Medicaid and Hawk-i leadership meet and they discuss connections and overlap or gaps between the programs. This information is used for policy decision making to improve family and child outcomes.**

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **Iowa has a Children's Behavioral Health System State Board (Children's Board) which is the point of responsibility in the implementation and management of a Children's Mental Health System (Children's System) that is committed to improving children's well-being, building healthy and resilient children, providing for**

educational growth, and coordinating medical and mental health care for those in need. This board is co-chaired by the Lead Agency and the Iowa Department of Education. Additionally, the lead agency houses our state's Infant and Early Childhood Mental Health Consultation initiative. As part of that initiative there is a Wellness Council organized by lead agency staff and the Child Care Policy Bureau Chief sits on that council. The Wellness Council worked with a pilot project incorporating IECMHC into HeadStart centers and is reviewing lessons learned from that to see how IECMHC could be incorporated into child care programs in the state.

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **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. As part of the contracts the Regional Directors of each of the 5 agencies meet regularly (generally monthly) with staff from the Lead Agency. These meetings result in improved policies and consistency of CCR&R services throughout the state as well as informing Lead Agency staff of trends of their interactions with child care providers, families and communities.**

o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **One of the Lead Agency's staff members serves on the Iowa Afterschool Alliance Strategic Leadership Team (SLT). The Alliance seeks to improve access to high quality out of school time programming and recognizes that oversight of school based before and after school programming fall under the lead agencies child care licensing rules. The Strategic Leadership Team meets every other month and outlines ways to support the existing infrastructure as well as how to provide quality programming to youth. The IAA has helped to develop "Afterschool in a Box" to assist interested parties in how to successfully open and operate a new school-aged program. The IAA also supports 21st Century Community Learning Centers and can assist in supporting a shift towards child care licensing for long-term sustainability planning. The IAA's network lead is also a participant on the State Child Care Advisory Committee, assuring cross-partner collaboration.**

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **One of the Lead Agency's staff members shares information, as appropriate, with 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 Lead Agency believes that coordination and collaboration efforts involve all levels of the emergency preparedness and response system in our state. Lead Agency staff and CCR&R have built relationships with HSEMD, as well as, partnering agencies and organizations at both the local and state levels. Based on relationships developed, the director of HSEMD wrote a letter of support for CCR&R's application for an Emergency Preparedness Project through Child Care Aware of America. CCR&R was awarded funding for a 2½ year grant with activities for targeted populations in and outside of the state's child care system. Based on activities funded under the grant, a presentation, Emergency Preparedness and Child Care," was developed and will be presented by CCR&R staff at regional county emergency management district meetings. A CCR&R regional director serves and brings the child care perspective to the Iowa Disaster Human Resources Council (IDHRC) [Iowa's VOAD]. IDHRC is coordinated and staffed by**

HSEMD. Emergency preparedness and response resources and activities are frequently shared between CCR&R and the staff person from HSEMD. A tabletop exercise developed and conduct of the Lead Agency's Statewide Child Care Emergency Preparedness and Response Plan included collaboration with HSEMD and county emergency management. A county emergency deputy manager served as the facilitator of the tabletop exercise and a staff person from HSEMD served as the observer/evaluator. Additionally, as part of the alignment with Iowa Department of Public Health, the Lead Agency has a renewed and aligned effort around emergency services and agency response for coordinated efforts with preparedness and response operations, logistics, planning, and administration An Incident Command Center structure is developed under a National Response Framework by the Department of Homeland Security. This response framework engages Iowa's Governor's Office, HSEMD, State Agencies, and local Emergency Management Agencies.

q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.

i. **[x]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **As described above in item d regarding the Head Start State Collaboration Office the Lead Agency regularly invites EHS-CCP recipients to collaboration meetings.**

ii. **[ ]** State/Territory institutions for higher education, including community colleges. Describe:

iii. **[ ]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:

iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **The Lead Agency recently had a merger between the Departments of Human Services and Public Health. During the merger staff responsible for MIECHV programs and staff responsible for child care programs were put in the same division. Leadership of both programs meet regularly and discuss collaboration opportunities.**

v. **[ ]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:

vi. **[x]** State/Territory agency responsible for child welfare. Describe: **The Child Protection unit is located in the same Division as the child care unit. Leadership of both programs meet regularly and discuss collaboration opportunities.**

vii. **[ ]** Child care provider groups or associations. Describe:

viii. **[ ]** Parent groups or organizations. Describe:

ix. **[ ]** Title IV B 21st Century Community Learning Center Coordinators. Describe:

x. **[ ]** Other. Describe:

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool

programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds 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, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency 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 pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

[x] No. (If no, skip to question 8.2.2)

[ ] Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

[ ] Title XX (Social Services Block Grant, SSBG)

[ ] Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

[ ] State- or Territory-only child care funds

[ ] TANF direct funds for child care not transferred into CCDF

[ ] Title IV-B funds (Social Security Act)

[ ] Title IV-E funds (Social Security Act)

[ ] Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, 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?

