

Child Care and Development Fund (CCDF) Plan For Iowa FFY 2022-2024

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

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 appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Iowa Department of Human Services

Street Address: 1305 E Walnut Street

City: Des Moines

State: Iowa

ZIP Code: 50319

Web Address for Lead Agency: <https://dhs.iowa.gov/>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Kelly

Lead Agency Official Last Name: Garcia

Title: Director

Phone Number: 515-281-5452

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

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Julie

CCDF Administrator Last Name: Allison

Title of the CCDF Administrator: Child Care Bureau Chief

Phone Number: 515-281-6177

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

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

CCDF Co-Administrator First Name:

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Description of the Role of the Co-Administrator:

Phone Number:

Email Address:

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 (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

- a. All program rules and policies are set or established at the state or territory level. 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:

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

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

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

- C. Other.

Describe:

iv. Licensing standards and processes are set by the:

- A. State or territory

Identify the entity:

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

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

- C. Other.

Describe:

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

- A. State or territory

Identify the entity:

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

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

- C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

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C. Other.

Describe:

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

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

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

Who conducts eligibility determinations?

CCDF Lead Agency

TANF agency

Local government agencies

CCR&R

Community-based organizations

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

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. 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 (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

--Budget which itemizes categorical expenditures in accordance with CCDF requirements

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

The Lead Agency uses contracts to oversee and monitor CCR&R and community organizations that provide any CCDF services. All contracts include clear descriptions of tasks to be performed, when the tasks need to be completed and performance measures for determining if the tasks were completed to standard. Budgets are reviewed annually for each contract. Each contract has a Lead Agency staff member that is assigned as the contract manager who reviews invoices, analyzes reports from the contractor and performs annual monitoring procedures.

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

Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

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

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

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

The Lead Agency's Employee Manual 1-C, includes policies and guidance that govern the use and disclosure of confidential and personally identifiable information. The manual outlines responsibilities of administrators and employees that have access to confidential information and also discusses the situations in which a person or entity may request access to confidential information. Details on specific situations can be found at <https://dhs.iowa.gov/sites/default/files/1-C.pdf> Provider's that want to accept CCDF funds are required to enter into a Child Care Assistance Provider Agreement (CCA PA). The CCA PA includes a Confidentiality clause that states, "I will respect the privacy of the client and keep the client's relationship with the Department confidential. Personal information about the client may not be shared with anyone but the Department worker and the client. Failure to

respect the client's privacy could result in cancellation of this Agreement and legal sanctions, if warranted." Additionally information that the Lead Agency publishes regarding regulations for licensed centers (Comm 204), child development homes (Comm 143) and child care homes (Comm 95) include guidance to keep files and information about individual children and families confidential.

1.3 Consultation in the Development of the CCDF Plan

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

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

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

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

Consultation

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

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

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

In Iowa the Early Childhood Iowa (ECI) system plays an integral part of how the Lead Agency consults with a wide range of stakeholders. ECI local boards are a unit of local government and the board's members consist of local elected officials and members of the public in that local area. The ECI Stakeholder's Alliance(SA) is made up of ECI local board members and stakeholders in early care, health and education including state government representatives as well as those from the private and non-profit sector. The ECI SA provides input in the development of a comprehensive integrated early childhood system throughout the state. Local ECI board members regularly attend ECI SA meetings where the Lead Agency's presents information on the CCDF State Plan requirements and asks for feedback. The Lead Agency also participates in every-other-month meetings with a key advisory body to the Agency, the State Child Care Advisory Committee, (SCCAC). This body functions under the umbrella of ECI as a part of the Quality Services and Programs component group. The SCCAC, which is co-chaired by non-Agency staff, is comprised of thirty-five statutorily identified members from rural and urban areas across the state in addition to other interested parties. The Committee is required to have broad representation across early childhood and child care related fields, including from the following: for-profit and not-for-profit child care providers of early care and school-age care; parents of children receiving child care from licensed centers and from family or group child care homes; family, friend, and neighbor care; Iowa Afterschool Alliance; a provider of the state's voluntary preschool program for 4-year olds; child care resource and referral agencies; child advocacy groups; early childhood educators; a business owner or CEO submitted by the Iowa Chamber of Commerce; designees of the Departments of Human Services, Early Childhood Iowa, Public Health, Education, and Workforce Development; Head Start; a representative from the Early Childhood Iowa Stakeholder's Alliance; and 4 ex-officio non-voting members of the legislature representing both the Iowa House and Senate. Many of the members also

serve on local Early Childhood Iowa boards, which are predominantly driven by local government entities and agencies.

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

In Iowa the Early Childhood Iowa (ECI) Stakeholder's Alliance (SA) serves at the SAC. The ECI SA is made up of stakeholders in early care, health and education and provides input in the development of a comprehensive integrated early childhood system throughout the state. Lead Agency staff regularly attend these meetings, provide updates on activities of the Lead Agency related to the CCDF State Plan and request feedback. Additionally the whole ECI System plays an integral part of how the Lead Agency consults with a wide range of stakeholders. ECI combines state-level and local level efforts to support services provided to families with young children. At the state-level the ECI State Board promotes the vision and strategic plan and provides oversight of state and local efforts. A staff member of the Lead Agency serves on the ECI Technical Assistance team and works with the ECI State Board. Also at the state level is a series of component groups: Governance, Results, Professional Development, Public Engagement and Quality Services & Programs. Multiple staff members of the Lead Agency are a part of these groups and provide updates and receive feedback at regularly scheduled meetings.

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

The State Administrator and a Lead Agency staff member meet with representatives from Family Services of the Meskwaki Nation on a regular basis. Generally the meetings are held quarterly. However during the pandemic there has been some flexibility in meetings, sometimes meeting more frequently and sometimes less frequently. Meetings include updates from both the Lead Agency and the Meskwaki Nation and discussions regarding collaboration possibilities. Additionally as the State Plan is being developed the Lead Agency asks for feedback and suggestions on the State Plan.

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

N/A

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

Reminder:

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

a) Date of the public hearing. 06/07/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 05/11/21

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

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

The public was notified of the public hearing through multiple formats. It was announced at the 5/11/2021 Early Childhood Iowa Stakeholder's Alliance meeting. It was also emailed out in the ECI newsletter with a short description of the CCDF State Plan and a link to the page of the Lead Agency's website where information on the Public Hearing is found. It was also promoted on the CCR&R social media platforms.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The hearing was held virtually through the Zoom platform and was therefore

available to all regions of the State.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)

A draft of the plan was made available on the Lead Agency's website. Additionally the draft of the State Plan was reviewed at an ECI Stakeholder's Alliance Meeting and stakeholders were given a chance to ask questions and provide feedback.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Public comments were reviewed by Lead Agency staff. Many comments were directed to increasing the CCA reimbursement rates. The lead agency is making progress towards the 75th percentile benchmark by increasing rates effective July 1, 2021 and will continue to inform those who allocate funding about how the CCA rates affect access to care for families on the CCA program. A significant amount of comments mentioned aligning accreditation or other performance standards with Iowa's Quality Rating System. The Lead Agency is encouraged by these comments as the new system Iowa Quality for Kids (IQ4K) has intentionally reviewed alignment with accreditation and performance standards. In the new system, programs that meet national accreditation or performance standards will have abbreviated applications and will only be required to submit documentation for requirements that are not verified through accreditation or performance standards.

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

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

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

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

Working with advisory committees.

Describe:

The Lead Agency submits a bimonthly report to the State Child Care Advisory Committee. The report includes the link to the website (same as in 1.3.3a) where the CCDF Plan is found. The report also includes any updates regarding the plan. The Lead Agency also has membership in many component groups within the ECI system in which Lead Agency staff update group members on the CCDF Plan.

- Working with child care resource and referral agencies.

Describe:

The Lead Agency coordinates with CCR&R to send information to child care providers through e-mail and social media platforms.

- Providing translation in other languages.

Describe:

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

Describe:

The Lead Agency coordinates with CCR&R to send information through their statewide social media accounts

- Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

- Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

- Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

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

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families;
- smoothing transitions for children between programs or as they age into school;
- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

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

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. [Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:](#)

The Lead Agency has collaborated with representatives of local government both through the Early Childhood Iowa system and the Iowa Governor's Child Care Taskforce. ECI local boards are a unit of local government and the board's members consist of local elected officials and members of the public in that local area. Local board members and other members of local government regularly participate in ECI component group meetings and the full Stakeholder Alliance meetings. Lead Agency staff regularly participate in multiple groups within the Early Childhood Iowa system in which we collaborate with local government partners. The goals of these meetings are to provide input on a comprehensive integrated early childhood system that serves all Iowa families in reaching the vision of, "All children beginning at birth will be healthy and successful." Results include the building of relationships between all levels of State government as well as the non-governmental organizations that serve children and the setting of common goals for the whole State regarding early childhood priorities. The Lead Agency is also participating in the Iowa Governor's Child Care Taskforce which includes multiple representatives of local government such as mayors and local economic development leaders. The goals of the Taskforce are to consider and come up with recommendations for the following: (A) consider existing child care deserts in Iowa with respect to location and economic disparity, (B) identify regulations that pose barriers to increased child care slots without compromising quality and safety, (C) Understanding the "child care cliff effect", (D) identifying child care workforce issues, (E) addressing lack of available financing options, and (F) developing solutions for lack of employer-provided child care options. At the conclusion of the taskforce the result will be recommendations to the Governor's office

ii. [State Advisory Council on Early Childhood Education and Care or similar coordinating body \(pursuant to 642B\(b\)\(1\)\(A\)\(i\) of the Head Start Act\). Describe the coordination goals, processes, and results:](#)

The ECI Stakeholder's Alliance meets quarterly and is attended by staff of the Lead Agency's Child Care Bureau. Agency staff provide updates to the Alliance and take feedback back to Child Care Bureau team meetings or the appropriate program manager with the Child Care Bureau. The overall goal of the ECI system is to facilitate a comprehensive early childhood system for the State of Iowa. The work of ECI is guided

by the ECI strategic plan. The 2019-2022 plan has five goals (1) Promote a coordinated infrastructure to advance the early childhood system, (2) Build public will for investing in young children and their families, (3) Transform the early childhood workforce, (4) Ensure that young children and families receive the services they need when they need them, and (5) Improve the quality of early childhood services for young children and their families. Results include the building of relationships between all levels of State government as well as the non-governmental organizations that serve children and the setting of common goals for the whole State regarding early childhood priorities.

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

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

The State Administrator and a Lead Agency staff member meet with representatives from Family Services of the Meskwaki Nation on a regular basis. Generally the meetings are held quarterly. However during the pandemic there has been some flexibility in meetings, sometimes meeting more frequently and sometimes less frequently. Meetings include updates from both the Lead Agency and the Meskwaki Nation. The goals of the collaboration are for both parties to be aware of what is happening and to identify areas or situations in which we can work together. Recent results include (1) the Meskwaki Nation providing communication to child care providers in their area of COVID-19 funding opportunities that were available from the Lead Agency and (2) Lead Agency staff reaching out to Meskwaki Nation staff when we became aware of some philanthropic funding available for child care providers effected by the August 2020 Deracho.

N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

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 Human Services and to private/public constituents as identified in action plans or as directed by the Department of Education and DHS Signatory Agency administrators; Provide information and guidance to the Department of Education and Early ACCESS state staff team about public/private child welfare, child care and Medicaid issues, and DHS resources and change efforts; Coordinate system change efforts for improving early intervention services to children in foster care and children with founded cases of abuse or neglect (CAPTA) including data sharing of referrals with parental consent; Represent the state Early ACCESS office and/or DHS as a Signatory Agency Liaison on identified and agreed-upon initiatives/groups/committees, including, but not limited to, Early Childhood Iowa Equity Alliance, Early Childhood Iowa Positive Behavioral Intervention and Supports, and Quarterly Institute Leadership Group; 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. Additionally, a Lead Agency staff member was part of Iowa's Early Childhood Inclusion Team lead by the Department of Education, which is responsible for both Part C and Part B, Section 619. The mission of the team was, " to design and implement cross-sector system supports, including policies and practices, to ensure young children of all abilities, and their families, experience inclusion across all early childhood settings and services that result in a sense of belonging, partnerships, positive social relationships, friendships, development, and learning to meet the full potential of each and every child." The team no longer meets on a regular basis but the Lead Agency staff and Department of Education staff meet as needed to discuss topics related to children with special needs. Results include the Lead Agency has increased the number of children referred to early intervention services under the CAPTA legislation since 2018 by establishing an automatic referral process. Children who meet the criteria established under the CAPTA legislation are now automatically referred to early intervention. Prior to 2018, referrals were made manually by the Social Worker assigned to the child welfare case. By automating the process, the Lead Agency has ensured all children that are eligible under

CAPTA, are receiving a referral. Data records indicate children who have went on to receive services from Early ACCESS (EA) increased from 7.2% in SFY 2017 to 17.3% in SFY 2019. Iowa did see a decrease in the number of children served by Early ACCESS during the SFY20, due to the decreased number of reports of child welfare cases caused by the COVID-19 pandemic. There were less reports during the pandemic due to school and child care closures and less visibility in the community. Early intervention services continue to happen via virtual services provided by Iowa's Area Educational Agencies. The Lead Agency Liaison is a co-chair of the Early ACCESS Public Relations/Marketing Task Team that consists of members of ICEA, AEA's, IDOE, and University of Iowa's Child Health Specialty Clinics. The goal for the task team is to ensure children who are eligible for EA are receiving services. While the vision for the task team includes all children eligible for services, having the Lead Agency at the meeting ensures that child welfare is carefully considered.

[v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:](#)

Lead Agency staff have historically met frequently with the Iowa Head Start State Collaboration Officer. The new Head Start State Collaboration officer started in spring of 2021 and Lead Agency staff have met with her to discuss goals and priorities. In that meeting three goals were developed. (1) Facilitate local networking and connections between HS/EHS grantees, CCR&R and child care facilities around the topic of serving vulnerable populations in their communities; (2) Facilitate connection between WrapAround Grant Manager and awarded programs; and (3) reach out to ECI leadership to better understand local boards and ways to support local child care and Head Start representatives to engage in their local ECI board activities. Results include the development of the above mentioned goals and action steps to start working on the goals.

[vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:](#)

The Lead Agency contracts with the Iowa Department of Public Health to run a program called Healthy Child Care Iowa. Healthy Child Care Iowa (HCCI) is funded to maintain a system that supports the health and safety of Iowa children while they are enrolled in child care and early education settings. The HCCI Coordinator is a member of the Iowa QRS Oversight Team which meets monthly with the Lead Agency's Quality Program

Manager to provider input and oversight of the Iowa Quality Rating System. Healthy Child Care Iowa representation and child care nurse consultants are also participants in ECI systems in which the Lead Agency participates. Additionally HCCI was a major contributor in the development of and continued updates for the Preservice/Orientation "Essentials" training in the 10 required content areas of the reauthorized CCDBG. Also, the Lead Agency consults with the HCCI Coordinator for regulatory guidance and best practice considerations on specific issues that arise. The above activities result in up to date health and safety training and consultation being available to child care providers as well as expert health and safety guidance for regulatory policy and the Iowa Quality Rating System.

vii. State/territory agency responsible for employment services/workforce development.

Describe the coordination goals, processes, and results:

Lead Agency staff have been working with staff from Iowa Workforce Development (IWD) on two projects. In the 2020 legislative session the Iowa Legislature allocated dollars for grants to fund expansion or start-up costs for child care facilities due to the lack of availability of child care. The Lead Agency provided child care staff to partner with IWD staff to help evaluate applicants' projects as well as was able to use some CCDBG funds to support the projects. As a result the Lead Agency was able to provide guidance on reasonable child care expenses and 62 projects to help increase the availability of child care in the State were funded. The Lead Agency is also working closely with IWD on a Child Care Taskforce which was created by an executive order of Iowa's Governor. The Taskforce is charged with reviewing barriers to accessible and affordable quality child care in the State of Iowa. Assigned Lead Agency staff are providing relevant data and context for child care taskforce members to understand the barriers the child care workforce and child care programs. This will result in recommendations being provided from the taskforce to the Governor's office on how to increase the availability of quality child care throughout the State.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The Lead Agency meets with staff from the Iowa Department of Education in multiple capacities. The Regulatory Program manager meets with DE staff as needed to discuss coordination for licensing before and after school programs as well as e-mail and phone conversations on an ongoing basis as specific issues arise. Two Lead Agency staff serve

on the Child Development Coordinating Council (CDCC) which advises and assists the Department of Education with implementation of two state-funded at-risk programs for children ages birth to five. This group typically meets every other month but at least 4 times per year. The Early ACCESS Liaison (as described above) meets with DE staff multiple times a month to coordinate early intervention services. In addition, the state administrator and the Early ACCESS Liaison attend the Early ACCESS Council which meets on a quarterly basis to advise and assist the Iowa Department of Education on the implementation of the Early ACCESS program. Starting in 2016 a member of the Lead Agency meets with early childhood staff in the DE monthly to work on an inclusion project. The Mission of Iowa's Early Childhood Inclusion Team is to design and implement cross-sector system supports, including policies and practices, to ensure young children of all abilities, and their families, experience inclusion across all early childhood settings and services that result in a sense of belonging, partnerships, positive social relationships, friendships, development, and learning to meet the full potential of each and every child. Additionally many members of the DE and the Lead Agency participate in ECI component group meetings in which there is coordination within based on the ECI strategic goals mentioned above. The Lead Agency continues to develop relationships with IDOE and AEA's to enhance early intervention referrals and services for children and families in the child welfare system. Efforts include an automated referral process for children who are eligible for referrals under CAPTA legislation and DHS's assistance when parents/families have been hard to find. When an automatic referral is made, there are times that the contact information for the family has changed or is inaccurate. When the AEA has trouble contacting a family, the Service Coordinator contacts the DHS Liaison who is then able to research contact information via JARVIS and/or contacting the DHS Social Worker directly. This process has helped the AEA's who often had difficulty finding information and/or engaging families. Family engagement continues to be an area where effort is a focus. The DHS Liaison serves on the Family Engagement committee for ICEA. The committee continues to focus on ideas for enhancing family engagement.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

The Lead Agency is responsible for child care licensing

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

Multiple Lead Agency staff coordinate with CACFP representatives. 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. Additionally the Regulatory Program Manager recently worked with CACFP staff on a project to make the CACFP program available to our licensed-exempt Child Care Homes that are CCDF eligible. 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. Additionally the Professional Development Manager is on the Iowa Farm to Early Education Coalition with many CACFP staff and they work to implement strategies for connecting young children to healthy food and opportunities for physical activity. 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 expert food and nutrition guidance during the redesign of the QRS system.

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

Lead Agency staff met with the McKinney-Vento staff from the Department of Education with the goal of discuss connections and ways 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 and to adding a Lead Agency staff to the discussion board used by all the local McKinney-Vento liaisons throughout the state. This is in the process of being completed. The discussion resulted

in a plan for additional ways to support families experiencing homelessness and both parties anticipate the outcome will be additional knowledge on the part of the local liaisons and families experiencing homelessness.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

The Lead Agency is also responsible for TANF which allows coordination of resources and goals within the leadership of a single agency. The Lead Agency coordinates TANF and CCA through funding decisions, an integrated information management system and policies and procedures. Funding: As the administrator for CCDF, TANF and state child care funds, the Lead Agency is able to make budget proposals involving all three sources and takes into account other needs and uses of TANF as well as child care needs. The Lead Agency uses a mix of TANF funds transferred to the CCDF as well as TANF funds appropriated for direct use for child care. Additionally the Lead Agency has flexibility in using additional TANF funds for childcare when funds are available and there is an increased child care need. Information Management System: A single automated information management system is used for child care eligibility determination and tracking, as well as for issuing provider payments. This includes both TANF and non-TANF families receiving child care assistance. Policies and Procedure: The Lead Agency's employee manuals detail the eligibility process for child care assistance for both TANF and non-TANF families, including transitioning from one status to the other, and are designed to ensure continuity of assistance with minimal disruption or additional requirements of the family. TANF families with a need for child care services are eligible for child care assistance without regard to financial eligibility requirements. TANF families do not need to file an application for child care assistance. Coordination goals include: (1) Using CCDF, TANF and state funds in the most cost effective and efficient way possible to maximize the use of these funds in fully meeting the costs for child care assistance in the state to avoid the need for waiting lists while giving priority to those most in need of this assistance and (2) Providing child care assistance in the most seamless manner possible regardless of the basis for need or eligibility, including as this basis changes over time.

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

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

I.

[xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:](#)

In Iowa multiple agencies have roles in mental health initiatives and key stakeholders meet through multiple groups. In the 2019 legislative session the Iowa legislature formed the Children's Behavioral Health System State Board. This board is co-chaired by the Lead Agency and the Iowa Department of Education and is tasked with implementation and management of a Children's Mental Health system. This board provides guidance to the Lead Agency's Division of Mental Health and Disability Services as well as provides a yearly report to the Governor and General Assembly. Within the ECI structure there are 3 focus areas; one for early learning, one for family support and one for health, mental health and nutrition. Members of the health, mental health and nutrition group discuss coordination of resources regarding mental health in concert with the goals of the ECI strategic plan which results in mental health issues being integrated into ECI strategic plans. The Iowa Department of Public Health (IDPH) is leading an effort around developing a coordinated system to deliver Infant and Early Childhood Mental Health Consultation to early childhood settings, including child care. Currently this program is piloting having IECMH consultants available to a local ECE program. Data is showing promising trends and the intent is to use this pilot to help develop a system throughout the State to offer these services. As part of this initiative IDPH has an advisory council and staff from the Lead Agency serve on this council and provide recommendations regarding how Infant and Early Childhood and Mental Health Consultation can be integrated into child care environments.

[xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:](#)

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. Contractors are guided by performance measures within each contract, focusing on services to families, child care providers and communities. Examples of performance measures include increasing the number of providers participating in the Quality Rating System and contacting all providers referred by the Lead Agency to offer services. In addition, each regional agency must employ a full-time regional director to oversee

CCR&R services in their region. The regional directors, along with the Lead Agency's Quality Program Manager, comprise the CCR&R Network Team. The Network Team meets monthly and is responsible for making statewide decisions for the Child Care Resource and Referral System. Additionally, the Lead Agency contracts with our state public health department and a local state college's extension and outreach office to provide up to date health and safety services/training and a variety of additional professional development opportunities to child care providers across the state. The Lead Agency's Quality Program Manager reviews contract scope of work, performance measures and objectives with each individual agency each year and works closely with all contractors throughout the year to ensure ongoing compliance with performance measures outlined in the contracts. The afore mentioned contracts result in consistent training for thousands of child care providers across the state each year.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

One of the Lead Agency's staff members serves on the Iowa Afterschool Alliance's 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. Two members of the SLT are also members of the Iowa School Age Care Alliance, an alliance of volunteers working to improve professional development opportunities to school age based programs. 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.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

One of the Lead Agency's staff members shares information, as appropriate, with a senior staff person in the Iowa Homeland Security and Emergency Management Department (HSEMD). Since all emergencies/disasters begin and end at the local level,

the 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.

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

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

Describe

Lead Agency staff meet quarterly with EHS-CCP grantees with the goal of coordinating policy and procedure between EHS and child care and addressing any barriers that arise. Results include helping EHS grantees better understand policies and procedures for child care regulation and child care subsidy and supporting

communication between EHS grantees and Lead Agency staff as needed when individual issues arise.

- 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. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

- vi. State/territory agency responsible for child welfare.

Describe

The Lead Agency is responsible for child welfare. The DHS Service Business Team is responsible for taking the lead to enhance safety, permanency, and well-being by setting direction, monitoring and adjusting, and maximizing resources for child care, child welfare, and dependent adult services. The Service Business team representatives include two Service Area Managers, the Child Care Bureau Chief, the Child Welfare Bureau Chief, the Quality Assurance Bureau Chief, the Information Technology Bureau Chief and the Field Operations Bureau Chief. The Lead Agency's Field Operations Division is divided into service areas throughout the state. The service areas have staff that address both child welfare concerns and child care regulation. Leadership within the service areas are knowledgeable of both child care and child welfare processes. Staff from the Child Care Bureau meets with the leadership for the service areas approximately one to two times per year to discuss processes. Additionally, Lead Agency staff responsible for child welfare work with the Early ACCESS liaison to collaborate the state's Part C early intervention program

within child welfare processes

- vii. Provider groups or associations.

Describe

- viii. Parent groups or organizations.

Describe

- ix. Other.

Describe

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

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

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

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

b) Which funds you will combine

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

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

e) How are the funds tracked and method of oversight

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

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

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

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

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

i. If checked, identify the source of funds:

State General Funds

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

- A. Donated directly to the State?
- B. Donated to a separate entity(ies) designated to receive private donated funds?

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

- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

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

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

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

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

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-

private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

The Early Childhood Iowa (ECI) State Board's Public Private Partnership Committee continues to focus on child care as a business and local/state economic issue. A staff member of the Lead Agency participates in that committee. The committee is moving forward with strategies to engage business and economic leaders across Iowa and identify ways in which the private sector can support child care. The committee and partners have developed some one-pagers that include supply/demand data for infants and toddlers; costs of an undersupply of quality child care and the impact of child care on Iowa's economy. Committee members have met with staff from the Iowa Business Council and the Iowa Association of Business and Industry (ABI) to discuss the child care industry as it relates to workforce recruitment and retention. ABI and the Iowa Association for the Education of Young Children worked with the U.S. Chamber of Commerce Foundation to publish, "Untapped Potential: How Childcare Impacts Iowa's State Economy" to identify the economic costs of insufficient child care. <https://www.uschamberfoundation.org/reports/untapped-potential-economic-impact-childcare-breakdowns-us-states> The Iowa Women's Foundation (IWF) continues to lead the Building Community Child Care Solutions (BCCCS) initiative in 35 Iowa communities. <https://iawf.org/get-the-facts/child-care-solutions/> A pivotal focus of the BCCCS is to promote and increase public-private investments in child care. A Lead Agency staff person serves on the IWF Community Engagement Committee and assists in providing child care data, resources and assists with reviewing materials developed to share in communities. CCR&R is involved in the BCCCS initiative by leading subcommittees as community leaders explore solutions to child care needs and develop strategic plans to meet those needs. IWF also established a BCCCS Fund, pursuing private investment into the fund, and awarding child care grants for the last two years. To engage, educate and leverage employers/businesses to be part of the child care solution, IWF established the Iowa Business and Child Care Coalition (IBCCC). <https://iawf.org/business/> The IBCCC created the "Iowa Business and Child Care Toolkit: Accelerating Iowa's Economic Recovery Through

Child Care Investments” to help business identify solutions for their employees’ child care needs. Local Early Childhood Iowa Area (ECIA) boards are also involved in developing community partnerships between the public and private sector to increase awareness, bring community leaders together and create strategies to address community child care needs. A Lead Agency staff person serves on a team that provides technical assistance to ECIA boards. Through community collaborative work, some communities applied for money through the Child Care Challenge Fund. Child care projects awarded through this fund required matching investments (in-kind labor and material, private dollars) and ECIA boards helped to leverage match funding. CCR&R continues to be instrumental in developing partnerships with new and existing initiatives. A Lead Agency staff person is on the CCR&R Community Development Team that identifies and develops partnerships with other agencies and organizations. Home Base Iowa is an initiative that connects military veterans and their families to career opportunities, education and help in transitioning to a new community. <https://www.homebaseiowa.gov/partners/> CCR&R staff collaborated with Home Base Iowa to add child care need-related questions to the Home Base Iowa application. The automated features in the application connect veterans to CCR&R resources to help find child care when appropriate. An initiative CCR&R created in collaboration with Iowa Workforce Development, IowaWorks, Early Childhood Iowa, IWF, Iowa Community Foundation and many community colleges is Child Care Ready. The initiative helps individuals pursuing a career in early childhood development to get the pre-certification training required to start as a child care center staff person or start a home child care business. <https://iowaccrr.org/resources/files/BGP/287%20CCR%20Brochure.pdf>

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

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

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under 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 State.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

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

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

The Lead Agency contracts with five Child Care Resource and Referral (CCR&R) Agencies. Some services are provided at the regional level and some services are provided on a statewide basis. For regional services each CCR&R agency serves its assigned counties. For statewide services one of the five CCR&R agencies provides the service to the entire state. Services provided at the regional level include (1) Provider services such as training, consultation, coaching to support regulatory compliance and quality improvement and (2) Community services such as providing child care data to the community, community education and engaging the business community in child care issues. Statewide services include (1) Parent services including parent referrals and parent education regarding choosing quality child care; and (2) Marketing/Communication services including managing consistent branding and marketing of CCR&R services and managing email and social media communications. The system is coordinated by the Lead Agency's Quality Program Manager who manages all the CCR&R contracts and the 5 Regional Directors who manage each CCR&R region. The Quality Program Manager and the 5 Regional Director's meet at least monthly to coordinate services and ensure consistency in CCR&R services available throughout the State.

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including

the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency’s experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

No

Yes

If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

The Statewide Disaster Plan was updated on 4/2/2019. All changes to this plan are outlined on the Record of Changes section in the plan that is located on page six. Changes include updating references to CCR&R contract due to new contract requirements, updating data on number of programs available by type, adding the option to college damage assessment data online, added information about annual data sharing procedures, added review of WebEOC information, added information about use of the Disaster Behavioral Health Response Team, added information about pre-inspections related to relocations, added information about online trainings available through FEMA and updated maps with contact information. Due to the ongoing nature of the pandemic the Lead Agency is continuing to evaluate any changes to this plan that need to become permanent.

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

a. The plan was developed in collaboration with the following required entities:

- i. State human services agency
- ii. State emergency management agency
- iii. State licensing agency
- iv. State health department or public health department
- v. Local and state child care resource and referral agencies
- vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place
 - iv. Procedures for communication and reunification with families
 - v. Procedures for continuity of operations
 - vi. Procedures for accommodations of infants and toddlers
 - vii. Procedures for accommodations of children with disabilities
 - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

https://dhs.iowa.gov/sites/default/files/Statewide_CC_ER_Plan_4.2.19.pdf?041820211615

2 Promote Family Engagement through Outreach and Consumer Education

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

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

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

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

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

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

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

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

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. 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
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

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

2.2 Parental Complaint Process

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

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

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

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Iowa CCR&R answers the Iowa Child Care Complaint Hotline and enters complaint information on all types of child care providers (licensed and license-exempt) into the Child Care Regulatory Information System (CRIS) and all complaints entered are recorded. The complaint form specifically asks whether the complainant is a parent to a child in care at the facility and we are able to access data to identify trends in reporting. The identity of who reported the complaint is not disclosed unless the complainant has waived anonymity. The complaint is sent to the supervisor of the respective service area region. The supervisors review all allegations and determine whether if true, the complaint would result in a regulatory violation. If so, the complaint is assigned to a compliance or licensing worker to evaluate. If there is a concern of abuse or neglect, this information is further reported to the Iowa Child Abuse Hotline and a joint investigation may occur if the concern rises to the level of a child protective services assessment. Child abuse assessment information is not considered a part of the public file. Upon evaluation of the concern, a report is written outlining the alleged violation and whether a violation was found. A supervisor then reviews this information. The target timeframe for the department's issuance of the report concerning an inspection or other regulatory visit to a child care facility is sixty calendar days. Once the report is complete, incidents in which there was a violation found are located at:https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport Parents

are made aware of the compliance and complaint reports through the Lead Agency's website, consumer statement and the CCR&R website. Complaints are maintained in the program's individual file and records are kept for a minimum of 5 years after a file is closed. Child care centers are required to post a notice that includes the name, office mailing address and telephone number of the child care licensing consultant for their center. In Iowa an unregistered non-CCDF provider may legally operate in their home with 5 or less children in care. If the concern for an unregistered non-CCDF provider is for overcapacity which would violate Iowa Code 237A, a letter is sent, advising that there is concern of overcapacity reported. This information is also submitted to the local County Attorney. If there is concern of abuse or neglect it is referred to the Iowa Child Abuse and Neglect Hotline. Other concerns will be "denied" for evaluation as the Lead Agency does not have regulatory authority over unregistered, non-CCDF providers.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

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

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

Licensed child care centers, registered child development homes and child care homes with a CCA provider agreement have recent complaint and compliance reports available on the Lead Agency's

website.https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport In addition, a record of all complaints and regulatory violations are kept in a program's individual file and are available to the public upon request. The link to view compliance and complaint reports online is located under the "Can We Help" tab for Child Care. This is the same place where parents go for general information about the child care and the Child Care Assistance program. Parents that apply for Child Care Assistance are also given a brochure that states that they have the right to look at complaint files on providers in their local DHS office

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

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

2.3 Consumer Education Website

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

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

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

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

The Lead Agency translates information about child care assistance and the application for Child Care Assistance into Spanish. Both of these forms are available on the Lead Agency's Website. According to the Iowa Data Center 95.5% of Iowa families speak English and/or Spanish at home, with English only speakers over 91%. Since Spanish is the second most used language in Iowa, it was most reasonable to include Spanish translation of available documents. The Lead Agency also has additional resources to assist families that speak languages other than English such as our Bureau of Refugee Services, bilingual staff, and a language line for assistance with languages not spoken within the lead agency.

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

The Lead Agency's website contains an accessibility link on the bottom of all pages. This link contains multiple contact methods for the agency, including a number for Relay Iowa which is a Telecommunications Relay Service (TRS) that provides full telephone accessibility to people who are deaf, hard of hearing, deaf-blind or have difficulty speaking over a Text Telephone (TTY) or verbally to hearing parties. Specially-trained Communication Assistants (CAs) process relay calls and stay on the line to confidentially relay conversations. For those needing to provide concerns or feedback, they may do so at <https://dhs.iowa.gov/accessibility> The State of Iowa, including the Lead Agency follows website accessibility standards as outlined here: <https://ocio.iowa.gov/website-accessibility-standard>. The State of Iowa also adopts all Web Content Accessibility Guidelines (WCAG) 2.0 levels A and AA as Iowa's standard for website accessibility. (See World Wide Web Consortium (W3C) website for definition of terms: <http://www.w3.org>).

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

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

- a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

<https://dhs.iowa.gov/childcare/overview>

- b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

<https://dhs.iowa.gov/childcare/overview>

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

<https://dhs.iowa.gov/childcare/provider-record-checks>

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

<https://dhs.iowa.gov/childcare/provider-record-checks>

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

<http://ccmis.dhs.state.ia.us/ClientPortal/ProviderSearch.aspx>

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

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

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

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports

- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

- i. All Licensed providers.

Describe

Rates and License start date

- ii. License-exempt CCDF center-based providers.

Describe

- iii. License-exempt CCDF family child care providers.

Describe

- iv. License-exempt, non-CCDF providers.

Describe

- v. Relative CCDF providers.

Describe

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

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements

vi. School-age standards, where applicable

vii. Other.

Describe

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

i. Licensed CCDF providers.

Describe the quality information:

The Iowa Quality Rating System (QRS) is available to all licensed child care providers regardless of if they are CCDF providers or not. A child care provider's QRS level is available on the website where providers are searchable by zip code. Additionally a list of all QRS providers filtered by county is available on the Lead Agency's QRS webpage at <https://dhs.iowa.gov/iqrs/providers>

ii. Licensed non-CCDF providers.

Describe the quality information:

The Iowa Quality Rating System (QRS) is available to all licensed child care providers regardless of if they are CCDF providers or not. A child care provider's QRS level is available on the website where providers are searchable by zip code. Additionally a list of all QRS providers filtered by county is available on the Lead Agency's QRS webpage at <https://dhs.iowa.gov/iqrs/providers>

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

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. 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 state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring 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). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

Monitoring reports describe the areas of non-compliance that need to be addressed by the child care provider. Information regarding all areas covered by a monitoring visit are found on this website <https://dhs.iowa.gov/childcare/overview>

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

Date of inspection

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:

Any areas of non-compliance including health and safety violations are included in the monitoring report. Reports of fatalities or serious injuries would be evaluated through the Lead Agencies complaint process. The lead agency investigates any allegations of fatalities or serious injuries and if the allegations were substantiated a complaint report would be available to the public on the same website as the compliance reports.

Corrective action plans taken by the state and/or child care provider.

Describe:

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

A minimum of 3 years of results, where available.

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

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. Describe how the Lead Agency defines timely posting of monitoring reports.

Iowa Code requires a 60 day target completion for reports, however many do not take

this long. Compliance and complaint documentation is completed in the child care regulatory information system (CRIS). After supervisory review and approval of the report the report automatically uploads to the public website.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

The Lead Agency defines plain language in the context of compliance and complaint reports as using common everyday words and short sentences to describe the findings of an inspection or required actions by the provider.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

Narratives in compliance report descriptions are written in common everyday words and short sentences.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

The provider may contact their licensing inspector that completed the inspection. In the event that the licensing inspector is unable to remedy reported inaccuracies it will be elevated to a supervisor and assistance will be offered by the DHS policy division or legal counsel if necessary.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

-- filing the appeal

-- conducting the investigation

-- removal of any violations from the website determined on appeal to be unfounded.

Providers may appeal negative actions taken as a result of a compliance or compliant visit. If a provider disagrees with an action and wants to appeal they must file the appeal in writing. It can be filed electronically on the Lead Agency's website or mailed to the Lead Agency's main office. Appeals must be filed within 30 calendar days of the date of decision or before the date a decision goes into effect. If a provider files an appeal after 30 days but before 90 days from the date of decision they must include an explanation why the appeal was filed late. Any appeals submitted after 90 days cannot be given a

hearing. Appeals are reviewed by Administrative Law Judges (ALJ) and both DHS and the provider may provide any evidence that is relevant to the appeal. If the provider disagrees with the determination of the ALJ the provider may take the case to a higher court.

If a provider has a concern regarding the context of a report, they may work with the compliance or licensing consultant to discuss. Each service area within the department has supervisors, social work administrators, and a service area manager within the hierarchical structure for complaint reporting. A provider may also choose to provide written documentation outlining their response to a report that will be maintained within the public file.

Any modifications made to a report will be displayed in real time after approval by the supervisor. If a complaint outcome is modified and no longer identifies non-compliance with regulatory standards, the complaint report is edited to correct necessary information and is removed from the website for public viewing but remains available in the provider's file and is accessible by the public, if requested.

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

All active child care providers have a minimum of 3 years of reports available on line unless they have not been open that long. Inactive child care providers do not have monitoring and inspection reports public, however if they later become active again, this information is again available. All paper files are maintained for a minimum of 5 years after a child care provider closes.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should 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 providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. 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 (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

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

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

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

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. "Serious injury" means any of the following: a. Disabling mental illness. b. Bodily injury which does any of the following: (1) Creates a substantial risk of death. (2) Causes serious permanent disfigurement. (3) Causes protracted loss or impairment of the function of any bodily member or organ. c. Any injury to a child that

requires surgical repair and necessitates the administration of general anesthesia. "Serious injury" includes but is not limited to skull fractures, rib fractures, and metaphyseal fractures of the long bones of children under the age of four years.

b. 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. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings
- iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

<https://dhs.iowa.gov/childcare/statistics>

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

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

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a

website link to this information:

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

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

<http://dhs.iowa.gov/childcare>

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

The Lead Agency has information on our public website that is accessible to families, providers, and the general public. From the main page Child Care is listed under the Family

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

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program:

A basic description of the program and a link to the program's main website is provided on our Tools and Resources page. The Tools and Resources page is available in both the Families and Providers sections of our website.

[b. Head Start and Early Head Start programs:](#)

A basic description of the program and a link to the program's main website is provided on our Tools and Resources page. The Tools and Resources page is available in both the Families and Providers sections of our website.

[c. Low Income Home Energy Assistance Program \(LIHEAP\):](#)

A basic description of the program and a link to the program's main website is provided on our Tools and Resources page. The Tools and Resources page is available in both the Families and Providers sections of our website.

[d. Supplemental Nutrition Assistance Programs \(SNAP\) Program:](#)

A basic description of the program and a link to the program's main website is provided on our Tools and Resources page. The Tools and Resources page is available in both the Families and Providers sections of our website.

[e. Women, Infants, and Children Program \(WIC\) program:](#)

A basic description of the program and a link to the program's main website is provided on our Tools and Resources page. The Tools and Resources page is available in both the Families and Providers sections of our website.

[f. Child and Adult Care Food Program\(CACFP\):](#)

A basic description of the program and a link to the program's main website is provided on our Tools and Resources page. The Tools and Resources page is available in both the Families and Providers sections of our website.

[g. Medicaid and Children's Health Insurance Program \(CHIP\):](#)

A basic description of the program and a link to the program's main website is provided on our Tools and Resources page. The Tools and Resources page is available in both the Families and Providers sections of our website.

[h. Programs carried out under IDEA Part B, Section 619 and Part C:](#)

A basic description of the program and a link to the program's main website is provided on our Tools and Resources page. The Tools and Resources page is available in both the Families and Providers sections of our website.

2.4.3 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, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

The Tools and Resources page of the Lead Agency's website is linked from both the Families and the Providers sections of our website. The Tools and Resources page includes a list of organizations that support parents, providers and the general public in communicating research and best practices and links are provided to each organization's applicable webpage. The organizations and webpages were picked so that the information was meaningful to all audiences. For example one of the links provided is to the CDC Child Development webpage which contains information on developmental milestones, the importance of developmental screening and information about specific conditions that may happen in childhood, the information is understandable for parents and the general public but also highly useful to providers. A consumer statement is also provided to all families applying for Child Care Assistance and includes information on Developmental Screening resources such as Early Access, Care for Kids: Early Periodic Screening, Diagnosis, and Treatment, and information on the Individuals with Disabilities Education Act. Additionally the Lead Agency contracts with CCR&R to support families and providers. CCR&R engages families

in understanding child development when choosing child care. They offer the option of talking with a parent specialist directly or receiving easy to understand information through mail or e-mail depending on what the parent prefers. This information can be provided in multiple languages with the aid of language line services that CCR&R has available. CCR&R also supports providers in understanding child development and best practices. They offer many trainings to providers free of charge and also have child care consultants that are experts in child development that provide support either on-site or through phone, email or video conference.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues 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, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

Description:

The Lead Agency is part of Iowa's Pyramid Model Initiative called Early Childhood-Positive Behavioral Interventions and Supports (EC-PBIS). Because this is an inter-agency initiative lead by a staff member from the Lead Agency and a staff member from the Iowa Department of Education the information about this initiative is contained on the Early Childhood Iowa website (<https://earlychildhood.iowa.gov/mental-health>). The website contains an overview of what the Pyramid Model is and links to national Pyramid Model websites which would be applicable for all audiences. The website also contains additional information for child care providers regarding what training is available, how to sign up for the training and information

about coaching support that is available to implement the Pyramid Model practices throughout your child care program.