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

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 must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

[ ] Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

[x] Yes. If yes, describe which funds are used: **State General Funds**

[ ] No.

b. Does the Lead Agency use donated funds to meet match requirements?

[ ] Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. **[ ]** Donated directly to the state.

ii. **[ ]** Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

[x] No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

  Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

  If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

  [ ] Yes.

  [x] No. If no, describe: **The Lead Agency does not use pre-Kindergarten state expenditures**

to meet the MOE requirements.

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, 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).

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 Part B, 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 Lead Agency.
- 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 Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

[ ] No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

[ ] No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

[x] Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:
For families CCR&R provides access to a web-based child care search portal as well as offering personalized referral services at no cost. In both the web-based search portal and the personalized referrals families are provided the Guide to Choosing Quality Childcare which reviews the full range of child care options in the state. Through both the personalized referral and the web-based referral families are able to get information on

providers that offer non-traditional hours or additional services for children with disabilities. All families that are approved for child care assistance are provided information about CCR&R's options for parent referrals and encouraged to use those services. CCR&R also collects and makes public data on the number of programs compared to the child population of areas throughout the state. This can be found on their public website under the Data heading. Recruitment and Retention is also a provider service offered by Iowa CCR&R. They support family child care providers with the initial licensing process (which Iowa calls Registration) as well as the required paperwork to accept subsidy payments. Additionally they provide a special professional development series called Child Care Ready for individuals interested in a career in early childhood education. This series which includes training, coaching and mentorship prepares individuals to meet initial licensing/registration requirements for the child care workforce. Additionally all CCR&R regions have staff dedicated to working with communities on building solutions to local child care issues.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage 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) 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.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Lead Agency supports multiple private public partnerships, including Business Incentive Grants, Community Solutions Grants and efforts of the Iowa Women's Foundation. Business Incentive Grants encourage employers to secure slots at local child care programs for their employees by matching funds that businesses allocate for this. The Community Solutions Grants encourage local communities to invest in their child care supply by creating a local fund. An organization such as a chamber of commerce or a local economic development board is the fund manager and they solicit donations from local employers or businesses which are then matched by the Lead Agency. Once the fund is established local child care programs can apply to the fund manager to receive funds to increase the wages of their staff. The Lead Agency also supports efforts of the Iowa Women's Foundation to engage local business and communities in the above strategies. The Iowa Women's Foundation provides technical assistance to businesses and communities to support understanding of their unique local child care needs as well as the solutions that might be best fitted to their needs.**

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and 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.

8.5.1 Statewide Disaster Plan updates

a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **3/29/2022**

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

i. The plan was developed in collaboration with the following required entities:

[x] State human services agency.

[x] State emergency management agency.

[x] State licensing agency.

[x] State health department or public health department.

[x] Local and State child care resource and referral agencies.

[x] State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. **[x]** The plan includes guidelines for the continuation of child care subsidies.

iii. **[x]** The plan includes guidelines for the continuation of child care services.

iv. **[x]** The plan includes procedures for the coordination of post-disaster recovery of child care services.

v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

[x] Procedures for evacuation.

[x] Procedures for relocation.

[x] Procedures for shelter-in-place.

[x] Procedures for communication and reunification with families.

[x] Procedures for continuity of operations.

[x] Procedures for accommodations of infants and toddlers.

[x] Procedures for accommodations of children with disabilities.

[x] Procedures for accommodations of children with chronic medical conditions.

vi. **[x]** The plan contains procedures for staff and volunteer emergency preparedness training.

vii. **[x]** The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe:

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
https://hhs.iowa.gov/media/479/download?inline=

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. 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. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

a. 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 Child Care Complaint Hotline is operated by lead agency child care assistance unit that is responsible for family eligibility, provider applications and provider payments. The toll-free phone number (1-866-448-4605) is a recognizable number for families as it is the same number they call for CCA information.**

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The Lead Agency has staff that speak Spanish as well as access to a language line. According to the Iowa Data Center 95.5% of Iowa families speak English and/or Spanish at home, with English only speakers over 91%.**

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **When parents want to submit a complaint they do not need to fill out an online form or enter any information on their own. They are able to call a hotline where a trained staff member of the lead agency will ask all the needed questions to fill out the information to submit a complaint in our regulatory IT system. If an individual has a hearing impairment the lead agency has a service called Relay Iowa TTY that provides accessibility assistance to individuals that are deaf, hard of hearing, deaf-blind or have difficulty speaking.**

d. For complaints about providers, including CCDF providers and non-CCDF providers, does

the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[x] Yes. If yes, describe: **The person answering the Child Care Complaint Hotline 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 that oversees the provider type (licensed center or child care home). The supervisor reviews 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 and approves the report. 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. In Iowa an unregistered non-CCDF provider may legally operate in their home with 6 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

[ ] No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **The Lead Agency**

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Once the complaint 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. Any complaint without a substantiated complaint is public record and may be

requested, however these are not posted on the public facing webpage.

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

i. Provide the URL for the Lead Agency's consumer education website homepage: **https://hhs.iowa.gov/programs/programs-and-services/child-care**

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

[x] Yes.

[ ] No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

[x] Yes.

[ ] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **https://hhs.iowa.gov/programs/programs-and-services/child-care. Please see expandable sections for Licensed Centers, Child Development Homes, and Child Care Homes. Additional information is also located at https://hhs.iowa.gov/programs/programs-and-services/child-care/child-care-licensing**

ii. Provide the direct URL/website link to the processes for conducting monitoring

and inspections of child care providers::
https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
https://hhs.iowa.gov/programs/programs-and-services/child-care Please see expandable section called Provider Record Checks for Child Care.

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:
https://hhs.iowa.gov/media/357/download?inline= is the FAQ document that contains this information. It can be found on the main child care website (https://hhs.iowa.gov/programs/programs-and-services/child-care) in the expandable section called Provider Record Checks for Child Care

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

[x] Yes.

[ ] No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **https://search.iachildcareconnect.org/**

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

[ ] License-exempt center-based CCDF providers.

[x] License-exempt family child care CCDF providers.

[ ] License-exempt non-CCDF providers.

[ ] Relative CCDF child care providers.

[ ] Other (e.g., summer camps, public pre-Kindergarten). Describe:

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results

	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	**[x]**	**[ ]**	**[x]**	**[ ]**	**[ ]**
Enrollment capacity	**[x]**	**[ ]**	**[x]**	**[ ]**	**[ ]**
Hours, days, and months of operation	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Provider education and training	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Languages spoken by the caregiver	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Quality information	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Monitoring reports	**[x]**	**[ ]**	**[x]**	**[ ]**	**[ ]**
Willingness to accept CCDF certificates	**[x]**	**[ ]**	**[x]**	**[ ]**	**[ ]**
Ages of children served	**[x]**	**[ ]**	**[x]**	**[ ]**	**[ ]**
Specialization or training for certain populations	**[x]**	**[ ]**	**[x]**	**[ ]**	**[ ]**
Care provided during nontraditional hours	**[x]**	**[ ]**	**[x]**	**[ ]**	**[ ]**

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

i. **[x]** All licensed providers. Describe: **The child care search includes hours/days of operation but not months of operation and if the program provides transportation.**

ii. **[ ]** License-exempt CCDF center-based providers. Describe:

iii. **[x]** License-exempt CCDF family child care providers. Describe: **The child care search includes hours/days of operation but not months of operation and if the program provides transportation.**

iv. **[ ]** License-exempt, non-CCDF providers. Describe:

v. **[ ]** Relative CCDF providers. Describe:

vi. **[ ]** Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

   i. **[x]** Quality improvement system.

   ii. **[ ]** National accreditation.

   iii. **[ ]** Enhanced licensing system.

   iv. **[ ]** Meeting Head Start/Early Head Start Program Performance Standards.

   v. **[ ]** Meeting pre-Kindergarten quality requirements.

   vi. **[ ]** School-age standards.

   vii. **[ ]** Quality framework or quality improvement system.

   viii. **[ ]** Other. Describe:

b. For what types of child care providers is quality information available?

   i. **[x]** Licensed CCDF providers. Describe the quality information: **IQ4K rating (Iowa's QRIS)**

   ii. **[ ]** Licensed non-CCDF providers. Describe the quality information:

   iii. **[ ]** License-exempt center-based CCDF providers. Describe the quality information:

   iv. **[ ]** License-exempt FCC CCDF providers. Describe the quality information:

   v. **[ ]** License-exempt non-CCDF providers. Describe the quality information:

   vi. **[ ]** Relative child care providers. Describe the quality information:

   vii. **[ ]** Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

   i. **[x]** The total number of serious injuries of children in care by provider category

and licensing status.

ii. **[x]** The total number of deaths of children in care by provider category and licensing status.

iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

iv. **[x]** The total number of children in care by provider category and licensing status.

v. If any of the above elements are not included, describe:

b. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **The Lead Agency requires serious injury reporting by child care providers to the lead agency. This information is maintained in a Child Care Complaint Intake created in the Child Care Regulatory Information System (CRIS). The Lead Agency runs regular reports to capture aggregate data for website posting at https://hhs.iowa.gov/programs/programs-and-services/child-care**