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

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

2.5 Procedures for Providing Information on Developmental Screenings

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

for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

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

Information and links related to developmental screenings are contained on the Child Care Tools and Resources page of Lead Agency's website

<http://dhs.iowa.gov/childcare/tool-and-resources>. There is also information about developmental screenings in the Consumer statement that the Lead Agency gives to all families applying for child care assistance.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

All families on CCA are provided a consumer statement and information about development screening is contained in the consumer statement. Additionally information regarding Iowa's EPSDT program (Care for Kids), Part B, Section 619 and Part C (Early Access) is on the Child Care Tools and Resources page of the Lead Agency's website <http://dhs.iowa.gov/childcare/tool-and-resources> which is available through both the Families and Providers sections of the Lead Agency's website.

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

All families applying for Child Care Assistance Receive a Consumer Statement along with their application. The statement is provided in the same format that the family fills out the application either in paper or digitally. The statement contains the following information about developmental screenings: Developmental Screenings: While all children develop, learn, and grow at different paces, children do develop in predictable ways. Early Access is an early intervention service for children ages 0-3. Early Access

works with families to identify needs and determines eligibility for services. Iowa Family Support Network - www.iafamilysupportnetwork.org/early-access-iowa/what-is-ea For more information on developmental screenings, please consider reviewing the material at the below links: •Care for Kids: Early Periodic Screening, Diagnosis, and Treatment - www.dhs.iowa.gov/ime/members/Medicaid-a-to-z/care-for-kids-epsdt •Early Access: Department of Education - www.educateiowa.gov/pk-12/earlychildhood/early-access •Individuals with Disabilities Education Act (IDEA) - www.idea.ed.gov/

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

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

e) [How child care providers receive this information through training and professional development.](#)

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

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

All families applying for CCA are provided a consumer education statement. The form number for the consumer education statement is 470-5464.

All child care providers are required to take the preservice training where developmental screening information is presented. Iowa Administrative Code 109.7(1) (centers), Iowa Administrative Code 110.10(1) (licensed homes), Iowa Administrative Code 120.10(1) (licensed-exempt homes)

Both families and child care providers can access resource around developmental screening on the Lead Agency's website. The website is updated as needed by the Lead Agency's policy staff if information or websites change.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

Families are given a consumer statement when they apply for CCA. The statement is given in a form that matches how the application was requested. If the application is completed on-line the consumer statement is a PDF viewed on line. If the application was requested in paper the consumer statement is given in paper with the application.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- 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

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

<https://ccmis.dhs.state.ia.us/clientportal/DocumentViewer.aspx?ID=33>

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 1 week

(weeks/months/years)

through 12 years

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

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))

No

Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: A child with one or more of the following conditions: The child has been diagnosed by a

physician or by a person endorsed for service as a school psychologist by the Iowa Department of Education to have a developmental disability which substantially limits one or more major life activities, and the child requires professional treatment, assistance in self care, of the purchase of special adaptive equipment. The child has been determined by a qualified intellectual disabilities professional to have a condition which impairs the child's intellectual and social functioning. The child has been diagnosed by a mental health professional to have a behavioral or emotional disorder characterized by situationally-inappropriate behavior which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with the child's intellectual, social, or personal adjustment.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

No.

Yes

and the upper age is

(may not equal or exceed age 19)

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

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.

3.1.2 Eligibility criteria: Reason for care

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

i. Define what is accepted as "Working" (including activities and any hour requirements):

a. employed for 28 or more hours per week, or employed an average of 28 or more hours per week during the month or employed and participating in academic or vocational training for 28 or more hours per week or an average of 28 or more hours per week in the aggregate, during the month. b. looking for employment. Child care services for job search is limited to only those hours the parent is looking for employment, including travel time, for a maximum of 90 consecutive days. c. service as a volunteer in the AmeriCorps or AmeriCorps*Vista program for a minimum of 28 hours per week or an average of 28 or more hours per week during the month. d. Child care services may be provided for the hours of employment of a single parent or the coinciding hours of employment or training/education or job search or volunteer service in the AmeriCorps or AmeriCorps*Vista program of both parents in a two-parent home and for the actual travel time between the child care facility and place of employment. e. If the state is affected by federal or state declared emergencies, the Lead Agency may determine, for a specific geographic region(s), that a parent(s) who otherwise has met the eligibility condition for need for service as stated in paragraphs a-d above and who were certified at the time the emergency was declared, may be determined to continue to meet that condition of eligibility if the declared emergency and ensuing recovery temporarily prevent the parent from meeting the requirement. In such instances, the Lead Agency will establish timeframes for the exclusion to apply. The timeframes established will be developed within the context of the establishment of the federal or state declared emergencies and relevant timeframes related to assistance that might be available under those emergencies. The timeframes for the exclusion to apply will be an established period of time relevant to the affected policy(i.e., suspension of a required six-month review, etc.) f. Parent(s) who otherwise met the eligibility condition for need for service as stated in paragraphs a-d above who become temporarily medically incapacitated as verified by a physician may be

determined to continue to meet that condition of eligibility for a limited period of time. The timeframe for the exclusion to apply will be established based on medical documentation from the parent's physician.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

Training may be approved for high school completion activities, adult basic education, GED or English as a second language. Child care provided while the parent participates in vocational training is limited to a 24-month lifetime limit. In determining the 24 month time limit a "fiscal month" is used instead of a calendar month. A fiscal month is defined as beginning on the first day of training/classes and continuing to the same calendar day of the next month. Example: August 28 through September 27 = 1 fiscal month. Months are determined in this manner so that when training/classes start or end in the middle of a calendar month it does not unnecessarily count as a whole month toward the 24 month time limit. Time spent in high school education, GED, or English as a second language does not count toward the 24 month limit. Child care services may be provided for the hours of participation in vocational training of a single parent or the coinciding hours of employment or training/education or job search or volunteer service in the AmeriCorps or AmeriCorps*Vista program of both parents in a two- parent home and for the actual travel time between, the child care facility and place of employment. If the state is affected by federal or state declared emergencies, the Lead Agency may determine, for a specific geographic region(s), that a parent(s) who otherwise has met the eligibility condition for need for service and who were certified at the time the emergency was declared, may be determined to continue to meet the condition of eligibility if the declared emergency and ensuing recovery prevent the parent from temporarily meeting the requirement. In such instances, the Lead Agency will establish timeframes for the exclusion to apply. The timeframes established will be developed within the context of the establishment of the federal or state declared emergencies and relevant timeframes related to assistance that might be available under those emergencies. The timeframes for the exclusion to apply will be an established period of time relevant to the affected policy (i.e suspension of a required six-month review, etc.) Parent(s) who otherwise met the eligibility condition for need for service as stated in paragraphs a-d above who become temporarily medically incapacitated as verified by a physician may be determined to continue to meet that condition of eligibility for a limited period of time. The timeframe for the

exclusion to apply will be established based on medical documentation from the parent's physician.

iii. Define what is accepted as "Education" (including activities and any hour requirements):

Academic or vocational training must culminate in a specific goal, such as high school completion, improved English skills, or the development of specific academic or vocational skills.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Must attend full-time as determined by the training/education facility.

3.1.2 Eligibility criteria: Reason for care

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

Yes

No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

Child care provided as part of a safety plan during a child abuse assessment or as part of the service plan established in a family's case file. The child must have an open child abuse assessment; an open child welfare case as a result of a child abuse assessment, an open child in need of assistance assessment, a petition on file for a need of assistance adjudication, or adjudication as a child in need of

assistance. Respite care is not provided to custodial parents of children being served under protective child care.

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

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

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

No

Yes

iv. 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

Yes

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

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

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

The non-exempt monthly gross income of any person included in the family size is used in determining the family's income. The monthly gross income is the monthly sum of income received by a person from the following sources that are identified by the U.S. Census Bureau in computing the median income: · Alimony · Casino Profits · Child support · Dividends, interest on savings or bonds, income from estates or trusts, net rental income or royalties · Money, wages or salary · Net rental income or royalties · Net income from farm self-employment · Net income from non-farm self-employment ·Pensions and annuities · Public assistance or welfare payments · Social Security · Strike pay · Supplemental Security Income · Permanent Disability Insurance (SSDI) · Railroad Retirement Insurance · Unemployment compensation · Workers compensation ·Veterans benefits · Work Study · Cash Payments · Volunteer Service Organizations (i.e.,VISTA, AmeriCorps)

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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	\$3,961	\$3,367	\$1,557	39.3%
2	\$5,181	\$4,404	\$2,105	40.6%
3	\$6,400	\$5,440	\$2,654	41.5%
4	\$7,619	\$6,476	\$3,203	42.0%
5	\$8,838	\$7,512	\$3,751	42.4%

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

N/A

d. SMI source and year. Federal Register published in May 2020

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

N/A

f. What is the effective date for these eligibility limits reported in 3.1.3 b? July 1, 2021

g. Provide the citation or link, if available, for the income eligibility limits. Iowa Administrative Code 441.170.2(1) Financial eligibility
<https://www.legis.iowa.gov/docs/iac/chapter/441.170.pdf>

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

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

Checkoff on the child care application/review

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

No.

Yes.

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

Income and asset limits can be waived for a family needing protective child care services. Iowa Administrative Code 170.2(1)b(3)

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

None

b. eligibility redetermination.

None

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services

- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.

Describe:

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

3.1.7 Fluctuation in earnings.

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

- Average the family's earnings over a period of time (i.e. 12 months).
- Request earning statements that are most representative of the family's monthly income.
- Deduct temporary or irregular increases in wages from the family's standard income level.

Other.

Describe:

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

Documented by household on the application

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

Documented by household on the application

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

Required at Initial Determination

Required at Redetermination

Describe:

Documented by household on the application

Work.

Required at Initial Determination

Required at Redetermination

Describe:

Documented by household on the application and verified through the employer using pay stubs or written employer statements

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

Class schedules from the school

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Check stubs or employer statements

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Documented by household on the application

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

Documented by household on the application

Other.

Required at Initial Determination

Required at Redetermination

Describe:

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

Time limit for making eligibility determinations

Describe length of time:

30 days

Track and monitor the eligibility determination process

Other.

Describe:

None

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

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

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of

public record.

a. Identify the TANF agency that established these criteria or definitions: The Lead Agency is also the TANF agency (Iowa Department of Human Services)

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. Co-payments are based on a sliding fee schedule in accordance with 441--IAC 170.4(2)

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

i. In writing

ii. Verbally

iii. Other.

Describe:

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

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

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

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

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier Income Level where family is first charged co-pay	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level 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 (d)?

	(a)	(b)	(c)	(d)	(e)	(f)
	(greater than \$0)					
1	\$1,074	\$8.00	0.7%	\$1,557	\$138.00	8.9%
2	\$1,452	\$8.00	0.6%	\$2,105	\$138.00	6.6%
3	\$1,830	\$8.00	0.4%	\$2,654	\$138.00	5.2%
4	\$2,209	\$8.00	0.4%	\$3,203	\$138.00	4.3%
5	\$2,587	\$8.00	0.3%	\$3,751	\$138.00	3.7%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

c. What is the effective date of the sliding-fee scale(s)? July 1, 2021

d. Provide the link(s) to the sliding-fee scale:

Iowa Administrative Code 441.170.4(2)

<https://www.legis.iowa.gov/docs/iac/chapter/441.170.pdf>

3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

i. The fee is per child, with the same fee for each child.

ii. The fee is per child and is discounted for two or more children.

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

iv. No additional fee is charged after certain number of children.

v. The fee is per family.

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

Describe:

vii. Other.

Describe:

As part of the eligibility determination process the Lead Agency determines if the family is responsible for a co-payment. The Lead Agency does not assess a co-payment fee to families at or below 100% of the federal poverty guidelines, families with a child with protective needs where services are provided without regard to income and recipients of FIP and participants in approved PROMISE JOBS activities as they are below the federal poverty guidelines. Fees are assessed by using the gross monthly income according to family size and factoring in the number of children in care up to 3 children. The chart used for this determination can be found at (<https://www.legis.iowa.gov/docs/iac/rule/441.170.4.pdf>) (pg. 2&3). The fee is assessed per unit of care provided. When more than one child in a family is receiving child care services, the family's contribution, or fee, is paid based on the units of care received by the child in the family who receives the most care. The amount of the fee takes into account additional children in care but an additional fee for each child is not assessed. The family fee is assigned to the child receiving the most care (generally the youngest child) and is a set dollar amount per unit of care provided to that child. The family is notified of the co-payment fee on the Notice of Decision issued by the Lead Agency. The provider is responsible for collecting the co-payment fee directly from the CCA eligible family.

b. The fee is a percent of income and (check all that apply):

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

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

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

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

v. The fee is per family.

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

Describe:

vii. Other.

Describe:

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

No.

Yes, check and describe those additional factors below.

a. Number of hours the child is in care.

Describe:

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

Describe:

c. Other.

Describe:

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

3.2.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

- a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

Families at or below 100% of the federal poverty guidelines, recipients of FIP, participants in PROMISE JOBS are not assessed a co-pay fee. Employee Manual page 92 <https://dhs.iowa.gov/sites/default/files/13-G.pdf?042420211806>

- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

Families where services are provided without regard to income due to protective needs are exempt from co-payments. Employee Manual page 92 <https://dhs.iowa.gov/sites/default/files/13-G.pdf?042420211806>

- c. Families meeting other criteria established by the Lead Agency. Describe Describe the policy.

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

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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:

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

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

- N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)
- The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

- 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.

A. Provide the income level for the second tier of eligibility for a family of three:

The second tier of eligibility for all families is 225% of the current Federal Poverty Level (FPL) per family size unless that amount is greater than 85% of Iowa's SMI. For a family of 3 gross monthly income could not exceed \$4,118. All other policies including need for service, authorizing units, payments and co-pays will still apply.

B. Describe how the second eligibility threshold:

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

Based on the most recent *Cost of Living in Iowa: Basic Family Budgets* by the Iowa Policy Project (now Common Good Iowa) a single-parent family of 3 would require an hourly wage of \$22.41 to support basic needs of the family. With Iowa's second tier of 225% FPL a family of 3 would need to be making more than \$25 per hour to no longer qualify for CCA.

2. 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 225% FPL second 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 145% of FPL or not more than \$2,654 in gross monthly income. To exceed the 225% FPL the family would have to increase their earnings to over \$4,118 in gross monthly income. This allows for a raise of more than \$9 per hour before the family would become ineligible.

3. 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 225% FPL and they meet all other eligibility requirements they will continue to receive annual renewal certifications.

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

Iowa Administrative Code 441.710.2(1)a(2)

<https://www.legis.iowa.gov/docs/iac/chapter/441.170.pdf>

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

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

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

No.

Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

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

Note:

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

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

A "child with special needs" is defined as a child with one or more of the following conditions: The child has been diagnosed by a physician or by a person endorsed for service as a school psychologist by the Iowa Department of Education to have a developmental disability which substantially limits one or more major life activities, and the child requires professional treatment, assistance in self care, or the purchase of special adaptive equipment. The child has been determined, by a qualified intellectual disabilities professional, to have a condition which impairs the child's intellectual and social functioning. The child has been diagnosed by a mental health professional to have a behavioral or emotional disorder characterized by situationally- inappropriate behavior which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with the child's intellectual, social, or personal adjustment.

b) "Families with very low incomes":

Children in families with an income of less than 100 percent of FPL who meet the need for service requirements.

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

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

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)).

Check all that apply:

Prioritize for enrollment in child care services

Serve without placing on waiting list

Waive co-payments (on a case-by-case basis). As described in 3.2.4

Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

Additionally children with special needs are prioritized by using a higher initial eligibility level of 200% FPL instead of 145% FPL and there is a higher rate of reimbursement if documentation submitted by provider that justifies additional needs for care.

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

Families with protective care needs and families receiving a state adoption subsidy for a child. "Child with protective needs" means a child who is not in foster care and has a case file that identifies child care as a safety or well-being need to prevent or alleviate the effects of child abuse or neglect. Child care is provided as part of a safety plan during a child abuse or child in need of assistance assessment or as part of the service plan established in the family's case plan. The child must have: 1. An open child abuse assessment; 2. An open child in need of assistance assessment; 3. An open child welfare case as a result of a child abuse assessment; 4. A petition on file for a child in need of assistance adjudication; or 5. Adjudication as a child in need of assistance.

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

Both families with protective care needs and families receiving a state adoption subsidy are

served without being placed on waiting lists and pay higher rates for access to higher quality care.

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

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

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

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

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

iv. Other

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

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

Note:

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

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

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

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

Provide the citation for this policy and procedure.

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

ii. [Children who are in foster care.](#)

Children in foster care are included in the definition of homelessness. Child Development Homes and Child Care Homes serving children under a CCA agreement have administrative rules that require them to waive medical documentation for up to 60 days if the family meets the definition of homelessness outlined in the McKinney-Vento Act when identified at enrollment. The Child Care Center Licensing Standards and Procedures document, Comm 204, is a document provided to child care centers to provide rationale and recommendation regarding policies. The definition of McKinney-Vento and the 60 day waiver is outlined in this document as well as Communication guides for other program types

[Provide the citation for this policy and procedure.](#)

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

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

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

health areas including immunizations and can assist with resources to help parents understand these requirements.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No.

Yes.

Describe:

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

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 state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI), regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1); any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

Certification periods shall be established for a 12-month period except in certain situations. In the following situations a longer certification period is established: (1) A family includes a child who will turn 13 years old within 6 months from the end of a 12-month certification period (2) A family needs CCA to attend post-secondary education and they will exhaust their 24-month funding limit within 6 months from the end of a 12-month certification period. In that case, base the length of the certification on the household's circumstances. (1) If the child will turn 13 within 6 months after the end of a 12-month certification period, establish a longer certification period for this family (up to a maximum of 18 months). (2) If the 24-month funding limit will be reached within 6 months after the end of a 12-month certification period, establish a longer certification period for this family (up to a maximum of 18 months). If the family experiences a "temporary change" that would affect their need for service the lead agency follows policies regarding "temporary change" described in part b of this question. In many temporary change situations the certification period will continue as approved, however in limited situations when parents cease employment or education/training activities assistance may be discontinued after three months if the parent does not become employed or start an education or training program. Citation Iowa Administrative Code 441.170.3(1)d and CCA Employee Manual in the section called "Establishing a Certification Period"

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

- i. 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.

Describe or define your Lead Agency's policy:

The established certification period will continue for any time-limited absence from employment or education or training due to one or more of the following reasons:

Maternity leave, FMLA situations, participation in a treatment or rehabilitation

program.

Citation:

441.170.2(2)b(9)

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

The established certification period will continue for any interruption in work for a seasonal worker who is not working between regular industry work seasons.

Citation:

441.170.2(2)b(9)

- iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

The established certification period will continue for any normal student holidays or breaks between school terms for a parent participating in education or training

Citation:

441.170.2(2)b(9)

- iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

The established certification period will continue for any episode of reduction in work, training or education hours, as long as the parent continues to work or attend their training or educational program.

Citation:

441.170.2(2)b(9)

- v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by

the Lead Agency.

Describe or define your Lead Agency's policy:

The established certification period will continue for any other cessation of employment or attendance in an education or training program that does not exceed three months.

Citation:

441.170.2(2)b(9)

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

The established certification period will continue for a child who turns 13 years old during the period.

Citation:

441.170.3(1)c

- vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

The established certification period will continue for any family who reports a change of address, but continues to be an Iowa resident.

Citation:

441.170.2(2)c

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

N/A

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

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

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

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

No.

Yes.

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

Job seeking is an eligible "need for service" and a family that meets all other eligibility requirements will be approved for a certification period. If employment is not obtained, assistance will be canceled after 3 consecutive months. If employment is obtained, the already established 12-month certification period shall continue. If during the

certification period the parent subsequently loses employment and needs to seek employment again they would follow the temporary lapse guidelines. If at redetermination the parent was job seeking and met all other eligibility criteria a certification period would be approved in the same manner as initial eligibility determination.

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

No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

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

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

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

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

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

90 days

iv. Provide the citation for this policy or procedure.

<http://dhs.iowa.gov/sites/default/files/13-G.pdf> (Employee's manual 13G, in the section called Reporting Changes)

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

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.

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

B. Provide the citation for this policy or procedure:

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

Provide the citation for this policy or procedure:

<http://dhs.iowa.gov/sites/default/files/13-G.pdf> (Employee's manual 13G, in the section called Reporting Changes)

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

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

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

<http://dhs.iowa.gov/sites/default/files/13-G.pdf> (Employee's manual 13G in the section called Cooperation with Investigation).

3.4.3 Change reporting during the minimum 12-month eligibility period.

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

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

No

Yes

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

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

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

Describe:

Address changes, household composition changes, income changes over 85% SMI

- ii. Changes that impact the Lead Agency's ability to contact the family.