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement: **FOUNDED: Based on a preponderance of credible evidence available to HHS, the allegation of abuse is confirmed and it is the type of abuse that requires placement on the Child Abuse Registry. CONFIRMED: Based on a preponderance of all of the credible evidence available to HHS, the allegation of abuse is confirmed; however, the abuse will not be placed on the Child Abuse Registry.**

iii. 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. Disabling mental illness, bodily injury which creates a substantial risk of death, causes serious permanent disfigurement, or causes protracted loss or impairment of the function of any bodily member or organ, any injury to a child that requires surgical repair and necessitates the administration of general anesthesia, and include but is not limited to skull fractures, rib fractures, metaphyseal fractures of the long bones of children under the age of 4 years.**

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **Aggregate number of serious injuries, deaths and substantiate child abuse numbers: https://hhs.iowa.gov/programs/programs-and-services/child-care Total number CCDF funded children in care can be found on the lead agency's child care dashboard at https://hhs.iowa.gov/dashboard_welcome**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

[x] Yes.

[ ] No.

[ ] Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information: **This information is located in a variety of areas on the Lead Agency website however the primary place is https://hhs.iowa.gov/programs/programs-and-services/child-care/child-care-tools-and-resources under the expandable "Choosing Child Care" menu. This information is also found on the lead agency's child care search portal http://ccmis.dhs.state.ia.us/ClientPortal/ProviderSearch.aspx**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to this information: **At the bottom of every page of the https://hhs.iowa.gov/ website is a contact us link where an individual can submit a form with their question or need. Additionally on the child care specific page (https://hhs.iowa.gov/programs/programs-and-services/child-care) near the bottom are a number of contact cards that families can use to contact the appropriate staff.**

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to the sliding fee scale. **https://hhs.iowa.gov/programs/programs-and-services/child-care/CCA**

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.
The Lead Agency uses multiple methods to share information, including the lead agency's website and communication services through our contract with CCR&R. The Lead Agency's website includes information about the types of child care providers in Iowa, the Child Care Assistance program for families that need support paying for child care services, compliance and complaint reports and a resources page full of additional programs that families may be eligible for as well as information on child development. Additionally through our contract with CCR&R there are email distribution lists, the CCR&R website, printed materials such as the Guide to Choosing Quality Child Care and community development specialists who attend meetings and network throughout individual communities to help increase awareness and understanding of child care issues.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

[x] Yes.

[ ] No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected

4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

[x] Yes.

[ ] No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **On the Lead Agency's main child care webpage there is a link to a child care tools and resources page (https://hhs.iowa.gov/programs/programs-and-services/child-care/child-care-tools-and-resources). This page contains a number of sections that can be expanded to see resources, including sections on Child Development, Screening and Early Intervention and Associations and Accreditation. Additionally the CCR&R webpage has sections for families, providers, communities and providers each with resources around best practice directed specifically to that audience. In the CCR&R contract they are also required to provide educational presentations to parents, the community and employers on the following topics: Types of child care in Iowa; the IQ4K system, how to search for and interview child care providers, how community leaders can support availability of child care, and how employers can support availability of child care**

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

[x] Yes.

[ ] No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and 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: **Iowa has a Pyramid Model initiative called Early Childhood Positive Behavior Interventions and Supports (EC-PBIS). This initiative is co-led by the Lead Agency and the**

Department of Education. For providers the Lead Agency supports the Pyramid Model module training from the National Center on Pyramid Model Innovations (NCPMI) which was developed by national experts. Additionally, Iowa has a program wide cohort process for providers in which they receive training, coaching and technical assistance for at least three years to implement practices from the Pyramid Model framework program wide. For families and the general public information about the Pyramid Model and general social/emotional development resources are contained on the Lead Agency's Child Care Tools and Resources page under the section called Child Development and Additional Resources. Families that apply for CCA are made aware of these resources as part of the intake process.

9.3.7 Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have 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. Describe those policies and 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. Information about these requirements is available to parents on the Lead Agency's website.
They can access the requirements in multiple forms, including a checklist format and a guide that explains each requirement. Additionally, Iowa's QRIS has requirements intended to build providers' capacity to support children and prevent suspension and expulsion. The requirements build on each other starting at level one with development of a comprehensive behavior policy that promotes positive relationships. Then at level 2 participating programs must implement a policy that eliminates or severely limits expulsion, suspension, punitive or other exclusionary discipline. There are also other requirements throughout the QRIS such as provider training and family engagement activities that while not directly related to a policy on suspension and expulsion create the supportive environments that are needed for prevention.

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: All policies mentioned in item (a) for birth to age five also apply to school-age children.
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. Information about these requirements is available to parents on the Lead Agency's website.
They can access the requirements in multiple forms, including a checklist format and a guide that explains each requirement. Additionally, Iowa's QRIS has requirements intended to build providers' capacity to support children and prevent suspension and expulsion. The requirements build on each other starting at level one with development of a comprehensive behavior policy that promotes positive relationships. Then at level 2 participating programs must implement a policy that eliminates or severely limits expulsion, suspension, punitive or other exclusionary discipline. There are also other requirements throughout the QRIS such as provider training and family engagement activities that while not directly related to a policy on suspension and expulsion create the supportive environments that are needed for prevention.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated 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; and,
- 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.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

[x] Yes.

[ ] No. If no, describe:

b. 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 Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

[x] Yes.

[ ] No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

[x] Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **A consumer education statement is mailed to all families with the information that informs them of their eligibility for child care services. The statement has information on how to obtain developmental screenings and why they are important.**

[ ] No. If no, describe:

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

[x] Yes.

[ ] No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The Lead Agency has aligned public health, human services, and other state agencies to develop Iowa's Health and Human Services department. As part of this alignment, HHS has intentionally developed a Compliance Division with a focus on internal auditing procedures. This helps the organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management, and control processes. Quality/internal controls are the policies, procedures and daily activities put in place to ensure that operations are efficient and activities are compliant with applicable laws, regulations, standards, and department policies. HHS continues to review manuals, standard operations procedures, administrative reporting structures, etc. Foundations of effective Governance have been developed including delegation, direction, resources and oversight as well as accountability and reporting to include providing specialist for oversight, risk assessment and risk management. Through the use of internal audit, we can provide independent assurance by checking actions after they occur. Internal audits may include financial reporting, compliance, information security, operations, risk management, and investigative. Additionally, the Compliance division houses the Contracting bureau and multi-agency alignment has required the lead agency to evaluates procurement and contracting policies and practices. New processes require a strategic and risk based contract assessment process to aid program staff in anticipating and preemptively mitigating potential procurement issues. The use of distinct guidelines and federal definitions for procurement solicitations is established. New trainings have been developed for those involved in the contract management process, including cost allocation training and a renewed focus on 2 CFR 200 standards.**

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.

3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The State Administrator and the Child Care Director meet with a budget analyst from the Lead Agency's Division of Fiscal management on an ongoing basis to obligate and liquidate CCDF funds. Monthly tracking spreadsheets are sent by the budget analyst to ensure timely tracking of fund use. Additionally there are be-monthly projection meetings in which the Lead Agency's leadership, the Department of Management and the Legislative Services Agency review and track all CCDF funds and make adjustments as needed. Development of contracts with CCDF funds is supported by the Lead Agency's Bureau of Contracting Support which ensure federal regulations are followed in procurement and contracting processes. Once a contract is in force, contract managers from the Lead Agency's Child Care Policy Bureau 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.**

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **The Lead Agency's fiscal staff are able to track all expenditures through use of the State of Iowa accounting procedures and policies. All expenses have accounting codes that allow fiscal staff to track detailed information about each expense including, what entity was paid, general expense category (i.e. professional services or education opportunities), specific type of expense (i.e. IT development or provider training). Fiscal staff regularly track these expenses and provide reports to the policy staff. Additionally the Lead Agency has a contracting department that assists contract managers in development of contracts as well as providing training regarding how to develop contracts that comply with federal regulations and expenditure requirements.**

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The information for fiscal reports is first compiled by the budget analyst. A preliminary report is then sent to the Accounting staff to reconcile for any potential accounting errors. The report is checked by the accounting staff at the grant level (i.e., CCDD, CCDF, CCDM, etc.) for compliance with specific grant obligation, liquidation, match, and maintenance of effort requirements. Specific spending targets associated with a grant award are also checked, such as direct services, and quality and infant spending requirements. After accounting has successfully reviewed the report, the**

report is returned to the budget analyst along with documents certifying reconciliation with the accounting ledger. The budget analyst then forwards the certified report, along with the reconciliation documents to the budget manager for review. After the budget manager has reviewed, and signed off on the report, the budget analyst then inputs the report into the federal grant reporting system online. The budget analyst has a federal contact at ACFS to assist with any issues which may arise to entering the report information into the online federal system. After the report is successfully entered by the budget analyst, the budget manager certifies the report in the online system.

d. Other. Describe: **N/A**

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: **Effective fiscal management practices begin with alignment to 2 CFR Part 200 ensuring that expenditures are necessary, reasonable, allowable, and allocable. In addition, there are appropriate segregation of duties and other checks and balances in place to ensure proper management.**