Describe:

Address changes

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

Describe:

changes in child care provider

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- i. Phone
 ii. Email
 iii. Online forms
 iv. Extended submission hours
 v. Postal Mail
 vi. FAX
 vii. In-person submission
 viii. Other.

Describe:

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

fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

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

Family may report any changes. The Lead Agency acts on changes that reduce a family's copayment or increase the families subsidy, such as decreased income. If the reported changes would reduce a family's subsidy the Lead Agency does not act on those changes unless the family's income exceeds 85 percent SMI after considering irregular fluctuations in income, there is a non-temporary change in eligible activity in which case 90 days is given to start an eligible activity, the family has moved outside of Iowa or no eligible children remain in the family. If the family reports changes regarding contact information the Lead Agency will update that information however it will not change the family's co-pay or subsidy.

ii. Provide the citation for this policy or procedure.

<http://dhs.iowa.gov/sites/default/files/13-G.pdf> (Employee's manual 13G, in the section called Reporting Changes).

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

3.4.4 Prevent the disruption of employment, education, or job training activities.

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

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

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

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these

questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

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

The Lead Agency issues a child care certificate to parents at the time of approval for CCA. Selection of a provider is not required for approval so the certificate may be issued either before or after the parent has selected a provider. The certificate identifies the provider the family has chosen (if a provider has been selected at time of approval), the number of units/hours approved, the amount of co-pay the parent will be responsible for, and the timeframe (eligibility period) the family is authorized to receive services.

4.1.2 Identify 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; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

Families may choose from child care providers that have a Child Care Assistance Provider Agreement with the Lead Agency. Licensed centers, registered Child Development Homes, non-registered Child Care Homes and in-home providers may enter into a Child Care Assistance Provider Agreement with the Lead Agency.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

At the most recent check of this data in April 2021 there were 3,432 out of 4,161 or

82.5% of active providers in the Lead Agency's system who have a CCA Provider Agreement which makes them eligible to receive CCDF payments. This includes both licensed and license-exempt providers. For licensed care in Iowa 2,249 of 2,442 registered Child Development Homes (92.1%), and 1,072 of 1,498 centers (71.6%) have an agreement to participate in the CCDF system.

c. 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 and reports to the Lead Agency:

The Lead Agency contracted with Iowa State University to survey providers for the Narrow Cost Analysis. As part of that survey providers were asked about any barriers to participation in the CCA program. While most providers do participate in the system some mentioned they limit the number of CCA clients they will enroll because the CCA reimbursement rate is lower than they charge private pay families. Another barrier mentioned was that CCA requires additional paperwork beyond private pay clients. While not a barrier some providers surveyed also mentioned that they haven't accepted CCA because they haven't had families that qualify for CCA ask to enroll in their program.

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

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

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

No.

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

a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

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

b. Restricted based on the provider meeting a minimum age requirement.

Describe:

Provider must be at least 18 years of age

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

Describe:

d. 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 (98.2)).

Describe:

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

Describe:

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

Describe:

g. Other.

Describe:

4.1.6 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if every provider is simply required to sign an agreement to be paid in the certificate program.

No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

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

Yes, statewide. If yes, describe:

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

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

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

An Request for Proposals (RFP) is issued for those interested in wrap around contracts. The RFP is posted on the State's website for all RFPs. Additionally the lead agency puts this information out through the Early Childhood Iowa's email distribution list. Entities that have a "core program" are eligible to apply for the RFP. Those include Head Start Programs, Early Head Start Programs, Department of Education at-risk programs (Shared Visions), Title I Preschools (including Even Start), or early childhood special education programs.

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

The amount for the contracted slot is set within the request for proposal process so the potential contractor is aware of the rate. An assessment of half day rates from

the Lead Agency and funds available determines whether the rates are appropriate for each new contract. The intent of the wrap around grants are to provide continuity of care for children in core programs that are not full day programs. Providers view the contracted rates as preferable for stabilizing payments as opposed to the CCA program in which payment is based on daily attendance with a maximum of 4 paid absence days per month.

4.1.6 Child care services available through grants or contracts.

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

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

To increase the supply of care

To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

To increase the supply of care

To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

To increase the supply of care

To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

- To increase the supply of care
- To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

- To increase the supply of care
- To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

- To increase the supply of care
- To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

- To increase the supply of care
- To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

- To increase the supply of care
- To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

- To increase the supply of care
- To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

- To increase the supply of care
- To increase the quality of care

Describe

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

a. In child care centers.

The Lead Agency annually tracks the number of licensed center programs and the total number of licensed center slots to assess trends. This information comes from the Lead Agency's KinderTrack system which contains all regulated programs. While the number of licensed centers has stayed fairly consistent over the last five years the total number of licensed slots has been increasing, with an increase of over 22,000 spots in the last 5 years.

b. In child care homes.

The Lead Agency annually tracks the number of registered child development home programs and the total number of registered home slots. This information comes from the Lead Agency's KinderTrack system which contains all regulated programs. Both the total number of registered home programs and the total number of registered home slots have shown a trend of decline over the last five years, which mirrors national trends. In the last five years, the total number of registered home programs has declined from around 3,270 programs to approximately 2,500 programs and the total registered home slots have declined from around 35,200 to approximately 26,800. In response to this trend the Lead Agency has incentivized recruitment of more registered child development homes in the CCR&R contract and will continue to annually assess the data on programs and slots available.

c. Other.

N/A

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

The Lead Agency developed the Investing in Iowa's Child Care (IICC) Funding Program to help increase the supply of child care in Iowa. Funding to start a new child care facility or to expand the capacity of a current facility is available.

iv. Technical assistance support.

Describe:

The Lead Agency contracts with 5 CCR&R agencies to provide technical assistance to child care providers throughout the state. This support focuses more on improving quality however technical assistance is provided to those looking to start-up child care programs as well. Specifically the CCR&R regions are contracted to: provide both onsite and off-site training, including Technical Assistance (TA), Coaching, and Consultation services to child care providers in the region. Contractor shall place emphasis on on-site Coaching and Consultation. Contractor duties shall include, but are not limited to: A. Support the child care provider's ability to achieve and maintain satisfactory regulatory status, as needed.

B. Assist child care providers, as requested by a provider and/or The Lead Agency contracts with 5 CCR&R agencies to provide technical assistance to child care providers throughout the state. This support focuses more on improving quality however technical assistance is provided to those looking to start-up child care programs as well. Specifically the CCR&R regions are contracted to: provide both onsite and off-site training, including Technical Assistance (TA), Coaching, and Consultation services to child care providers in the region. Contractor shall place emphasis on on-site Coaching and Consultation. Contractor duties shall include, but are not limited to: A. Support the child care provider's ability to achieve and maintain satisfactory regulatory status, as needed. B. Assist child care providers, as requested by a provider and/or referred by the Agency, to address pre-inspection and/or complaint follow-up and to address areas of regulatory deficiency identified by the Agency. The Contractor shall work cooperatively with the Agency to ensure Consultation the Contractor provides is consistent with the compliance issues identified by the Agency C. Assist providers in achieving, maintaining, and increasing their quality as evidenced by their participation and performance in Iowa's Quality Rating and Improvement System (QRIS) D. Assist providers in conducting a thorough self-assessment of their program and assisting them in improving the quality of care provided, based on the self-assessment. E. Assist child care providers in assessing their environment using the Environment Rating Scales (ERS) and consult with child care providers to improve quality of child care based on ERS assessment results. F. Implement and use an evidence-based Coaching model, e.g.: Practice Based Coaching, to coordinate with series training curriculum, as applicable. G. Consult with child care providers to develop and implement professional development plans, including the Child Development Associate (CDA) credential and college education. H. Consult with child care providers to support provider use of inclusive and culturally-appropriate child care policies and services. I. Collaborate with the Agency in performing an initial assessment of regional childcare needs following a disaster and communicate with families utilizing childcare services during a disaster.

[v. Recruitment of providers.](#)

[Describe:](#)

In the Lead Agency's contracts with the 5 CCR&R agency's there is a scope of work related to recruitment and retention of child care providers. Specifically the

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

vi. Tiered payment rates (as in 4.3.3).

Describe:

The Lead Agency offers tiered CCA reimbursement rates to reward and incentivize programs that have taken steps to improve quality of care.

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

Describe:

The Lead Agency contracts with First Children's Finance for business training and technical assistance.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

The Lead Agency contracts with the Iowa Department of Public Health to support Healthy Child Care Iowa which coordinates Child Care Nurse Consultants throughout the state to improve quality of care by supporting health and safety best

practices

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

The Lead Agency plans to use a fiscal agent to administer the stabilization subgrants. Lead Agency staff are in the process of developing the contract requirements and completing all the appropriate procurement processes.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

The Lead Agency developed the Investing in Iowa's Child Care (IICC) Funding Program to help increase the supply of child care in Iowa. Funding to start a new child care facility or to expand the capacity of a current facility is available.

iv. Technical assistance support.

Describe:

1. Technical assistance support. Describe: The Lead Agency contracts with 5

CCR&R agencies to provide technical assistance to child care providers throughout the state. Specifically the CCR&R regions are contracted to: provide both onsite and off-site training, including Technical Assistance (TA), Coaching, and Consultation services to child care providers in the region. Contractor shall place emphasis on on-site Coaching and Consultation. Contractor duties shall include, but are not limited to: A. Support the child care provider's ability to achieve and maintain satisfactory regulatory status, as needed. B. Assist child care providers, as requested by a provider and/or referred by the Agency, to address pre-inspection and/or complaint follow-up and to address areas of regulatory deficiency identified by the Agency. The Contractor shall work cooperatively with the Agency to ensure Consultation the Contractor provides is consistent with the compliance issues identified by the Agency C. Assist providers in achieving, maintaining, and increasing their quality as evidenced by their participation and performance in Iowa's Quality Rating and Improvement System (QRIS) D. Assist providers in conducting a thorough self-assessment of their program and assisting them in improving the quality of care provided, based on the self-assessment. E. Assist child care providers in assessing their environment using the Environment Rating Scales (ERS) and consult with child care providers to improve quality of child care based on ERS assessment results. F. Implement and use an evidence-based Coaching model, e.g.: Practice Based Coaching, to coordinate with series training curriculum, as applicable. G. Consult with child care providers to develop and implement professional development plans, including the Child Development Associate (CDA) credential and college education. H. Consult with child care providers to support provider use of inclusive and culturally-appropriate child care policies and services. I. Collaborate with the Agency in performing an initial assessment of regional childcare needs following a disaster and communicate with families utilizing childcare services during a disaster.

v. Recruitment of providers.

Describe:

In the Lead Agency's contracts with the 5 CCR&R agency's there is a scope of work related to recruitment and retention of child care providers. Specifically the CCR&R regions are contracted to: explore strategies to increase supply and access to high-quality child care programs; make quarterly written recommendations to the Agency that include both immediate and long-term strategies aimed at expanding the supply of high-quality care and sustaining quality over time; implement the identified strategies as approved by the Agency and the State Network Team; collaborate with First Children's Finance, as appropriate, to

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

vi. Tiered payment rates (as in 4.3.3).

Describe:

The Lead Agency offers tiered CCA reimbursement rates to reward and incentivize programs that have taken steps to improve quality of care

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

Describe:

The Lead Agency contracts with First Children's Finance for business training and technical assistance.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

The Lead Agency contracts with the Iowa Department of Public Health to support Healthy Child Care Iowa which coordinates Child Care Nurse Consultants throughout the state to improve quality of care by supporting health and safety best practices.

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

The Lead Agency developed the Investing in Iowa's Child Care (IICC) Funding Program to help increase the supply of child care in Iowa. Funding to start a new child care facility or to expand the capacity of a current facility is available.

iv. Technical assistance support.

Describe:

The Lead Agency contracts with 5 CCR&R agencies to provide technical assistance to child care providers throughout the state. Specifically the CCR&R regions are contracted to: provide both onsite and off-site training, including Technical Assistance (TA), Coaching, and Consultation services to child care providers in the region. Contractor shall place emphasis on on-site Coaching and Consultation. Contractor duties shall include, but are not limited to: A. Support the child care provider's ability to achieve and maintain satisfactory regulatory status, as needed. B. Assist child care providers, as requested by a provider and/or referred by the Agency, to address pre-inspection and/or complaint follow-up and to

address areas of regulatory deficiency identified by the Agency. The Contractor shall work cooperatively with the Agency to ensure Consultation the Contractor provides is consistent with the compliance issues identified by the Agency C. Assist providers in achieving, maintaining, and increasing their quality as evidenced by their participation and performance in Iowa's Quality Rating and Improvement System (QRIS) D. Assist providers in conducting a thorough self-assessment of their program and assisting them in improving the quality of care provided, based on the self-assessment. E. Assist child care providers in assessing their environment using the Environment Rating Scales (ERS) and consult with child care providers to improve quality of child care based on ERS assessment results. F. Implement and use an evidence-based Coaching model, e.g.: Practice Based Coaching, to coordinate with series training curriculum, as applicable. G. Consult with child care providers to develop and implement professional development plans, including the Child Development Associate (CDA) credential and college education. H. Consult with child care providers to support provider use of inclusive and culturally-appropriate child care policies and services. I. Collaborate with the Agency in performing an initial assessment of regional childcare needs following a disaster and communicate with families utilizing childcare services during a disaster.

[v. Recruitment of providers.](#)

[Describe:](#)

In the Lead Agency's contracts with the 5 CCR&R agency's there is a scope of work related to recruitment and retention of child care providers. Specifically the CCR&R regions are contracted to: explore strategies to increase supply and access to high-quality child care programs; make quarterly written recommendations to the Agency that include both immediate and long-term strategies aimed at expanding the supply of high-quality care and sustaining quality over time; implement the identified strategies as approved by the Agency and the State Network Team; collaborate with First Children's Finance, as appropriate, to discuss: child care and early education business development, supply, ongoing recruitment and retention efforts; present and/or distribute information regarding the significant need for and importance of quality child care to community agencies including, but not limited to, the following: ECI, United Way, Board of Supervisors, Chamber of Commerce, etc; provide, as requested, Consultation/Technical

Assistance to communities and providers on how to effectively start a child care business, including but not limited to planning, governance, finances, staffing, and facilities.

vi. Tiered payment rates (as in 4.3.3).

Describe:

The Lead Agency offers tiered CCA reimbursement rates to reward and incentivize programs that have taken steps to improve quality of care

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

Describe:

The Lead Agency contracts with First Children's Finance for business training and technical assistance.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

The Lead Agency contracts with the Iowa Department of Public Health to support Healthy Child Care Iowa which coordinates Child Care Nurse Consultants throughout the state to improve quality of care by supporting health and safety best practices.

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with

disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

The Lead Agency developed the Investing in Iowa's Child Care (IICC) Funding Program to help increase the supply of child care in Iowa. Funding to start a new child care facility or to expand the capacity of a current facility is available.

iv. Technical assistance support.

Describe:

: The Lead Agency contracts with 5 CCR&R agencies to provide technical assistance to child care providers throughout the state. Specifically the CCR&R regions are contracted to: provide both onsite and off-site training, including Technical Assistance (TA), Coaching, and Consultation services to child care providers in the region. Contractor shall place emphasis on on-site Coaching and Consultation. Contractor duties shall include, but are not limited to: A. Support the child care provider's ability to achieve and maintain satisfactory regulatory status, as needed. B. Assist child care providers, as requested by a provider and/or referred by the Agency, to address pre-inspection and/or complaint follow-up and to address areas of regulatory deficiency identified by the Agency. The Contractor shall work cooperatively with the Agency to ensure Consultation the Contractor provides is consistent with the compliance issues identified by the Agency C. Assist providers in achieving, maintaining, and increasing their quality as evidenced by their participation and performance in Iowa's Quality Rating and Improvement System (QRIS) D. Assist providers in conducting a thorough self-assessment of

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

v. [Recruitment of providers.](#)

[Describe:](#)

In the Lead Agency's contracts with the 5 CCR&R agency's there is a scope of work related to recruitment and retention of child care providers. Specifically the CCR&R regions are contracted to: explore strategies to increase supply and access to high-quality child care programs; make quarterly written recommendations to the Agency that include both immediate and long-term strategies aimed at expanding the supply of high-quality care and sustaining quality over time; implement the identified strategies as approved by the Agency and the State Network Team; collaborate with First Children's Finance, as appropriate, to discuss: child care and early education business development, supply, ongoing recruitment and retention efforts; present and/or distribute information regarding the significant need for and importance of quality child care to community agencies including, but not limited to, the following: ECI, United Way, Board of Supervisors, Chamber of Commerce, etc; provide, as requested, Consultation/Technical Assistance to communities and providers on how to effectively start a child care business, including but not limited to planning, governance, finances, staffing, and facilities.

vi. [Tiered payment rates \(as in 4.3.3\).](#)

Describe:

The Lead Agency offers tiered CCA reimbursement rates to reward and incentivize programs that have taken steps to improve quality of care

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

Describe:

The Lead Agency contracts with First Children's Finance for business training and technical assistance.

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

The Lead Agency contracts with the Iowa Department of Public Health to support Healthy Child Care Iowa which coordinates Child Care Nurse Consultants throughout the state to improve quality of care by supporting health and safety best practices.

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

4.1.9 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 (658 E(c)(2)(M); 98.16 (x);98.46(b)).

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

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

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

A workforce with the skills to provide quality care and with sufficient compensation to stay in the field is an important piece of increasing the supply of quality care. The lead agency contracts with Iowa AEYC to provide WAGE\$ stipends to qualified individuals.

Historically the program has been offered in the 20 highest poverty counties within the state. Due to CRRSA funding the program will be offered statewide for state fiscal year 2022 but the Lead Agency will continue to support the 20 highest poverty counties in following state fiscal years. The purpose of this contract is to incentivize those qualified individuals to stay in the child care workforce. Additionally the Lead Agency is evaluating what other data points would be useful in continuing to analyze areas with significant concentrations of poverty and unemployment and insufficient access to high-quality care.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare 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 (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

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

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative

methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

October 2019-September 2020

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate

Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

The Lead Agency consulted with the SAC (ECI Stakeholders Alliance) and the State Child Care Advisory Committee (SCCAC) regarding the MRS. It was reviewed how CCR&R collects the data for the MRS and the Lead Agency proposed the idea of contracting with a state university to collect and analyze data for the Narrow Cost Analysis. Both groups were supportive of the Lead Agency's plans.

b) Local child care program administrators:

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

c) Local child care resource and referral agencies:

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

d) Organizations representing caregivers, teachers, and directors:

Organizations representing caregivers, teachers, and directors, such as Iowa Association for the Education of Young Children are a part of our SAC, SCCAC and statewide ECI structure. Additionally caregivers, teachers and directors are also part of these as well.

They attend meetings mentioned above in (a) and feedback was sought from them in that venue.

e) Other. Describe:

N/A

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

The CCR&R data contains rates for active private-pay child care providers across the state, by type of care and age groups

ii. [Provide complete and current data:](#)

The Lead Agency's contract with the five CCR&R agencies requires them to update all child care provider rates annually so that rates contained in their data are not more than 1 year old.

iii. [Use rigorous data collection procedures:](#)

The CCR&R agencies use uniform documents to do their "Complete Update" on all providers each year. There is one form for Licensed Centers, one for Registered Child

Development Homes and one for Child Care Homes.

iv. Reflect geographic variations:

The child care data that is collected also includes the county in which each provider resides. This is used to calculate Urban/Rural rates, along with State-wide rates, for each MRS we conduct.

v. Analyze data in a manner that captures other relevant differences:

SPSS statistical software is used to conduct the analysis for our MRS. This allows the ability to look at the rates by type of care and age group combinations. For each combination, we can see their rate for Mean, Median, Mode, Standard Deviation, Minimum, Maximum and Percentiles at different break outs, to analyze differences in the data between groups.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

The "Complete Update" forms above are collected on an ongoing basis by CCR&R, so the data for the current MRS survey was collected over the course of October 2019 through September 2020. This means a substantial portion of the data would have been collected after COVID-19 reached pandemic status.