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **Iowa HHS budget analysts track and review expenditures and there is a reconciliation process with the accountants which is part of the federal reporting process.**

c. How the results inform implementation. Describe: **Budget analysts work closely with programs staff tracking both revenues and expenditures, creating program projections on a regular basis to give program staff and policy makers timely information to make informed decisions.**

d. Other. Describe: **N/A**

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Internal Controls and Accountability Unit conducts a department-wide risk assessment of all department programs and functions each year, including a risk assessment of the child care program. This assessment evaluates the program based on a core set of risk factors defined by internal audit best practices and applied consistently across all programs. The program risk score is used to identify potential areas for further evaluation by the department's internal audit function within that year. Findings from any internal audits conducted on the program, including any areas of noncompliance or operational inefficiency, are shared back with program leadership to inform quality improvements and strengthen internal controls. It is the goal of the internal audit function to review all department programs on a rotational basis. The Lead Agency segregates staff duties so that staff that are responsible for family or provider eligibility do not also have the ability to process payments to providers. Additionally Supervisors of the family eligibility unit and the provider eligibility unit conduct ongoing case readings of staff to ensure accuracy and compliance with child care**

policy. These supervisors also hold regular ongoing meetings with staff to discuss quality control findings.

The Lead Agency's Quality Control Bureau conducts ongoing quality control reviews of family eligibility cases. When errors are found information is sent to the individual worker and their supervisor for review and to create learning opportunities to prevent future errors.

The CCA program manager regularly receives reports from the eligibility IT system of child care providers that are billing large amounts so that these can be reviewed for accuracy and potential fraud.

b. The frequency of each risk assessment. Describe: **Annually**

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **Findings from any internal audits conducted on the program, including any areas of noncompliance or operational inefficiency, are shared back with program leadership to inform quality improvements and strengthen internal controls.**

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The Internal Controls and Accountability Unit is a new unit within the Lead Agency's merged structure with public health. The agency intends to monitor this process and if the processes are effective we would expect future negative internal and external audit findings to be reduced.**

e. Other. Describe: **N/A**

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

   i. Describe the training provided to staff members around CCDF program requirements and program integrity: **Training is based on the staff members role. Family eligibility staff, registration staff and payment staff are trained through the Lead Agency's Income Maintenance Training Academy (IMTA). IMTA conducts policy/procedure training on child care assistance as well as child care IT system training for all new staff. Regulatory staff that conduct inspections are trained by their supervisors through an onboarding process.**

   ii. Describe how staff training is evaluated for effectiveness: **Supervisors for the family eligibility, registration and payment staff regularly conduct case readings of all staff. Supervisors evaluate if inaccuracies are individual or if they are seeing trends across workers. If trends are identified the Supervisors work with IMTA staff to update training curricula. Supervisors of the regulatory staff review and sign off on all regulatory reports. Individual deficiencies are address but if trends**

are noticed that would be discussed with the Regulatory Program Manager to see if updates to the onboarding process are needed.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Supervisors from the Lead Agency regularly review error rate results and if trends are noticed additional trainings or internal controls are developed. Additionally results of internal audit findings are shared regularly with program leadership to inform staff training needs.**

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: **In Iowa's Preliminary letter of non-compliance issued on 1/22/24 this requirement was identified as non-compliant. The Lead Agency will need time to develop and implement a training process. Iowa currently has written instructions and a telephone hotline that providers can call with questions about our CCDF program but there is not a formal training on CCDF program requirements and program integrity.**

ii. Describe how provider training is evaluated for effectiveness: **Iowa is still in the development phases of building training materials for child care providers but methods to determine effectiveness will be part of the development process.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **Iowa is still in the development phases of building training materials for child care providers but methods to determine effectiveness will be part of the development process so that the Lead Agency can use that data to inform ongoing training needs in this area.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Error rate reports are shared with program management, the Chief Audit Executive, and the Chief of Compliance. The Internal Controls and Accountability Unit tracks and monitors all management action items arising from quality control and audit findings to ensure compliance. Error rate findings are incorporated into the department's annual risk assessment and are used by the department's internal auditors when evaluating the effectiveness of the program's internal controls.**

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Audit results are shared with program management, the Chief Audit Executive, and the Chief of Compliance. The Internal Controls and Accountability Unit tracks and monitors all management action items arising from quality control and audit findings to ensure compliance. Audit findings are incorporated into the department's annual risk assessment**

and are used by the department's internal auditors when evaluating the effectiveness of the program's internal controls.

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **N/A**

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. **[ ]** No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.

b. **[x]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **Internal control weaknesses have been identified in sub-recipient monitoring. Identification of this weakness occurred through a review of sub-recipient activity by a financial auditing firm hired by the department. Internal controls have since been strengthened by ensuring more robust terms and conditions are included in the sub-recipient contracting process and by better standardizing and documenting monitoring activities. The department's internal audit function will begin its first full year of conducting internal audits in July 2024 and anticipates an ability to answer this question more robustly in the future.**

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls 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 and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. **[x]** 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)).

   i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency has a Memorandum of Agreement with the Iowa Department of Revenue (IDR) to share program data regarding public assistance programs (i.e. Social Security Income). The IDR provides a summary of the data from across state agencies to the Lead Agency. This results in the lead agency being able to verify the accuracy of self-reported data (i.e. household size) on the family's child care assistance application.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency has a Memorandum of Agreement with the Iowa Department of Revenue (IDR) to share program data regarding public assistance programs (i.e. Social Security Income). The IDR provides a summary of the data from across state agencies to the Lead Agency. This results in the lead agency being able to verify the accuracy of self-reported data (i.e. household size) on the family's child care assistance applications.**

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice::

b. **[x]** Run system reports that flag errors (include types).

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency runs monthly reports from our subsidy billing system focusing on monitoring for overcapacity. When a report shows a program has billed for more children at one time than their capacity allows this triggers a compliance worker to visit the program. The compliance worker will conduct an onsite visit and interview the provider to determine the cause of the overcapacity. If the provider was overcapacity that becomes a regulatory violation which is cited on a complaint report, if the provider made a mistake in billing they are supported to correct the mistake and prevent future mistakes, and if there is suspicion that a provider may be submitting attendance for children that were not present a referral is made to the Department of Inspections, Appeals and Licensing to investigate. These actions results in identification and prevention of program violations.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency runs monthly reports from our subsidy billing system focusing on monitoring for overcapacity. When a report shows a program has billed for more children at one time than their capacity allows this triggers a compliance worker to visit the program. The compliance worker will conduct an onsite visit and interview the provider to determine the cause of the overcapacity. If the provider was overcapacity that becomes a regulatory violation which is cited on a complaint report, if the provider made a mistake in billing they are supported to correct the mistake and prevent future mistakes, and if there is suspicion that a provider may be submitting attendance for children that were not present a referral is made to the Department of Inspections, Appeals and Licensing to investigate. These actions results in identification and prevention of program violations.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency completes monthly reports focusing on monitoring for overpayment. If an Agency error is discovered a process to recoupment the overpayment will be initiated. This results in funds that were paid in error being returned to the Lead Agency to be used for families that meet eligibility requirements.**

c. **[x]** Review enrollment documents and attendance or billing records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The State's child care system, Kinder Track, automatically compares the child's authorization to the attendance submitted for payment. If the attendance matches the authorized enrollment the payment is processed automatically. This results in more timely payment for child care providers and reduced error rates compared to human processing of payments. If the attendance submitted does not match the child's authorized enrollment, lead agency staff review the attendance compared to enrollment and seek information from the child care provider. If there is a valid reason the payment is processed manually, if there is not a valid reason and the provider has made an error in attendance submission they are supported to correct the error. If there is not a valid reason the payment is denied. This results in accuracy of attendance records and payments sent to child care providers. Additionally during the manual review process if there are repeated discrepancies of concern a referral is sent to the Department of Inspections, Appeals and Licensing (DIAL) to investigate. This results in a determination if there was an overpayment and if an overpayment was determined DIAL will start the collections process which will result in the funds being returned to the Lead Agency to use for eligible families.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The State's child care system, Kinder Track, automatically compares the child's authorization to the attendance submitted for payment. If the attendance matches the authorized enrollment the payment is processed automatically. This results in more timely payment for child care providers and reduced error rates compared to human processing of payments. If the attendance submitted does not match the child's authorized enrollment, lead agency staff review the attendance compared to enrollment and seek information from the child care provider. If there is a valid reason the payment is processed manually, if there is not a valid reason and the provider has made an error in attendance submission they are supported to correct the error. If there is not a valid reason the payment is denied. This results in accuracy of attendance records and payments sent to child care providers. Additionally during the manual review process if there are repeated discrepancies of concern a referral is sent to the Department of Inspections, Appeals and Licensing (DIAL) to investigate. This results in a determination if there was an overpayment and if an overpayment was determined DIAL will start the collections process which will result in the funds being returned to the Lead Agency to use for eligible families.**

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **New staff of the family and provider units are 100%**

case read by supervisors and/or mentors prior to benefits being authorized. The case reading typically last for 6 months unless the new worker is exceeding accuracy expectations (98% to100% accuracy) for policy, procedure and system entries. Supervisors of the family and provider work units also conduct ongoing case readings of staff work as needed, to ensure accuracy and compliance with child care policy. The supervisors also hold regular ongoing meetings with staff to discuss quality control findings of any errors found. This results in low error rates for Iowa's CCA program.

e. **[ ]** Audit provider records.