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

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

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

b) Type of provider. Describe:

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

c) Age of child. Describe:

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

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

N/A

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

The Lead Agency, in partnership with researchers at Iowa State University (ISU), used an online survey to conduct a narrow cost analysis. In preparation for the provider survey, ISU team members reviewed the 2017 Iowa Department of Human Services Market Rate Survey as well as regulatory requirements related to health,

safety, quality, and staffing, and quality indicators as specified by the Iowa QRS. Items derived from these three sources were included in the survey and grouped into like categories to minimize respondent burden. Qualtrics online survey software was used to build and disseminate the surveys. Separate surveys were constructed for licensed centers and homes (including both registered child development homes and non-registered child care homes), but routing structures within the survey provided for respondents to answer or skip questions as were relevant to them (e.g., does the program own a vehicle? participate in QRS?). Additionally, programs were asked to report on their enrollment and staffing. After three email reminders had been sent, providers who had not yet responded were sent a short version of the survey asking them to provide total costs by category—salary and benefits, supplies, facilities, and outsourced services (e.g., cleaning company, accountant). Researchers at ISU with expertise in statistical analysis analyzed the data to provide cost estimates by rural/urban location, type of provider and age of child.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

Regulatory cost of care took into consideration those costs that could be directly attributed to meeting the health, safety, quality, and staffing requirements to be licensed or registered. These included staff salary and benefits (including self for home-based providers), supplies and materials, facilities expenses, and outsourced services directly related to operations that maintain regulatory status. Regulatory costs were calculated as an annual total, then divided by the reported number of enrolled children (annual per child cost), and then divided by 260 days per year to calculate a per child per day (PCPD) average cost. Given that costs are not directly attributable to specific children or child characteristics, such as age, hours attending per week, etc., per child per day costs were estimated as an overall average which is presented for preschool age children. Costs for infants and toddlers and costs for school age children were adjusted from the average using the ratios identified in the Iowa 2020 Market Rate Survey

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

Iowa Quality Rating System is a voluntary system that recognizes providers for achieving various quality markers. Quality is indicated by levels ranging from one to five, with level five indicating the highest quality. Programs may incur additional expenses in achieving high levels of quality, paying higher wages for more educated staff or maintaining smaller teacher-child ratios, purchasing additional materials, increased professional development. Since Iowa's QRS is based on a menu system in which child care providers pick from a range of options to meet the minimum number of points per level in the survey providers were asked which items they submitted for their most recent QRS rating. They were then asked to indicate the additional cost to the center to meet each item they selected. ISU then analyzed the data to produce per child per day costs for centers and CDHs at various levels of quality in the same way as was done for regulatory and staffing requirements.

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

Based upon the average per child per day rates calculated in the Narrow Cost Analysis there is not a gap between health, safety and staffing costs and the maximums for base rates. For all age ranges in both licensed centers and registered child development homes the maximum CCA rate exceeds the per child per day averages found in the narrow cost analysis.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality

indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results 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.

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 (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. June 24, 2021

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

The availability of the detailed MRS report was announced through stakeholder distribution lists and through social media. The report is available on the Lead Agency's website at <https://dhs.iowa.gov/reports/child-care>

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

Data for the 2020 Market Rate Survey indicate an increase in rates charged by child care programs since the 2017 MRS which mirrors stakeholder feedback received by the Lead Agency. The Lead Agency recognized that a CCA rate increase was needed to continue to allow families using CCA to have equal access to child care programs as those seeking care through private pay means. In anticipation of this, the Lead Agency informed the legislature of the desire to increase the CCA rates and rate increases were approved. The rate increases effective July 2021 will ensure that base rates are at least 50th percentile of the 2020 MRS and up to the 75th percentile for programs that have a current QRS rating. Additionally, when the new base rates are compared with the average per child per day cost estimated in the Narrow Cost Analysis, base rates are

sufficient to cover reported costs of meeting regulatory requirements.

4.3 Establish 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, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. 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 children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, 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. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:\$19.30/unit

Full-time weekly base payment rate: \$193.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:\$19.30/unit

Full-time weekly base payment rate: \$193.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:\$17.00/unit

Full-time weekly base payment rate: \$170.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$13.50/unit

Full-time weekly base payment rate: \$135.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:\$12.98/unit

Full-time weekly base payment rate: \$129.80

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:\$12.98/unit

Full-time weekly base payment rate: \$129.80

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vii. Age of child in what type of licensed child care setting (All rates are full-time) -
Preschooler (4 years) Family Child Care:

Base payment rate:\$12.50

Full-time weekly base payment rate: \$125.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

viii. Age of child in what type of licensed child care setting (All rates are full-time) -
School-age child (6 years) Family Child Care (Based on full-day, full-year rates that
would be paid during the summer):

Base payment rate:\$10.82

Full-time weekly base payment rate: \$108.20

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Rates are determined 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.

c. Describe how the Lead Agency defines and calculates part-time and full-time care. Rates are determined in "units" which is a 5 hour time period. Full-time care is considered 10 units per week. Part-time care is less than 10 units per week.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). July 1, 2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

N/A

f. Provide the citation, or link, if available, to the payment rates
<https://www.legis.iowa.gov/docs/iac/rule/441.170.4.pdf> ​

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

N/A

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

a. Geographic area.
Describe:

b. Type of provider.
Describe:

The Lead Agency has different rates for licensed centers, Child Development Home A & B, Child Development Home C, Child Care Homes (non-registered), and In-home providers. These are based on data from the MRS.

c. Age of child.
Describe:

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

School-Age children. These are based on data from the MRS.

d. Quality level.

Describe:

As noted in 4.3.3 the lead agency has tiered rates in which providers with QRS ratings are eligible for higher payment rates.

e. Other.

Describe:

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

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

No.

Yes. 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.

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. Differential rate for non-traditional hours.

Describe:

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

Describe:

Providers caring for a child with special needs that are documented have a maximum rate that is 1.5 times whatever rate the provider is eligible for based on their QRS rating.

- d. 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:

- e. 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:

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

Describe:

The Lead Agency has a tiered rates based on the providers QRS Level. Providers with a current Level 1 or 2 in the Iowa QRS have a higher ceiling rate than providers with no QRS rating. Providers with a current level 3 or 4 in the Iowa QRS have a higher ceiling rate than providers with a Level 1 or 2. Providers with a level 5 in the Iowa QRS have the highest ceiling rate. These rates set at increasingly higher percentiles of the MRS to encourage participant in the Quality Rating System.

- g. Other differential rates or tiered rates.

Describe:

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed

all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The Lead Agency raised maximum CCA rates. Specifically the increase ensures that base rates for all provider types and at all ages are at the 50th percentile of the most recent market rate. Additionally maximum CCA rates for all QRS programs are raised as well so that programs with a QRS rating are eligible for rates in the 60th to 75th percentiles of the most current MRS. Based on data within the narrow cost analysis these increased base rates are sufficient to meet the average per child per day costs reported by providers for health, safety and staffing requirements.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The Lead Agency provides market rate information and recommendations to the State legislature and then follows directions from the legislature regarding setting maximum CCA rates.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

As stated above the Lead Agency is increasing maximum CCA rates for programs that have a QRS rating. Programs with a QRS rating are eligible for higher maximum CCA rates than programs without a rating. Programs without a QRS rating are eligible for maximum rates in the 50th percentile of the most recent MRS whereas programs with a QRS rating have maximum rates in the 60th to 75th percentiles of the most current MRS. Based on data within the narrow cost analysis these increased maximum rates are sufficient the majority of the time to meet the average per child per day costs reported by providers at each level of the QRS. The exception would be that QRS Levels 3,4, and 5 Child Development Homes report slightly higher rates(\$3-7 per day) than the CCA maximums. The Lead Agency continues to work with ISU to analyze this information and better understand if a change is needed. In general Child Development Homes report lower costs per child per day than centers however at the higher 3 & 4 ratings Child Development Home providers are reporting higher costs per child per day than centers.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

The Narrow Cost Analysis survey asked providers for their enrollment both pre-pandemic and in December 2020 so that cost per child per day could be calculated for both instances. When evaluating whether CCA reimbursements provided equal access the Lead Agency used the post-COVID per child per day costs to more accurately reflect the current cost of care.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

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

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

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

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

- i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

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

Describe the policy or procedure.

Claims for child care payment shall be processed within seven business days of receiving a complete and correct claim. The Lead Agency tracks this metric and more than 99% of payments meet this processing deadline.

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

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

Describe the policy or procedure.

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

Describe the policy or procedure.

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

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

Describe the policy or procedure.

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

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

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These

payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

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

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

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

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

Describe the policy or procedure.

When CCR&R collects provider rates for the MRS they are also collecting information on any mandatory registration fees that providers charge to private-pay families. At the most recent review of the data in May of 2021 only 29% of child care programs charged a mandatory registration fee so the Lead Agency does not consider this a generally accepted payment practice.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

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

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

Describe:

When changes are reported that affect the number of authorized units, co-pay, provider family is choosing to use, or when a family is canceled, the provider(s) is sent information in writing 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.

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

Most payment questions can be solved through direct communication between the provider and lead agency. However, if the provider disagrees with any lead agency decision they may appeal. Anyone has the right to appeal any decision made by the Department of Human Services and to request an appeal hearing. No one may limit or interfere with this right. Food Assistance, Medicaid, Child Care Assistance, Family Planning Program, and Family Investment Program appeals may be made in person, by telephone or in writing. All other appeals must be requested in writing. Providers can write a letter explaining the reason they disagree with the Department's decision or they can complete an Appeal and Request for Hearing form online. If they have questions on how to complete the Appeal and Request for Hearing form, they may call the Appeals Section at (515) 281-3094. The Appeals Section reviews each appeal to see if a hearing can be granted. Each appeal must meet the following criteria (1) The Department has taken an action that can be appealed, (2) The Department has issued a written notice about the negative action (3) You filed your appeal: within 15 calendar days for tax/debtor offsets 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.

g. Other. Describe:

N/A

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

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

The Lead agency's timeliness policy is 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 2021 92.1% of our 2,249 licensed family child care homes and 71.6% of 1,498 licensed centers were accepting Child Care Assistance payments.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

a. Limit the maximum co-payment per family.

Describe: .

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

c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

d. Other.

Describe:

Fees are not charged to those at or below 100% FPL, those participating in PROMISE JOBS program components or those families receiving services without regard to income due to a protective service situation. For those that do have co-payment the sliding fee schedule is applied based on the number of persons in the family, the income of that family, and how many children are in care. The state determines the number of persons in the family (which is the same number of persons used when determining income eligibility for service), the monthly family income, and how many children are in care. There is only one co-pay per family

however the fee is adjusted depending on the number of children in care. The fee is paid based on the child who receives the most care. The fees charged to families for child care (basic care) range from \$0.00 to \$138 per month. Even for families in the graduated phase out program fees are kept at under the 7% of family income federal benchmark to ensure affordability.

4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.
- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.
- iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

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

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

of CCDF children in license-exempt care (98.16 (u)).

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

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

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

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

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

a. Center-based child care.

i. Identify the providers subject to 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

ii. Describe the licensing requirements:

Licensed centers must meet requirements in the following areas: 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

iii. Provide the citation:

Iowa Code 237A.2 and Iowa Administrative Code 441.109

b. Family child care. Describe and provide the citation:

i. Identify the 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.

ii. Describe the licensing requirements:

Child Development Homes must apply every 2 years and are subject to preinspection and annual inspection. CDH's must meet requirements in the following areas: number of children allowed in care, health and safety standards, activity program, parental access, discipline, meals, file maintenance for children and staff, and professional development

iii. Provide the citation:

Iowa Code 237A.3A, Iowa Administrative Code 441.110

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

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

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. 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:

Programs that are not licensed as a child care center are unable to receive CCDF

ii. Provide the citation to this policy:

Iowa Code 237A and Iowa Administrative Code 441.170

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 and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. 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:

Child care homes (caring for less than 6 children at a time) are not required to be licensed or registered. Any child care homes that receive CCDF funds are required to have background checks, preservice training, CPR training and first aid 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 and safety standards.

ii. Provide the citation to this policy:

Iowa Administrative Code 441.120

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 and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. 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.

In-home care providers do not receive CCDF funds

ii. Provide the citation to this policy:

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 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, 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 in Kindergarten

d. School-Age. Describe:

Enrolled in Kindergarten or higher

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1 adult: 4 children

B. Group size:

Group size is limited by a combination of regulatory requirements including the following: useable floor space (35 square feet per child or 40 square feet per child if the room has cribs); sufficient bathroom and diapering facilities; age of children (children 18 months and younger must not be with children over 2 years of age); staff ratio (based on age) and developmentally appropriate activity requirements (a balance of active and quiet activities and individual and group activities must be maintained). Limits to combinations of age grouping are in place. Final determination of center capacity is determined by the lead agency and may include evaluation of other factors that influence capacity

ii. Toddler

A. Ratio:

1 adult: 4 children

B. Group size:

Group size is limited by a combination of regulatory requirements including the following: useable floor space (35 square feet per child or 40 square feet per child if the room has cribs); sufficient bathroom and diapering facilities; age of children (children 18 months and younger must not be with children over 2 years of age); staff ratio (based on age) and developmentally appropriate activity requirements (a balance of active and quiet activities and individual and group activities must be maintained). Limits to combinations of age grouping are in place. Final determination of center capacity is determined by the lead agency and may include evaluation of other factors that influence capacity

iii. Preschool

A. Ratio:

Age 2: 1 adult: 6 children

Age 3: 1 adult: 8 children

Age 4: 1 adult: 12 children

B. Group size:

Group size is limited by a combination of regulatory requirements including the following: useable floor space (35 square feet per child or 40 square feet per child if the room has cribs); sufficient bathroom and diapering facilities; age of children (children 18 months and younger must not be with children over 2 years of age); staff ratio (based on age) and developmentally appropriate activity requirements (a balance of active and quiet activities and individual and group activities must be maintained). Limits to combinations of age grouping are in place. Final determination of center capacity is determined by the lead agency and may include evaluation of other factors that influence capacity

iv. School-age

A. Ratio:

1 adult: 15 children

B. Group size:

Group size is limited by a combination of regulatory requirements including the following: useable floor space (35 square feet per child or 40 square feet per child if the room has cribs); sufficient bathroom and diapering facilities; age of children (children 18 months and younger must not be with children over 2 years of age); staff ratio (based on age) and developmentally appropriate activity requirements (a balance of active and quiet activities and individual and group activities must be maintained). Limits to combinations of age grouping are in place. Final determination of center capacity is determined by the lead agency and may include evaluation of other factors that influence capacity

v. Mixed-Age Groups (if applicable)

A. 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. If children three years of age and under are included in the combined age group, the staff ratio for children aged three and under shall be maintained for these children. Preschools shall have staff ratios determined on the age of the majority of the children, including children who are three years of age. If a child between the ages of 18 and 24 months is placed outside the infant area, the staff ratio of 1 to 4 shall be maintained as would otherwise be required for the group until the child reaches the age of two.

B. Group size:

Group size is limited by a combination of regulatory requirements including the following: useable floor space (35 square feet per child or 40 square feet per child if the room has cribs); sufficient bathroom and diapering facilities; age of children (children 18 months and younger must not be with children over 2 years of age); staff ratio (based on age) and developmentally appropriate activity requirements (a

balance of active and quiet activities and individual and group activities must be maintained). Limits to combinations of age grouping are in place. Final determination of center capacity is determined by the lead agency and may include evaluation of other factors that influence capacity

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

N/A

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

Ratios in licensed CCDF family child care homes vary depending on the age of the child as described below in ii-v. There is not a ratio specifically for mixed age-groups.

B. 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

ii. Infant

A. Ratio:

1 adult: 4 children

B. 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. Toddler

A. Ratio:

1 adult: 4 children

B. 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.

iv. Preschool

A. Ratio:

1 adult: 8 children

B. 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.

v. School-age

A. Ratio:

1 adult: 12 children

B. 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.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

1:6 Ratio, at least 1 must be school aged

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

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

i. Mixed Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. Describe the ratio and group size requirements for license-exempt in-home care.

N/A

5.2.3 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, including any variations based on the ages of children in care:

High School diploma or GED / Must be at least age 16 years of age. Any person under the age of 18 must be under direct supervision of an adult

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 personnel, supervision, record keeping, or budgeting or has one year of administrative-related experience. d. Has certification in infant, child, and adult cardiopulmonary resuscitation (CPR), first aid, and Iowa's training for the mandatory reporting of child abuse. e. Has achieved a total of 100 points obtained through a combination of education, experience, and child development-related training as outlined in the following list: EDUCATION 75-Bachelor's or higher degree in early childhood, child development or elementary education 50-Associate's degree in child development or bachelor's degree in a child-related field 40-Child Development Associate (CDA) or 1-year diploma in child development from a community college or technical school 40-Bachelor's degree in a non-child related field 20-Associate's degree in a non-child-related field or completion of at least two years of a four-year degree. EXPERIENCE (Points multiplied by years of experience) 20-Full-time (20 hours or more per week) in a child care center or preschool setting 10-Part-time (less than 20 hours per week) in a child care center or preschool setting 10-Full-time (20 hours or more per week) child-development-related experience 5-Part-time (less than 20 hours per week) child development-related experience 10-Registered child development home provider 5-Nonregistered family home provider CHILD DEVELOPMENT-RELATED TRAINING One point per contact hour of training. In obtaining the total of 100 points, a minimum of two categories must be used, no more than 75 points may be achieved in any one category, and at least 20 points shall be obtained from the experience category. (2) Points obtained in the child development-related training category shall have been taken within the past five years. (3) For directors in centers predominantly serving children with special needs, the directors may substitute a disabilities-related or nursing degree for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, experience in working with children with special needs in an administrative or direct care capacity shall be equivalent to full-time experience in a child care center or preschool in determining point totals. (4) For directors in centers serving predominantly school-age children, the directors may substitute a degree in secondary education, physical education, recreation or related fields for the bachelor's

degree in early childhood, child development or elementary education in determining point totals. In addition, child-related experience working with school-age children shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

N/A

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

<https://www.legis.iowa.gov/docs/iac/rule/441.109.6.pdf>

b. Licensed Family Child Care

i. 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.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

Licensed-exempt family child care providers must be at least 18 years of age

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

<https://www.legis.iowa.gov/docs/iac/chapter/441.110.pdf>

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

N/A

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

N/A

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic

approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) 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 (98.41(a)). 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 in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Practices that contribute to the prevention and control of infectious diseases are found throughout requirements for Licensed centers, registered Child Development Homes and non-registered Child Care Homes. Licensed Centers: 109.10(5) Infectious disease control. Centers shall establish policies and procedures related to infectious disease control and the use of universal precautions with the handling of any bodily excrement or discharge, including blood and breast milk. Soiled diapers shall be stored in containers separate from other waste The standard is defined throughout administrative rules, and includes immunization requirements, physical exams for child care providers and household members, daily contact to assess for apparent illness, written policies for handling ill children, having a quiet area for ill or injured children, handwashing requirements for children and staff, and recording of incidents. Posting

notice is required where it is visible to parents and the public of exposure of a child to communicable disease. Sanitation procedures must be developed and programs must have sufficient diapering and bathroom facilities to reduce transmission of disease. Posting of diapering, sanitation, and handwashing procedures must be posted and implemented in every diapering area. Additional requirements are in place for Get Well Centers. Child Development Homes: Pet health exams are required. Providers must have written policies when caring for mildly ill children and exclusion of children due to illness and must inform parents of policies, immunization and annual exams for children in care and physical exams for child care providers and household members. The provider shall establish procedures related to infectious disease control and handling of any bodily excrement or discharge, including blood and breast milk. Soiled diapers shall be stored in containers separate from other waste. Child Care homes with a CCA PA Pet health exams are required. Immunizations and annual exams for children in care are required. The provider shall establish procedures related to infectious disease control and handling of any bodily excrement or discharge, including blood and breast milk. Soiled diapers shall be stored in containers separate from other waste

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed centers are required to take universal precautions training for compliance with OSHA, follow handwashing standards for children and staff, place postings of communicable disease. Category A child development homes are not required to have a quiet area for sick children. CCA PA homes have limited requirements as they still are legally not required to register and are only monitored for minimum health and safety requirements as required by CCDBG

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

For Licensed Centers: 441 IAC 109.9(1); 441 IAC 109.9(2); 441.109.9(3); 441 IAC 109.10 (1-2); 441 IAC 109.10 (4-10); 441.109.11(3); 441.109.12(5); 441.109.14; For Child Development Homes: 441.110.8(1); 441.110.9(1-4); For Non-Registered Child Care Homes with a CCA agreement: 441.120.8(1); 441.120.9

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

441 IAC 110.10, 441 IAC 120.10, 441 IAC 109.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Lead Agency contracts with Iowa State University Extension and Outreach to regularly update curriculum. Iowa Administrative Rules reserve the right to require child care providers update this training if it is determined that the content has changed substantially. Additional professional development opportunities are available in this topic area.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that receive CCDF funds must follow safe sleep standards outlined by the AAP for children under the age of 1. No child is permitted to sleep in an item not designed for sleeping such as, but not limited to infant seat, car seat, swing, or bouncy. If alternative sleep positioning is required, a physician or physician assistant must authorize and indicate medical reason. Crib and crib like furniture must meet CPSC or ASTM standards, no restraint devices may be used and all items used for sleeping must be used in compliance with manufacturer standards for age and weight of the child

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

None

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

441.109.12(5) "e-i", 441.110.8(5), 441.120.8(5)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

441 IAC 110.10, 441 IAC 120.10, 441 IAC 109.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Lead Agency contracts with Iowa State University Extension and Outreach to regularly update curriculum. Iowa Administrative Rules reserve the right to require child care providers update this training if it is determined that the content has changed substantially. Additional professional development opportunities are available in this topic area

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that receive CCDF funds must follow medication administration requirements.