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

f. **[x]** Train staff on policy and/or audits.

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **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. This results in staff understanding processes and expectations before processing any actual applications.**

g. **[ ]** Other. Describe the activity(ies):

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **Iowa Department of Inspections, Appeals and Licensing (DIAL)**

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

i. **[ ]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **If Lead Agency 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, Appeals and Licensing (DIAL) to investigate the matter further.**
This investigation results in a determination of if there was an overpayment and if the case should be sent to the county attorney for prosecution. If it was determined there was an overpayment DIAL will initiate recoupment of the overpayment which results in those funds being returned to the Lead Agency to use for eligible families.

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **If the Iowa Department of Inspections, Appeals and Licensing (DIAL) determines there was an overpayment they start the recovery process by notifying the client or provider of the overpayment and providing information on how to enter into a repayment plan. This results in the overpayment being returned to the Lead Agency to use for eligible families. If the client or provider refuses to enter into a repayment plan or they default on their repayment plan tax intercepts or offsets of future child care subsidy payments are used as described below in (v) and (vi).**

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **If a client or provider does not enter into a repayment plan or stops making payments DIAL has the option to recover overpayments through state income tax refunds. This results in funds being returned to the Lead Agency to use for eligible families.**

vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **If a client or provider does not enter**

into a repayment plan or stops making payments we have the option to recover funds through offsetting future provider CCA payments. This results in funds being returned to the Lead Agency to use for eligible families.

vii. [ ] Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. [ ] Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[ ] No.

[x] Yes.

If yes, check and describe below 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.

i. [ ] Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. [x] Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: If Lead Agency 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, Appeals and Licensing (DIAL) to investigate the matter further. This investigation results in a determination of if there was an overpayment and if the case should be sent to the county attorney for prosecution. If it was determined there was an overpayment DIAL will initiate recoupment of the overpayment which results in those funds being returned to the Lead Agency to use for eligible families.

iii. [x] Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: If the Iowa Department of Inspections, Appeals and Licensing (DIAL) determines there was an overpayment they start the recovery process by notifying the client or provider of the overpayment and providing information on how to enter into a repayment plan. This results in the overpayment being returned to the Lead Agency to use for eligible families. If the client or provider refuses to enter into a repayment plan or they default on their repayment plan tax intercepts or offsets of future child care subsidy payments are used as described below in (v) and (vi).

iv. [ ] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **If a client or provider does not enter into a repayment plan or stops making payments DIAL has the option to recover overpayments through state income tax refunds. This results in funds being returned to the Lead Agency to use for eligible families.**

vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **If a client or provider does not enter into a repayment plan or stops making payments we have the option to recover funds through offsetting future provider CCA payments. This results in funds being returned to the Lead Agency to use for eligible families.**

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

[ ] No.

[x] Yes.

If yes, 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.

i. **[ ]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. **[ ]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **If the Iowa Department of Inspections, Appeals and Licensing (DIAL) determines there was an overpayment they start the recovery process by notifying the client or provider of the overpayment and providing information on how to enter into a repayment plan. This results in the overpayment being returned to the Lead Agency to use for eligible families. If the client or provider refuses to enter into a repayment plan or they default on their repayment plan tax intercepts or offsets of future child care subsidy payments are used as described below in (v) and (vi).**

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **If a client or provider does not enter into a repayment plan or stops making payments DIAL has the option to recover overpayments through state income tax refunds. This results in**

funds being returned to the Lead Agency to use for eligible families.

vi. **[x]**Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **If a client or provider does not enter into a repayment plan or stops making payments we have the option to recover funds through offsetting future provider CCA payments. This results in funds being returned to the Lead Agency to use for eligible families.**

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. **[ ]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis:

ii. **[x]**Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **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, 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, Appeals and Licensing (DIAL) 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; 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 DIAL or does not make payments according to the repayment agreement on file with DIAL; 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, 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: 1.) Review of the provider's claims for payment from the CCA program; 2.) Suspension from receipt of CCA payments for six months; 3.) 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: a) Prior violations or sanctions; b) Seriousness of the violation; c) Extent of the violation; d) 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.

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 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 begiven. 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.

iii. **[ ]** Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis:

iv. **[x]** Other. Describe the activities and the results of these activities based on the most recent analysis: **Iowa's Preliminary Notice of Possible Non-Compliance dated 1/17/24 noted that Iowa does have processes to investigate and recover payments from clients, however we do not currently have a process to impose sanctions on clients. The Lead Agency needs time to implement this change. We are consulting with our legal counsel and anticipate that legislative code change will be required in the upcoming SFY 25 legislative session to allow the Lead Agency to develop a client sanction process.**

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		