Medications must be stored in original containers with accompanying physician or pharmacist directions. Label must be intact and stored so they are inaccessible to children and public. Non-prescription meds must be labeled with child's name. Every day an authorization for medication is in effect and the child is in attendance, a notation of administration including the name of medicine, date, time, dosage given or applied, initials of person administering or the reason not given must be documented. If pre-service/orientation for medication administration has not been completed, staff may not dispense medications. Meds must have parent or doctor written authorization

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

None

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

441.109.10(3), 441.110.8(3), 441.120.8(3)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

441 IAC 110.10, 441 IAC 120.10, 441 IAC 109.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Lead Agency contracts with Iowa State University Extension and Outreach to regularly update curriculum. Iowa Administrative Rules reserve the right to require child care providers update this training if it is determined that the content has changed substantially. Additional professional development opportunities are available in this topic area

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that receive CCDF funds must follow these requirements. For any child with allergies the program is required to have a written emergency plan, and a copy of the plan must accompany the child if the child leaves the premises. A Child's physical exam must include a status of the child's health, allergies and restrictive conditions, and recommendations for continued care when necessary.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

None

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers: 441--109.9(2) "g", 109.10(1) "a-b" Child Development Homes: 441-110.9(4) "d" (1), 110.9(4) "h" Non-Registered Child Care Homes with a CCA agreement: 441--120.9(2) "h"

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

441 IAC 110.10, 441 IAC 120.10, 441 IAC 109.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Lead Agency contracts with Iowa State University Extension and Outreach to regularly update curriculum. Iowa Administrative Rules reserve the right to require

child care providers update this training if it is determined that the content has changed substantially. Additional professional development opportunities are available in this topic area

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that receive CCDF funds must follow building and physical premises safety requirements. Rules around building and physical premises safety are throughout the entirety of the rule chapters. Regulations outline requirements for telephone access, safety gates, safety of hazardous materials, pool and water safety, use of tobacco and smoking, smoke detectors, outlet covers, safety barriers around heating elements, lead assessment, use of sewer and private water systems, pet immunizations, outdoor space and play equipment.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Child Care Centers specifically outline requirements for sufficient lightening, ventilation for air quality, heating and cooling. Maintenance of kitchen appliances to prevent burns, monthly inspections of outdoor play areas, radon testing, carbon monoxide detectors. All indoor play equipment and furniture must conform with ASTM or CPSC standards. Child Development Homes and Child Care Homes with a CCA provider agreement specifically outline electrical wiring maintenance, smoke detector use, and fire extinguisher present on every child occupied floor of the home. Child Care Centers: Infant environment requires additional environmental requirements to protect children from physical harm. Includes specifics regarding high chair use, and toy types to prevent swallowing.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers:441 IAC 109 Child Development Homes:441 IAC 110 Non-Registered Child Care Homes with a CCA agreement: 441 IAC 120

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

441 IAC 110.10, 441 IAC 120.10, 441 IAC 109.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Lead Agency contracts with Iowa State University Extension and Outreach to regularly update curriculum. Iowa Administrative Rules reserve the right to require child care providers update this training if it is determined that the content has

changed substantially. Additional professional development opportunities are available in this topic area

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that receive CCDF funds must follow prevention requirements for shaken baby syndrome, abusive head trauma and child maltreatment. Use of corporal punishment is prohibited in child care settings. Child care staff are required to take the following preventative trainings every five years, 2 hours of Mandatory Child Abuse and Neglect Reporter training and Preservice Essentials Child Care Series in which information and prevention strategies are provided around shaken baby syndrome and abusive head trauma.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

None

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers:441.109.12(2) Child Development Homes: 441. 110.8(6) Non-registered Child Care Homes with a CCA agreement: 441.120.8(6)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

441 IAC 110.10, 441 IAC 120.10, 441 IAC 109.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Lead Agency contracts with Iowa State University Extension and Outreach to regularly update curriculum. Iowa Administrative Rules reserve the right to require child care providers update this training if it is determined that the content has changed substantially. Additional professional development opportunities are available in this topic area

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency

preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that receive CCDF funds must follow emergency preparedness requirements.

Programs must have written emergency plans for evaluation to safely leave the facility, relocation to a common, safe location after evacuation, shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue, lockdown to protect children from an external situation, communication and reunification with parents or other adults responsible for the children which shall include emergency telephone numbers, continuity of operations, and to address the needs of individual children, including those with functional or access needs. The Lead Agency has used the term "address the needs of individual children, including those with functional or access needs" as we wanted to ensure providers were broadly thinking of individual needs of all children in their care including accommodations for infants and toddlers, children with disabilities and children with chronic medical conditions.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Child Care Centers require plans and diagrams for responding to fire, tornado, flood if applicable, and plans for responding to intruders within the center, intoxicated parents, and lost or abducted children. They shall have guidelines for respond or evacuating in case of blizzards, power failures, bomb threats, chemical spills, earthquakes, or other disasters that could create structural damage to the center or pose health hazards. If within 10 mile radius of nuclear power plant or research facility, additional evacuation plan is required. Child Development Homes and CCA PA Homes state that plans in

case of man-made or natural disaster shall be written and posted by primary and secondary exits. Plans shall clearly map evacuation routes and tornado and flood shelter areas

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers:441.109.10(15) Registered Child Development Homes:441.110.8(4)

Non-registered Child Care Homes with a CCA agreement: 441.120.8(4)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

441 IAC 110.10, 441 IAC 120.10, 441 IAC 109.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Lead Agency contracts with Iowa State University Extension and Outreach to regularly update curriculum. Iowa Administrative Rules reserve the right to require child care providers update this training if it is determined that the content has changed substantially. Additional professional development opportunities are available in this topic area

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that receive CCDF funds 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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Child Care Centers are required to establish policies and procedures related to infectious disease control and the use of universal precautions with the handling of any bodily excrement or discharge including blood and breast milk. Centers must have emergency plan for chemical spills. Child Development Homes and CCA PA homes specifically outline poisonous, toxic and other unsafe materials shall be secured from access by a child. CDH and CCA PA's shall establish procedures related to infectious disease control and handling of any bodily excrement or discharge, including blood and breast milk. Soiled diapers shall be stored in containers separate from other waste

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the

standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers: 441--109.10(3), 441--109.10(5) Registered Child Development Homes:441--110.8(3) Non-registered Child Care Homes with a CCA agreement: 441--120.8(3)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

441 IAC 110.10, 441 IAC 120.10, 441 IAC 109.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Lead Agency contracts with Iowa State University Extension and Outreach to regularly update curriculum. Iowa Administrative Rules reserve the right to require child care providers update this training if it is determined that the content has changed substantially. Additional professional development opportunities are available in this topic area

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that receive CCDF funds must follow these requirements when transporting. Drivers transporting must have a valid driver's license and insurance authorizing the vehicle driver to operate the type of car being driven. Child restraint devices must be compliant with Iowa Code 321.446

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Child care centers are required to have a photocopy of valid drivers license for staff involved in transportation

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers: 441.109.10(12) Registered Child Development

Homes:441.110.8(1) "m" Non-registered Child Care Homes with a CCA agreement:

441.120.8(1) "m"

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

441 IAC 110.10, 441 IAC 120.10, 441 IAC 109.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Lead Agency contracts with Iowa State University Extension and Outreach to regularly update curriculum. Iowa Administrative Rules reserve the right to require child care providers update this training if it is determined that the content has changed substantially. Additional professional development opportunities are available in this topic area

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed Centers, Child Development Homes and Non-Registered Child Care Homes that receive CCDF funds must follow these requirements: Certification in American red

Cross, American Heart Association, American Safety and Health Institute, or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation or equivalent approved by the department. Valid certificate indicating the date of training and expiration date shall be maintained. Certification in infant, child, and adult first aid that uses nationally recognized curriculum or is received from a nationally recognized training organization. Valid certificate indicating date of training and expiration date shall be maintained.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

None

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers: 441.109.7(1) "a" Registered Child Development Homes:

441.110.10(1) "c" Non-registered Child Care Homes with a CCA agreement:

441.120.10(3)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

441 IAC 110.10, 441 IAC 120.10, 441 IAC 109.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Child Care Center staff must have it within 3 months of hire. CDH and CCA PA providers are required to have it prior to registration

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Valid certificate must be maintained indicating date of training and expiration date.

Typically CPR and 1st Aid are on a 2-3 year cycle.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed Centers, Child Development Homes and 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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

None

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Centers: 441.109.7(1) "a" Child Development Homes:441.110.10(1) "b"
Child Care Homes with a CCA agreement:441.120.10(2)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

441 IAC 110.10, 441 IAC 120.10, 441 IAC 109.7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

CDH and CCA PA are required to have it prior to registration or agreement and take it every 3 years thereafter. Child Care center staff must have within 3 months and every 3 years thereafter.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Class must be retaken every 3 years unless a refresher course is taken

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

N/A

ii. Please enter 'NA' below

N/A

iii. Please enter 'NA' below

N/A

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

The Essentials Preservice series is required for all child care providers. It contains a module called, "Understanding Child Development". This module address the major domains of development (including cognitive, social, emotional, physical and approaches to learning) for ages 0 through 12 years-old. 441 IAC 110.10, 441 IAC 120.10, 441 IAC 109.7

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

The Lead Agency contracts with Iowa State University Extension and Outreach to regularly update curriculum. Iowa Administrative Rules reserve the right to require child care providers update this training if it is determined that the content has changed substantially. Additional professional development opportunities are available in this topic area

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

12 preservice, On-going professional development requirements are 10 hours first year of employment, 6 annual training hours thereafter for staff, 8 hours for director/supervisor

b. License-exempt child care centers:

N/A

c. Licensed family child care homes:

12 preservice, Ongoing professional development requirements are 24 hours during 2 year certification period

d. License-exempt family child care homes:

12 preservice, Ongoing professional development requirements are 6 hours during the 2 year certification period.

e. Regulated or registered In-home child care:

N/A

f. Non-regulated or registered in-home child care:

N/A

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

Child Development Homes: Regular meals and midmorning and midafternoon snacks shall be provided which are well-balanced, nourishing, and in appropriate amounts as defined by the USDA Child and Adult Care Food Program. Children may bring food to the child development home for their own consumption, but shall not be required to provide their own food. CCA PA Homes: Nonregistered/exempt: regular meals and snacks that are well balanced and nourishing must be provided but they are not required to be as defined by CACFP. Children may bring food for their own consumptions but shall not be required to do so. Child Care Centers: Nutritionally balanced meals or snacks. The center shall serve each child a full, nutritionally balanced meal or snack as defined by the USDA Child and Adult Care Food Program (CACFP) guidelines and shall ensure that staff provide supervision at the table during snacks and meals. Children remaining at the center two hours or longer shall be offered food at intervals of not less than two hours or more than three hours apart

unless the child is asleep. Menu planning. The center shall follow the minimum CACFP menu patterns for meals and snacks and serving sizes for children aged infant to 13 years. Menus shall be planned at least one week in advance, made available to parents, and kept on file at the center. Substitutions in the menu, including substitutions made for infants, shall be noted and kept on file. Foods with a high incident rate of causing choking in young children shall be avoided or modified. Provisions of this subrule notwithstanding, exceptions shall be allowed for special diets because of medical reasons in accordance with the child's needs and written instructions of a licensed physician or health care provider. Feeding of children under two years of age. a. All children under 12 months of age shall be fed on demand, unless the parent provides other written instructions. Meals and snacks provided by the center shall follow the CACFP infant menu patterns. Foods shall be appropriate for the infant's nutritional requirements and eating abilities. Menu patterns may be modified according to written instructions from the parent, physician or health care provider. Special formulas prescribed by a physician or health care provider shall be given to a child who has a feeding problem. b. All children under six months of age shall be held or placed in a sitting-up position sufficient to prevent aspiration during feeding. No bottles shall be propped for children of any age. A child shall not be placed in a crib with a bottle or left sleeping with a bottle. Spoon feeding shall be adapted to the developmental capabilities of the child. c. Single-service, ready-to-feed formulas, concentrated or powdered formula following the manufacturer's instructions or breast milk shall be used for children 12 months of age and younger unless otherwise ordered by a parent or physician. d. Whole milk for children under age two who are not on formula or breast milk unless otherwise directed by a physician. e. Cleaned and sanitized bottles and nipples shall be used for bottles prepared on site. Prepared bottles shall be kept under refrigeration when not in use Food preparation, storage, and sanitation. Centers shall ensure that food preparation and storage procedures are consistent with the recommendations of the National Health and Safety Performance Standards and provide: a. Sufficient refrigeration appropriate to the perishable food to prevent spoilage or the growth of bacteria. b. Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent the transmission of disease, infestation of insects and rodents, and the spoilage of food. Staff preparing food who have injuries on their hands shall wear protective gloves. Staff serving food shall have clean hands or wear protective gloves and use clean serving utensils. c. Sanitary methods for dish-washing techniques sufficient to prevent

the transmission of disease. d. Sanitary methods for garbage disposal sufficient to prevent the transmission of disease and infestation of insects and rodents.

441.110.8(7), 441.109.10(5)

b. Access to physical activity:

Describe:

Child Development Homes Activity program. There shall be an activity program which promotes self-esteem and exploration and includes: a. Active play. b. Quiet play. c. Activities for large muscle development. d. Activities for small muscle development. e. Play equipment and materials in a safe condition, for both indoor and outdoor activities which are developmentally appropriate for the ages and number of children present.

Child Care Centers: Develop a curriculum or program structure that uses developmentally appropriate practices and an activity program appropriate to the developmental level and needs of the children. Activities. The center shall have a written curriculum or program structure that uses developmentally appropriate practices and a written program of activities planned according to the developmental level of the children. The center shall post a schedule of the program in a visible place. The child care program shall complement but not duplicate the school curriculum. The program shall be designed to provide children with: a. A curriculum or program of activities that promotes self-esteem and positive self-image; social interaction; self-expression and communication skills; creative expression; and problem-solving skills. b. A balance of active and quiet activities; individual and group activities; indoor and outdoor activities; and staff-initiated and child-initiated activities. c. Activities which promote both gross and fine motor development. d. Experiences in harmony with the ethnic and cultural backgrounds of the children. e. A supervised nap or quiet time for all children under the age of six not enrolled in school who are present at the center for five or more hours. 441.109.12, 441.110.8(8). CCA PA are not required to have an activity program

c. Caring for children with special needs:

Describe:

Child Care Centers Policies for children requiring special accommodations:
Reasonable accommodations, based on the special needs of the child, shall be made in providing care to a child with a disability. Accommodation can be a specific

treatment prescribed by a professional or a parent, or a modification of equipment, or removal of physical barriers. The accommodation shall be recorded in the child's file. Iowa Page 142 of 224 Play equipment, materials and furniture: The center shall provide sufficient and safe indoor play equipment, materials, and furniture that conform with the standards or recommendations of the Consumer Product Safety Commission or the American Society for Testing and Materials for juvenile products. Play equipment, materials, and furniture shall meet the developmental, activity, and special needs of the children. 441.109.12(3). Regulations for CDH and CCA PA do not address special needs

- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

Child Care Centers work with licensing consultants prior to licensure to assure they meet requirements for application for license. These requirements include a visit to the center, evaluation of floor plan, application, approved fire marshal's report, regulatory fee, and information sufficient to determine that the center director meets minimum personnel qualifications. Thereafter, licensed child care centers receive annual inspections for evaluation of regulatory requirements that are outlined in Iowa Administrative Rule

441.109. Child Development Homes must submit a completed application, which includes verification of qualifications, information sufficient to complete background checks, and proof of first aid certification, CPR certification, mandatory reporter training, and training in the 12 essential health and safety content areas listed in 5.1.1. Once all information is verified and background checks have been completed and do not warrant prohibition from involvement in child care, the case is referred to the local area office for a pre-inspection. Potential child care providers may view the preinspection checklist in Comm 143 Guidelines for Child Development Home Registration or they may access it at <http://dhs.iowa.gov/licensure-and-registration/registered-home/pre-inspection>. Local area staff complete a pre-inspection and approve or deny the provider. If results of the pre-inspection indicate approval, a certificate of registration is granted for 2 years. An annual inspection will also occur to evaluate regulatory requirements outlined in Iowa Administrative Rule 441.110. Three months prior to expiration, a renewal packet is sent to the provider. Upon receipt of the renewal application, it is verified that child development home providers and household members have not obtained any additional Iowa child or dependent adult abuse or criminal convictions. Additionally, professional development requirements are verified through certificate documentation provided or through the lead agency's Training Registry. It is also verified that first aid, cpr, and mandatory reporter training and certification has not expired. Child Care Homes wanting a CCA agreement must submit a completed payment application and provider agreement, which includes verification of qualifications, information sufficient to complete background checks, and proof of first aid certification, CPR certification, mandatory reporter training, and training in the 12 essential health and safety content areas listed in 5.1.1. . Once all information is verified and background checks have been completed and do not warrant prohibition from involvement in child care, the provider is approved for a 2 year child care assistance provider agreement. An annual inspection will occur to review regulatory requirements set forth in Iowa Administrative Rule 441.120. Three months prior to expiration, a renewal packet is sent to the provider. Upon receipt of the renewal application, it is verified that the child care home provider and household members have not obtained any additional child or dependent adult abuse or criminal convictions. Additionally, professional development requirements will be verified through certificate documentation or the Lead Agency's Training Registry. It is also verified that first aid, cpr, and mandatory reporter training and certification has not expired. The cover letter for both child development home and child care homes requesting a CCA agreement advise providers that they must be sure to check with the appropriate authorities to determine

how the following local, state, or federal laws apply to you: zoning code, building code, fire code, business license, state and federal income tax, unemployment insurance, worker's compensation, minimum wage and hour requirements, OSHA, and the Americans with Disabilities Act (ADA). Communication guides for all provider types also advise programs to evaluate this information to assure compliance with local requirements as well as those State applied requirements

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

Child Development Homes and Child Care Homes with a CCA PA must provide completed trainings prior to receiving a registration or provider agreement and at renewal. Child Care Centers and CDH's have file audits conducted during annual inspection. Information on completed professional development is also available in our workforce registry, i-PoWeR.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

Child Care Centers work with licensing consultants prior to licensure to assure they meet requirements for application for license. These requirements include a visit to the center, evaluation of floor plan, application, approved fire marshal's report, regulatory fee, and information sufficient to determine that the center director meets minimum personnel qualifications. Thereafter, licensed child care centers receive annual inspections for evaluation of regulatory requirements that are outlined in Iowa Administrative Rule 441.109. Child Development Homes must submit a completed application, which includes verification of qualifications, information sufficient to complete background checks, and proof of first aid certification, CPR certification, mandatory reporter training, and training in the 12 essential health and safety content areas listed in 5.1.1. Once all information is verified and background checks have been completed and do not warrant prohibition from involvement in child care, the case is referred to the local area office for a pre-inspection. Potential child care providers may view the preinspection checklist in Comm 143 Guidelines for Child Development Home Registration or they may access it at <http://dhs.iowa.gov/licensure-and-registration/registered-home/pre-inspection>. Local area staff complete a pre-inspection and approve or deny the provider. If results of the pre-inspection indicate approval, a certificate of registration is granted for 2 years. An annual inspection will also occur to evaluate regulatory requirements outlined in Iowa

Administrative Rule 441.110. Three months prior to expiration, a renewal packet is sent to the provider. Upon receipt of the renewal application, it is verified that child development home providers and household members have not obtained any additional Iowa child or dependent adult abuse or criminal convictions. Additionally, professional development requirements are verified through certificate documentation provided or through the lead agency's Training Registry. It is also verified that first aid, cpr, and mandatory reporter training and certification has not expired. Child Care Homes wanting a CCA agreement must submit a completed payment application and provider agreement, which includes verification of qualifications, information sufficient to complete background checks, and proof of first aid certification, CPR certification, mandatory reporter training, and training in the 12 essential health and safety content areas listed in 5.1.1. . Once all information is verified and background checks have been completed and do not warrant prohibition from involvement in child care, the provider is approved for a 2 year child care assistance provider agreement. An annual inspection will occur to review regulatory requirements set forth in Iowa Administrative Rule 441.120. Three months prior to expiration, a renewal packet is sent to the provider. Upon receipt of the renewal application, it is verified that the child care home provider and household members have not obtained any additional child or dependent adult abuse or criminal convictions. Additionally, professional development requirements will be verified through certificate documentation or the Lead Agency's Training Registry. It is also verified that first aid, cpr, and mandatory reporter training and certification has not expired. The cover letter for both child development home and child care homes requesting a CCA agreement advise providers that they must be sure to check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: zoning code, building code, fire code, business license, state and federal income tax, unemployment insurance, worker's compensation, minimum wage and hour requirements, OSHA, and the Americans with Disabilities Act (ADA). Communication guides for all provider types also advise programs to evaluate this information to assure compliance with local requirements as well as those State applied requirements

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

The following occur for a pre-license inspection. (1) An application is received and the owner attests to have not having any form of a license or registration denied, revoked or suspended in any state (other than a driving license). They also attest to be free of founded child abuse. (2) The center has been inspected by the State Fire Marshal or authorized designee. (3) A floor plan has also been reviewed by the State Fire Marshal's building and zoning department (4) A floor plan has been submitted to DHS to ensure compliance of code driven physical characteristics of a child care center. (5) The director's qualifications have been reviewed to ensure credentials are compliant with code. (6) State record checks have been completed for all employees. (7) DHS has inspected the center to ensure compliance with health and safety criteria. (8) Over the course of 120 days, the center's status stands at "permission to open." During that time consultation is provided to assist the center in meeting code support domains that include licensing procedures, administration, parental participation, personnel, records, health and safety policies, physical facilities, activity programs, and food services. (9) Before the expiration of 120 days DHS will complete a formal and complete inspection of the center at which time they may achieve a full license.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

Unannounced annual inspections review regulations outlined in Iowa Administrative Rule 441.109, which include all requirements in 98.41 for health, safety, and fire standards.. These inspections review floor plans and approved fire marshal reports, policies for fees, enrollment, field trips, discipline, nutrition and health and safety policies. The Lead Agency reviews to assure programs are using developmentally appropriate curriculum and have parental participation policies. File reviews for personnel requirements such as physical health examinations, background checks, and professional development are reviewed. Child records for appropriate emergency contact information and health information is verified. Staff ratio requirements, a review of a number of health and safety policies (including but not limited to emergency preparedness, safe sleep practices), physical facilities, activity program requirements, and food services are evaluated.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
 B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Iowa Administrative Code 441.109

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

Child Care Resource and Referral agencies assist providers with fully completing the application and send the application to the Lead Agency. The Lead Agency's Centralized Registration Unit reviews the completed application to verify first aid, CPR, mandatory reporter and essential health and safety training listed in 5.1.1. Then background checks are submitted. Once background checks are completed and if they do not warrant prohibition from involvement in child care a pre-inspection referral is made to the local area office. Local agency staff will contact Child Care Resource and Referral and try and facilitate a joint visit with the child care provider. Lead Agency staff utilize form 470-5384 at the pre-inspection visit and evaluate for compliance with checklist requirements. If a provider is approved, the Lead Agency's centralized registration unit will be informed and a notice of decision will be issued with a certificate of registration.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

Local area staff conduct an unannounced, onsite visit to do a full inspection, using form 470-0625. All areas of required health, fire, and safety standards outlined in 98.41 are included in the regulatory checklist. Child care providers will be evaluated for ratio, health and safety standards including safe sleep practices and emergency preparedness, written policies, file maintenance for children in care and household members and staff, parent access, activity programming, meal requirements, discipline strategies, and ongoing professional development. Upon completion of the visit, a report is completed in our child care regulatory information system and then available on the agency website at

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

iii. Identify the frequency of unannounced inspections:

A. Once a year

B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Iowa Administrative Code 441.110

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an

inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

The Lead Agency's Field Operations division is responsible for conducting all pre-licensure inspections and unannounced inspections of licensed CCDF providers.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

N/A

i. Provide the citation(s) for this policy or procedure

N/A

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Nonregistered child care homes that have a CCA provider agreement are monitored annually through an unannounced visit using Form 470-5385 to evaluate regulatory requirements outlined in Iowa Administrative Rule 441.120. A full inspection takes place and no differential monitoring is used. Chapter 120 was created in direct response to health, safety, and fire standards set forth in CCDBG final rule.

i. Provide the citation(s) for this policy or procedure

Iowa Administrative Code 441.120 and Employee Manual 12F

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

N/A

b. Provide the citation(s) for this policy or procedure.

N/A

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

N/A

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

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.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Additionally, as of 10/1/16 only individuals that have completed the health and safety preservice/orientation training required of child care providers will be allowed to inspect child care facilities. Forty-four employees of the lead agency that inspect child care providers were trained in July 2016. New hires or any additional staff completing child care inspections have access to an online version of the training and will be required to complete that training before performing any inspections. Supervisors of new hires or additional staff requiring training are responsible for ensuring that completion of the training has occurred

c. Provide the citation(s) for this policy or procedure.

Job requirements/description for the classification of employee that are licensing inspectors:[https://das.iowa.gov/sites/default/files/hr/documents/class_and_pay/JobClass Descriptions/SocialWorker2-03011-23013.pdf](https://das.iowa.gov/sites/default/files/hr/documents/class_and_pay/JobClass%20Descriptions/SocialWorker2-03011-23013.pdf)

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

Current ratios of licensing inspectors for licensed child care centers is 1:139. All child care centers were visited for annual inspection, all preinspection assistance has taken place as required and any complaints that needed to be evaluated. The Lead Agency meets state policies regarding annual checks. Child Development Homes(licensed)/Child Care Homes with a CCA PA(license-exempt) have an inspector ratio of 1:160. We have successfully implemented full monitoring and preinspections of child development homes

even with an increase in complaint visits which are done by the same regulatory staff. Child Development Home inspections are prioritized over license-exempt Child Care Home inspections and the lead agency is still monitoring as there are some years where not all Child Care Homes received a visit. The Lead Agency began tracking data on inspections of Child Care Homes with a CCA PA in calendar year 2017. Benchmarks such as 50% of visits are completed by 6 months into the year are tracked by using the Lead Agency's regulatory IT system, CRIS. When annual inspections occur, a date is entered in the report generated in the CRIS system. Each month, a data pull is conducted to evaluate which providers are active and have had a completed inspection. Percentages of completion are tracked and monthly data is provided to local field service areas to evaluate compared to benchmarks. This data not only includes percentages of completion but a list of active providers and visit dates. There is ongoing communication with local field service areas to evaluate number of visits completed in comparison with percentage benchmarks

b. Provide the policy citation and state/territory ratio of licensing inspectors.

The Lead Agency does not have a policy that dictates the ratio of licensing inspectors to programs. The policy is that inspections must happen annually and if the Lead Agency is not meeting that policy we would review the reasons for that and what changes need to be made to meet it. Centers: 441-109.3(237A) Inspection and evaluation. The department shall conduct an on-site visit in order to make a licensing recommendation for all initial and renewal applications for licensure and shall determine compliance with licensing standards imposed by licensing laws and these rules when a complaint is received. 109.3(1) At least one unannounced on-site visit shall be conducted each calendar year. Child Development Homes 110.4: Prior to registration, a compliance visit to inspect for compliance with health, safety, and fire standards shall be completed. An unannounced compliance visit shall be conducted not less than annually to check for compliance with health, safety, and fire standards as well as all child care regulatory standards. Completed evaluation checklists shall be placed in the registration files. Child Care Homes with a CCA PA 441-120.4(237A) Compliance checks. An unannounced compliance visit shall be conducted not less than annually to check for compliance with health, safety, and fire standards. Completed evaluation checklists shall be placed in agency files

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Iowa Code 237A.5

All other providers eligible to deliver CCDF Services

Citation:

Iowa Code 237A.5

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Iowa Code 237A.5

All other providers eligible to deliver CCDF Services

Citation:

Iowa Code 237A.5

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Iowa Code 237A.5

All other providers eligible to deliver CCDF Services

Citation:

Iowa Code 237A.5

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check

components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

Iowa Code 237A.5

All other providers eligible to deliver CCDF Services

Citation:

Iowa Code 237A.5

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

The COVID-19 pandemic has slowed progress on this work but Iowa continues to work toward implementation of this provision.

All other providers eligible to deliver CCDF Services

Citation:

The COVID-19 pandemic has slowed progress on this work but Iowa continues to work toward implementation of this provision.

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check

components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

The COVID-19 pandemic has slowed progress on this work but Iowa continues to work toward implementation of this provision.

All other providers eligible to deliver CCDF Services

Citation:

The COVID-19 pandemic has slowed progress on this work but Iowa continues to work toward implementation of this provision.

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

The COVID-19 pandemic has slowed progress on this work but Iowa continues to work toward implementation of this provision.

All other providers eligible to deliver CCDF Services

Citation:

The COVID-19 pandemic has slowed progress on this work but Iowa continues to work toward implementation of this provision.

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

The COVID-19 pandemic has slowed progress on this work but Iowa continues to work toward implementation of this provision.

All other providers eligible to deliver CCDF Services

Citation:

The COVID-19 pandemic has slowed progress on this work but Iowa continues to work toward implementation of this provision.

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per $\text{Å}\text{§}$ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in $\text{Å}\text{§}$ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

For both licensed centers and registered homes in-state criminal registry checks are done as a part of the National FBI check because the State is part of the National Fingerprint File and as part of this, all fingerprints go through state repository before being submitted to the FBI. The State of Iowa uses Public Law 92-544 or the National

Child Protection Act/Volunteers for Children Act (NCPA/VCA) (42 U.S.C. 5119a) as the authority to conduct FBI background checks and has implemented a Volunteer and Employee Criminal History System (VECHS) program. As part of this program all individuals that background checks are completed on have provided written consent. Child Development Home (CDH) providers must send in FBI fingerprint cards and authorizations for background checks with their application. State results are provided on the overall report returned by the FBI. All background checks for CDH providers are done before the registration can be issued. Centers: Licensed child care centers must complete in-state checks before staff may begin work. Centers may utilize the single-contact repository (SING) to complete criminal history record checks in Iowa or must send in the required authorizations to the Lead Agency to do the checks. Criminal history information accessed in SING is also publicly available through an Iowa Courts Online website, however, doing the web based check does not qualify to meet the background check requirement. If the Center uses the SING system and a possible transgression is identified, the system will display a message that further research is required. The center must then send documentation from the individual into the lead agency to evaluate and make a determination before the staff member can start work provisionally. The licensed center is also required to submit fingerprints to the Department of Public Safety for staff members. The center will be asked to facilitate completion of the record check evaluation form for any person with a transgression. Once an evaluation has been completed by the department, the center will receive a notice of decision on whether the Department has approved the person's involvement with child care. Information outlining the specific transgressions is not included. Iowa Code 237A.5, 441.109.6, 441.110.11(3).

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The Lead Agency covers the cost of Iowa record checks and FBI checks for all home providers and their household members. Licensed child care centers have access to Iowa's single repository for Iowa record checks and pay the fee to run the individual record checks however the Lead Agency covers the cost of processing FBI record checks. No additional fees are charged. Costs of the state background checks are

\$15.00. Costs of the federal background checks range from \$15.00 to \$27.00

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

All CCA Paid and Child Development home providers must complete all record checks prior to receiving a registration or provider agreement, ensuring that all record checks are completed before being left alone with children (441.110.11). Licensed child care centers are required to conduct Iowa criminal, abuse, and sex offender registries prior to employment and must submit fingerprints to the FBI prior to employment as well. When this is completed, staff may be hired on a provisional basis, under supervision, until the results are received from the FBI. FBI and Iowa record check results are maintained in the employee file for auditing purposes (441.109.6.6)

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

The COVID-19 pandemic has slowed progress on this work but Iowa continues to work toward implementation of this provision.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

Licensed child care centers are required to run Iowa record checks a minimum of every 2 years and national criminal history every 4 years as identified in 441.109.6(6). Annual file audits are conducted to assure completion. Child Development Homes and homes with a CCA PA renew every 2 years and DHS maintains record of completed record checks.

Iowa checks are conducted every 2 years and national history is conducted every 4 years. The lead agency does have the authority to request new record checks if the lead agency becomes aware of a possible transgression.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

At this time, Iowa does not have a process that allows the transfer or shared use of completed record check data. As a result, when a person begins new employment at a new child care facility, background checks are completed, regardless of how long they have been outside of the child care workforce.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<https://ccmis.dhs.state.ia.us/ProviderPortal/LicensedProviderDocuments.aspx> directs programs to both the Child Care Center Record Check Guide and the SING Instruction Guide

The forms necessary to complete background checks for Child Development Homes and Non-registered Child Care Homes with a Child Care Assistance Provider Agreement are contained in the application/re-applications packets. Instructions on how to fill them out are part of the instructions that come with the packet as well as on the forms themselves. For new providers application packets are obtained from Child Care Resource and Referral (website: <https://iowaccrr.org/providers/AP/>). For those that are currently approved a re-application packet is mailed out from the Lead Agency 3 months before their expiration date.

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement

that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

The Lead Agency facilitates all in-state background checks for prospective and renewing Child Development Homes and Child Care Homes with a CCA PA. State criminal checks are processed through the Iowa Department of Public Safety as part of the national FBI fingerprint check. Lead Agency staff also use Iowa's Single Contact Repository (SING) to obtain information on Iowa's child abuse and neglect registry as well as Iowa's sex offender registry. SING provides authorized organizations online access to Iowa Criminal History and Sex Offender Registry information held by the Department of Public Safety/Division of Criminal Investigation (DCI), Department of Human Services' (DHS) Central Abuse Registry for Child Abuse (CA) and Dependent Adult Abuse (DAA), as well as Professional License information. If there are no disqualifying results found Lead Agency Registration staff make the determination. If there are potential disqualifying results found more information is requested from the individual and a record check evaluation must be conducted to make the determination. Licensed child care centers must send in fingerprint forms for their prospective employees and state criminal checks are processed through the Iowa Department of Public Safety as a part of the national FBI fingerprint check. Licensed centers may be approved requesting entities and can also have access to SING. The child care center must have signed authorization from the employee to complete the record check and the results are maintained in the personnel

file. If the SING check states that the person has a transgression the individual must fill out additional information for the Lead Agency and a record check evaluation must be conducted. SING checks are instantaneous and currently the lead agency is not experiencing any issues with fingerprint checks taking more than 45 days.

[b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.](#)

Child Development Homes and Child Care Homes with a CCA PA must send in FBI fingerprint cards and authorizations for background checks with their application. In-state criminal registry checks are done as a part of the National FBI check because the State is part of the National Fingerprint File and as part of this, all fingerprints go through state repository before being submitted to the FBI. The State of Iowa uses Public Law 92-544 or the National Child Protection Act/Volunteers for Children Act (NCPA/VCA) (42 U.S.C. 5119a) as the authority to conduct FBI background checks and has implemented a Volunteer and Employee Criminal History System (VECHS) program. As part of this program all individuals that that background checks are completed on have provided written consent. State results are provided on the overall report returned by the FBI. All background checks are done before the registration or provider agreement can be issued. Licensed child center is also required to submit fingerprints to the Department of Public Safety for staff members. The Department of Public Safety audits licensed centers authority to access this information. The center will be asked to facilitate completion of the record check evaluation form for any person with a transgression. Once an evaluation has been completed by the department, the center will receive a notice of decision on whether the Department has approved the person's involvement with child care. Information outlining the specific transgressions is not included. The Lead Agency continues to partner with the Department of Public Safety to work toward obtaining NSOR results at the time of the fingerprint record checks. However DPS is going through an IT system rebuild and we are not yet able to obtain NSOR results. The Lead Agency has continued partnering with the Department of Public Safety and a Notice of Intent to Award has been completed after a Request for Proposal was sent seeking a new process to complete fingerprint checks with an approved FBI Channeler, rather than submitting the FD-258 fingerprint form directly to DPS for scanning to the FBI. This will allow results to be returned promptly.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

The COVID-19 pandemic has slowed progress on this work but Iowa continues to work toward implementation of this provision.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

The Lead Agency makes an eligibility determination on all child care providers with an identified transgression on the Iowa and national record checks that are conducted. These are completed well within the 45 day timeframe.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

The Lead Agency facilitates background checks for prospective and renewing Child Development Homes and Child Care Homes with a CCA PA. State criminal checks are processed through the Iowa Department of Public Safety as part of the national FBI fingerprint check. Lead Agency staff also use Iowa's Single Contact Repository (SING) to obtain information on Iowa's child abuse and neglect registry as well as Iowa's sex offender registry. SING provides authorized organizations online access to Iowa Criminal History and Sex Offender Registry information held by the Department of Public Safety/Division of Criminal Investigation (DCI), Department of Human Services' (DHS) Central Abuse Registry for Child Abuse (CA) and Dependent Adult Abuse (DAA), as well as Professional License information. If there are no disqualifying results found Lead Agency Registration staff make the determination. If there are potential disqualifying results found more information is requested from the individual and a record check evaluation must be conducted to make the determination. Licensed child care centers must send in fingerprint forms for their prospective employees and state criminal checks are processed through the Iowa Department of Public Safety as a part of the national FBI fingerprint check. Licensed centers may be approved requesting entities and can also have access to SING. The child care center must have signed authorization from the employee to complete the record check and the results are maintained in the personnel file. If the SING check states that the person has a transgression the individual must fill

out additional information for the Lead Agency and a record check evaluation must be conducted. SING checks are instantaneous and currently the lead agency is not experiencing any issues with fingerprint checks taking more than 45 days.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Iowa is an open record State in regards to criminal history records. Information is listed on our website: <https://dhs.iowa.gov/childcare/provider-record-checks/out-of-state-requests> outlining how to contact the Department of Public Safety as they are the lead agency over responding to requests for criminal history information. More specific information is located here <https://dps.iowa.gov/divisions/criminal-investigation/criminal-history/record-check-forms> . Iowa's Sex Offender Registry can be access at www.iowasexoffender.com

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Information is listed on our website: <https://dhs.iowa.gov/childcare/provider-record-checks/out-of-state-requests> outlining how to contact the Department of Public Safety as they are the lead agency over responding to requests for criminal history information. More specific information is located here <https://dps.iowa.gov/divisions/criminal-investigation/criminal-history/record-check-forms> . Iowa's Sex Offender Registry can be access at www.iowasexoffender.com

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or

policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

<https://dhs.iowa.gov/childcare/provider-record-checks/out-of-state-requests>. The Lead Agency is also the lead agency for child abuse and neglect information. An out of state agency must complete Form 460-0643 "Request for Child and Dependent Adult Abuse Information" and submit to the DHS abuse registry. A response will be provided as to whether there is or is not a record of abuse. Only in response to a request for more information, will the registry provide more specific data.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://dhs.iowa.gov/childcare/provider-record-checks/out-of-state-requests> and
<https://dps.iowa.gov/divisions/criminal-investigation/criminal-history/record-check-forms>

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

www.iowasexoffender.com

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms

- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://dhs.iowa.gov/childcare/provider-record-checks/out-of-state-requests>

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

- No
- Yes.

If yes, describe other disqualifying crimes and provide the citation:

Time limited prohibition for physical abuse and conviction of a controlled substance.
Iowa Code 237A.5i; Admin Rules Center: IAC 441-109.6(6)f; CDH: 441- 110.11(3)f;
Child Care Homes with a CCA PA: 441-120.11(3)f

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the

privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

Child Development Homes and Child Care Homes with a CCA PA receive a notice that approves their involvement with child care. Licensed Child Care Centers receive results from Iowa's record checks that there is a "hit" or clean. If the record check is clean, this is maintained in the employee file and the employee is cleared to work provisionally while awaiting the results of the FBI record check. If there is a concern of a transgression, this information is submitted to the lead agency. The lead agency will fully evaluate the transgression and inform the applicant of approval or denial to be involved in child care. Upon receipt of FBI result, if no transgression is listed, the employee is cleared for involvement with child care. If there is a confirmed transgression, the lead agency conducts a full evaluation and approves or denies involvement with child care.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

Yes record check evaluations are conducted in relation to drug offenses to determine if an individual is still eligible for employment. Evaluations are conducted in accordance with Iowa Code 237A.5. An 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.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in

a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are 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.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

The Appeals process is outlined on the DHS website for any lead agency decision made as a result of a background check. To be eligible for an appeal, a person must meet the definition of an "aggrieved person", which includes a person denied employment due to a record check evaluation. An aggrieved person has the right to file an appeal if they disagree with any Department decision. They do not have to pay to file an appeal. The provider must appeal in writing by doing one of the following: • Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, or • Write a letter telling us why

they think a decision is wrong, or • Fill out an Appeal and Request for Hearing form. They can get this form at any county DHS office. The person then sends or takes the appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If the provider needs help filing an appeal, they may ask their county DHS office for assistance. They must file an appeal: • Within 30 calendar days of the date of a decision or • Before the date a decision goes into effect. If they file an appeal more than 30 but less than 90 calendar days from the date of a decision, they must tell us why their appeal is being filed late. If the provider has a good reason for filing the appeal late, the Appeals Section will decide if they can get a hearing. If the provider files an appeal 90 days after the date of a decision, a hearing cannot be given. If the applicant is granted a hearing before an administrative law judge and does not agree with the final decision of the hearing, he or she may request a re-hearing. The Director of the Department of Human Services determines if a rehearing will be granted. If a Director's review is requested, and the individual is dissatisfied with the final decision, the individual may file for judicial review in district court.

[b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?](#)

The COVID-19 pandemic has slowed progress on this work but Iowa continues to work toward implementation of this provision. Iowa is still determining what the appeal process will look like for interstate checks. We anticipate that the only difference in process will be that if an interstate record check contains information that the individual disputes that they would need to appeal to the state that provided the record.

[c. Interstate Child Abuse and Neglect \(CAN\) Registry Check:](#)

The Appeals process is outlined on the DHS website for any lead agency decision made as a result of a background check. To be eligible for an appeal, a person must meet the definition of an "aggrieved person", which includes a person denied employment due to a record check evaluation. An aggrieved person has the right to file an appeal if they disagree with any Department decision. They do not have to pay to file an appeal. The provider must appeal in writing by doing one of the following: • Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, or • Write a letter telling us why they think a decision is wrong, or • Fill out an Appeal and Request for Hearing form. They can get this form at any county DHS office. The person then sends or takes the appeal to

the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If the provider needs help filing an appeal, they may ask their county DHS office for assistance. They must file an appeal: • Within 30 calendar days of the date of a decision or • Before the date a decision goes into effect. If they file an appeal more than 30 but less than 90 calendar days from the date of a decision, they must tell us why their appeal is being filed late. If the provider has a good reason for filing the appeal late, the Appeals Section will decide if they can get a hearing. If the provider files an appeal 90 days after the date of a decision, a hearing cannot be given. If the applicant is granted a hearing before an administrative law judge and does not agree with the final decision of the hearing, he or she may request a re-hearing. The Director of the Department of Human Services determines if a rehearing will be granted. If a Director's review is requested, and the individual is dissatisfied with the final decision, the individual may file for judicial review in district court.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
- i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the

support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Professional standards guide the content of professional preparation and continuing education including qualifications across roles and settings. Professional standards in

some cases are determined by program standards. Iowa's early childhood professions require staff to demonstrate their preparedness to successfully fulfill their job duties and to keep their knowledge and skills up to date. Iowa policies specify qualifications that address levels and content of education as well as ongoing development. The roles and professional positions in the Early Learning sector are vast and extend among many different types of settings. Iowa's early childhood professionals include those working directly with young children and families as well as those working to support the provision of early childhood services to young children and their families. These early childhood professional roles require different types and levels of competencies but share a common core centered in early childhood education. These competencies form the basis for career pathways and early childhood training and coursework. The teacher/provider competencies, based on NAEYC, were developed and adopted by ECI PD in 2010. The program administrator/director competencies were developed and adopted by ECI PD in 2015. Adult educator competencies were developed and adopted by ECI PD in 2013. All of these competencies are used on a voluntary basis. ECI PD (a subgroup of our SAC) is developing strategies to attain competencies through appropriate training and pathways. We have incorporated these competencies within Iowa's Early Childhood and School Age Professional Workforce Registry (i-PoWeR) system to ensure courses are accessible to help teachers and providers meet these competencies

ii. Career pathways. Describe:

. Education and career pathways (knowledge and competency framework) for teacher/provider roles have been developed and adopted by ECI. A website was created in partnership with Iowa Association for the Education of Young Children, Early Childhood Iowa, and the Iowa Department of Human Services for people to find where they are on the pathway and learn their next steps. The website also includes a professional development plan with the ability to link to Iowa's Early Childhood and School Age Workforce Registry (i-PoWeR) system to store each person's specific plan for future use. Education and career pathways (knowledge and competency framework) for administrator/director roles have been developed and adopted by ECI. Courses offered by professional development organizations (CCR&R and Iowa State University Extension and Outreach) have been infused into the pathways at recommended levels. Some of these courses (but not extensively statewide) are offered in languages other than English. After 120 hours of basic training, the teacher/provider/administrator is encouraged to apply for the CDA credential, supported by T.E.A.C.H. funding (some of

which comes from CCDF). The CDA articulates into the community college A.A.S. or A.S. programs. These education and career pathways have been added to communication guides for child development homes and centers and will be incorporated into the revision of the Iowa Quality Rating System that is nearing its final stages. A link to the teacher education and career pathway website has been added to Iowa's Early Childhood and School Age Workforce Registry (i-PoWeR) system where child care providers can sign up for professional development/training opportunities. The workgroup for school-age care determined that the needs of school age providers were unique from those of 0-5 years, which the ECI pathway focuses on, so they developed a corresponding pathway for school-age program staff. Work is underway to provide the administrator/director and school age care pathways on the pathways website, as well.

iii. Advisory structure. Describe:

This PD advisory structure is one component of the larger ECI advisory structure, which is the Early Childhood Iowa Council, codified in Iowa's 2008 legislative session. The ECI Council was established to oversee the development of a comprehensive, integrated, early care, health and education system by encouraging collaboration around desired results. The Council serves as an alliance of stakeholders for the early care, health, and education systems that affect children ages 0 to 5 and their families. The ECI Council has authority to examine needs and provide policy recommendations for the systems. The ECI structure has a number of component groups serving as working committees, implementing projects and providing expertise in a particular area. The Professional Development (PD) Component Group and its leadership, the Professional Development Executive Committee, are key to the work of implementation of professional development. The PD Executive Committee is the author of this framework. The PD Executive committee implements this framework. Using the sectors of the early childhood system (early learning, family support, and health/mental health/nutrition), Iowa created professional development leadership teams. These teams design, implement and share information about the professional development recommendations and opportunities within each sector, creating opportunities for cross-sector integration and collaborations. Two representatives from each leadership team, plus additional at large members, make up the Professional Development Executive Committee. The two co-chairs of this committee also serve as co-chairs for the PD Component Group.

iv. Articulation. Describe:

Developing and implementing policies around articulation assists in creating career pathways and building capacity to meet required professional standards. Some articulation agreements exist between ECE associate degree programs and four-year non-teacher licensure degree programs. Strong agreements exist between AA programs and teacher licensure four-year programs. The workforce committee which functions as the advisory group for Iowa's T.E.A.C.H. and W.A.G.E.\$ programs provides leadership and direction to move articulation needs forward. This group is 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. Describe:

Integration; Quality Assurance; Diversity, Inclusion, and Access; and Compensation Parity are the four principles that make it possible for Early Childhood Iowa (ECI) to build and support a comprehensive, integrated professional development system. The principles are aimed at the development and retention of a sustained early childhood workforce. Through the existing structure of ECI, an integrated professional development system that crosses the early childhood sectors is being developed and enhanced. Iowa's Early Childhood Professional Development System requires supportive policies to ensure its goals are attainable and successful. There are six essential policy areas make it possible to build and support a comprehensive professional development system. The policy areas are Professional Standards; Career Pathways; Articulation; Advisory Structure; Data; and Financing.

vi. Financing. Describe:

There are multiple funding streams for Iowa's PD system. Early Childhood Iowa local boards fund professional development opportunities for child care providers in their local counties. On the state level, ECI funds a position that organizes, coordinates and provides leadership for the three professional development groups that are part of the ECI system: early learning; health, mental health, nutrition; and family support. Additionally, ECI has state level professional development funds that support various programs such as Early Childhood Positive Behavioral Interventions and Supports and T.E.A.C.H. scholarships. The Lead Agency provides funding through contracts in the following ways: the CCR&R contract contains funding for CCR&R organizations to offer on line and face-to-face training opportunities; the T.E.A.C.H. contract supports

scholarships for child care providers to complete college courses and Iowa State University Extension & Outreach contracts support Essentials Preservice, Universal Precautions, Mandatory Reporter and Environment Rating Scale trainings.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Credit-bearing professional development is encouraged in the ECI career pathways. Additionally the Lead Agency supports the T.E.A.C.H. program which assists child care providers in removing barriers to credit-bearing courses. Credit-bearing professional development does count toward professional development requirements and 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 state/territory's framework

Describe:

Representatives of training organizations and institutions of higher education are on the ECI PD component group, which is responsible for developing the state's framework.

- iii. Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

Iowa used the six policy areas and the four overarching policy principles from NAEYC's [Workforce Designs, A Policy Blueprint for State Early Childhood Professional Development Systems](#) as a framework for developing its professional development framework. This

document was vetted by stakeholders and approved by the ECI Alliance (our SAC). ECI PD Executive Committee and ECI PD Early Learning Leadership Team, as part of a larger Early Childhood Iowa Alliance (our SAC) also developed the Quality PD Quality Measures and How to Measure Quality documents. These documents are used to assess the professional development providers' Request for Child Care Training Approval Form and processes. The Request for Child Care Training Approval Form was developed with the feedback and approval of this group and the Iowa School Age Care Association

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The framework improves quality, diversity, stability and retention by providing guidance to help Iowa stakeholders come to consensus on the skills and knowledge needed for early childhood practitioners to be successful in their work with children. The career pathways and competencies can be used by child care businesses to develop appropriate qualifications and job descriptions to assist with hiring qualified individuals. These same tools can be used by supervisors to assist with professional development plans to strengthen current employees' skills and knowledge. In addition, they can be used by early childhood professionals to understand the education/training and skills that will help them succeed in their desired positions.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth

through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

Child care regulations specify that providers must receive training from approved training organizations. The Lead Agency's approval process for training organizations has criteria related to aligning with the Iowa Early Learning Standards. Additionally, providers must receive annual training requirements from one or more of the following areas: (1) Planning a safe, healthy learning environment (includes nutrition). (2) Steps to advance children's physical and intellectual development. (3) Positive ways to support children's social and emotional development (includes guidance and discipline). (4) Strategies to establish productive relationships with families (includes communication skills and cross-cultural competence). (5) Strategies to manage an effective program operation (includes business practices). (6) Maintaining a commitment to professionalism. (7) Observing and recording children's behavior. (8) Principles of child growth and development. Iowa's Early Childhood and School Age Workforce Registry (i-PoWeR) system tracks each training based on whether or not the early learning and developmental guidelines (Iowa Early Learning Standards) are addressed; designates the number of hours that the content areas are addressed; specifies the age group the content pertains to, and whether or not the organization's expertise falls within early childhood, school age, health, mental health, nutrition, or family support

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

The Lead Agency meets with staff from the Meskwaki tribe quarterly. During these meetings training and professional development are agenda topics. The Lead Agency has demonstrated Iowa's Early Childhood and School Age Workforce Registry (i-PoWeR) system where any provider in the state may go to find childcare trainings that are approved for child care credit. The i-PoWeR system allows a provider to explore and enroll in classes that are on the system. Before enrolling the provider can see the topic of the class, how it is being conducted (face-to-face, online or blended), where it is held if there is a physical location and any cost associated with the class. The Lead Agency has also demonstrated how to access the free online version of the Essentials Preservice trainings as Meskwaki staff expressed interest in using some of the modules with tribal providers. Additionally the Lead Agency contracts with 5 CCR&R organizations to provide services statewide, including training and technical assistance for child care providers. Any child care provider, including tribal providers or organizations, may attend these trainings free of charge or use the free technical assistance services.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

The CCR&R system has translated several of their materials and trainings in to Spanish. Additionally they have contracts with translation services to assist providers in person and some regions have bilingual staff. The Iowa Early Learning Standards are translated into Spanish. Partnerships between local agencies throughout the state and CCR&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) who have disabilities

The Lead Agency strives to accommodate persons with disabilities however possible, including using Relay Iowa which is a Telecommunications Relay Service (TRS) that provides full telephone accessibility to people who are deaf, hard of hearing, deaf-blind or have difficulty speaking over a Text Telephone (TTY) or verbally to hearing parties. Specially-trained Communication Assistants (CAs) process relay calls and stay on the line to confidentially relay conversations.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

Child care regulations specify that providers must receive training from approved training organizations. The Lead Agency has a thorough approval process for training organizations before they may offer training for child care providers in the State of Iowa. The training organizations are rated on criteria related to their ability to provide content that supports: childhood as a unique and valuable stage of the life cycle; children being understood in the context of their family, culture, community; respect for the dignity, worth, and uniqueness of each individual. Additionally all potential organizations are rated on their ability to offer content that aligns with the ECI Cultural Competencies (which can be found at <https://earlychildhood.iowa.gov/document/early-childhood-iowa-stakeholder%E2%80%99s-alliance-cultural-competencies>) and on their ability to provide adult learning experiences that meet the needs of diverse participants. While each individual group is not listed specifically by name in the criteria used to rate training organizations multiple criteria that cover these groups are included to ensure that training organizations approved in the State of Iowa are offering professional development that meets the needs of all of these groups.

6.2.5 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 (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

When the Lead Agency contracted to develop the Essentials Child Care Preservice Training we included a module on homelessness within that training series. All child care staff working directly with children must take this training.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

Lead Agency staff that conduct compliance visits with providers are all required to take the Essentials Child Care Preservice Training which includes the module on homelessness.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

The Lead Agency contracts for business training and technical assistance. This contract was recently re-procured and awarded to First Children's Finance. As of 7/1/21 the contractor will be providing foundational business training series throughout the state for both child care centers and child development homes. The contractor will also be providing an evidence-based coaching model for participants that complete the training series to support implementation of best practices in their child care programs.

Additionally First Children's Finance provides technical assistance of business and financial issues to Lead Agency staff and CCR&R staff as well as being a voice for business and financial concerns for child care providers in state-level systems such as the Early Childhood Iowa system.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers's business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53(a)(1)(i)(A)).

Describe the content and funding:

CCR&R offers a variety of trainings which incorporate child development. All of their beginning series for child care providers incorporate child development information as well as many other trainings they offer. These trainings are offered as part of the CCR&R contracts with the Lead Agency and are funded by Quality Set-Aside funds from the CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

CCR&R offers three versions of the Early Childhood-Positive Behavioral Interventions and Supports training which is what Iowa calls the Pyramid Model. There are two classroom based trainings one for infants and toddlers and one for preschool. There is also a version for Family Child Care which includes multiple ages. All of the trainings cover the Pyramid Model practices but are tailored to the age group and setting the staff member is working in. These trainings are required as part of the CCR&R contracts with the Lead Agency and are funded by Quality Set-Aside funds from the CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

A two hour training on the Iowa Early Learning Standards is offered to providers for free either online or in-person. The content reviews the early learning standard areas as well as the purpose of the standards and how to use them to help guide early care and education settings.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

The Program for Infant and Toddler Care (PITC) training offer by CCR&R has an optional fifth module on the topic of development, disabilities and delays. This is offered as part of their funding from the Lead Agency but is sometimes also supported through State or Local funds.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

CCR&R offers a training series called School-age Matters which reviews best practices in school-age care. This is required by the Lead Agency's contract with CCR&R and is funded by CCDF quality set-aside funds.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

As part of the CCR&R contract with the Lead Agency, two trainings focusing on Child Development Home providers and strategies for establishing their businesses are offered. Child Net 3.0 is a 25 hour series covering a range of introductory topics to owning and operating a family child care business (e.g. child development, environmental set up, guidance and discipline). All Our Kin is a 20 hour series focusing on the business aspects of operating a family child care business.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
 - ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
 - iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
 - iv. Other.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- Describe:

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

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

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward

learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Iowa Early Learning Standards (IELS) were originally developed in 2006 by a group of statewide early childhood professionals based on Developmentally Appropriate Practice (DAP) as defined by the National Association for the Education of Young Children (NAEYC). Since that time the standards have been updated by statewide early childhood professionals twice to incorporate updated research and knowledge of the early childhood field. The most current version is the Iowa Early Learning Standards, 3rd Edition, which was released in 2018.

ii. Developmentally appropriate.

The Iowa Early Learning Standards (IELS) were originally developed in 2006 by a group of statewide early childhood professionals based on Developmentally Appropriate Practice (DAP) as defined by the National Association for the Education of Young Children (NAEYC). Since that time the standards have been updated by statewide early childhood professionals twice to incorporate updated research and knowledge of the early childhood field. The most current version is the Iowa Early Learning Standards, 3rd Edition, which was released in 2018.

iii. Culturally and linguistically appropriate.

The IELS includes seven "Essential Considerations" which are critical to development, revision and use of the standards. One of the essential considerations is diversity and inclusion. This section contained within the Introduction to the IELS reviews the importance of adults who intentionally recognize, embrace and celebrate individual differences in children and families. Additionally the update committee was intentional about including examples and recommendations to support development that include people of various abilities, cultures and languages.

[iv. Aligned with kindergarten entry.](#)

In the most recent revision multiple goals of the update committee related to alignment with kindergarten entry, including: "build a seamless continuum with the K-12 Iowa Core to provide standards from birth-12th grade". The final section of the IELS, 3rd Edition is titled "Alignment to the K-12 Iowa Core" and provides a broad comparison of the connections between early learning and school-age standards.

[v. Appropriate for all children from birth to kindergarten entry.](#)

The IELS are designed to identify standards and benchmarks for all children. The standards are categorized as Infant/Toddler or Preschool based on a typical progression of development in each age range. However the IELS recognize that while children develop in a predictable progression there are individual variations and to assist early childhood professionals in seeing the continuum of development related infant/toddler and preschool standards are placed next to each other instead of having an infant/toddler section and a preschool section. Practitioners are encouraged to help children progress along the continuum wherever that individual child is at.

[vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

Representatives from the Iowa Department of Education, the SAC and multiple other partners in early care and education were part of the revision of the IELS and the statewide training that is being developed on the IELS, 3rd Edition.

[b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.](#)

[i. Cognition, including language arts and mathematics.](#)

Area 6: Communication, Language and Literacy; Area 7: Mathematics and Area 8: Science.

[ii. Social development.](#)

Area 1 in the IELS is Social and Emotional Development

[iii. Emotional development.](#)

Area 1 in the IELS is Social and Emotional Development

iv. Physical development.

Area 2 in the IELS is Physical Well-Being and Motor Development

v. Approaches toward learning.

Area 3 in the IELS is Approaches to Learning

vi. Describe how other optional domains are included, if any:

The IELS also includes Area 4: Social Studies; Area 5: Creative Arts

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The IELS are targeted for review every five years. The original version was done in 2006, the first revision was released in 2012, and the third edition was released in 2018.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

N/A

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

https://educateiowa.gov/pk-12/early-childhood/early-childhood-standards#Iowa_Early_Learning_Standards_IELS

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The first page of the Introduction to the IELS, 3rd Edition describes what the standards are designed for and what they are not intended for. The IELS are designed for the following:

- inform families, professionals, and community leaders about what to expect young children to know and do
- assist families, professionals, and community leaders to provide high quality early care, health, and education experiences for all children
- guide learning and evaluation decisions by early childhood professionals in all public and private early care and education settings
- inform policy development to improve organizational and professional development systems
- unite expectations of program administration, early care and education, health, mental health, and family support professionals about child development and the importance of each child's experiences

The IELS are not intended:

- for use as a checklist or assessment tool to evaluate children
- to label, sort, or diagnose children
- to exclude children from infant/toddler programs, preschools, kindergarten, or any early childhood program for which they are otherwise eligible
- to identify programs based on children's high achievement
- to serve as a measure for program funding
- to evaluate teachers or caregivers

Early learning standards assist adults to understand what children should know and be able to do prior to entering kindergarten. The IELS emphasize developmental (age-level) appropriate processes, skills, content, and child outcomes. The intent of the IELS is to implement the standards with teaching and assessment strategies that are ethical and appropriate for young children. For full implementation, the standards require reinforcement with strong financial supports and resources from legislators, community leaders, and policy makers for early childhood programs, professionals, and families (NAEYC, 2002).

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures

(98.53(f)(3)).

N/A

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect 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 (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services

- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

The Lead Agency was an integral part of the statewide needs assessment that was done in 2019 as a part of the State's Preschool Development Grant. It was a cross system collaboration involving many partners and took advantage of Iowa's new integrated data system I2D2. The purpose of the 2019 needs assessment was to address gaps in understanding Iowa children and families on key issues related to early care and education (ECE) capacity, knowledge and access, supporting children with special needs, transitions, and collaborations. The needs assessment used an iterative, bi-directional learning process involving collective input from diverse stakeholders including families, community members, executive leaders, private business partners, program managers, and providers. This cyclical process of system learning and feedback involved the full range of input including types of questions asked, relevant data collected, and findings gleaned from the data analyzed. At the present time there is not a schedule set for another cross-system needs assessment the Lead Agency is in planning stages of reviewing what data from I2D2 and other sources could be used to do a child care needs assessment before the 2025-2027 CCDF State Plan.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

Findings of the 2019 needs assessment related to child care include (1) there were issues

with capacity and access to early childhood education settings, including child care, particularly in rural areas and for vulnerable populations; and (2) shortages in workforce availability and quality. The data showed that 78% of centers serving infants/toddlers and 49% of those serving preschoolers had waiting lists. However when those programs that had waiting lists were asked if they were at full capacity over 50% said no and one of the primary reasons was inability to find staff. Additionally when asked program administrators stated that inability to provide appropriate wages and benefits was one of the most significant barriers to hiring staff. Based on these findings the Lead Agency has the overarching goals of increasing the availability and quality of child care slots throughout the State and working with stakeholders throughout the State to find solutions to adequately compensate and provide benefits to the child care workforce.

<https://earlychildhood.iowa.gov/2019-statewide-needs-assessment>

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Licensing Fees

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards

2. Supports to programs to improve quality

- 3. Financial incentives and supports
- 4. Quality assurance and monitoring
- 5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

Iowa's Quality Rating System (QRS) is a voluntary system administered state-wide by the Lead Agency. The Lead Agency contracts with CCR&R to offer support to child care providers to achieve the requirements and to facilitate the application process.
<http://dhs.iowa.gov/quality-rating-system>

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement.
Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).
- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

The Iowa QRS takes this into account by offering separate applications and having

related but different requirements for home-based environments and center-based environments. Both types of programs have requirements in the categories of Professional Development, Health and Safety, Environment and Family and Community Partnership. Additionally centers have a category called Leadership/Administration which is related to the management of staff. The requirements are tailored to the type of setting. For example in the Environment section home-based settings require the Family Child Care Environmental Rating Scale (FCCERS) whereas for centers the requirement is to take the ERS trainings related to which every age groups you serve (ITERS, ECERS or SACERS).

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

- c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- d. Programs that meet all or part of state/territory school-age quality standards.
- e. Other.
Describe:

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
 - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - b. Embeds licensing into the QRIS
 - c. State/territory license is a "rated" license
 - d. Other.

Describe:

N/A

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

- No
- Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

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

xi. Payment of fees (e.g. licensing, accreditation)

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

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

b. Other:

N/A

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency graphs and reviews the number of QRS rated providers quarterly. Additionally the Lead Agency will measure progress in improving the quality of child care programs through our Child Care Resource and Referral contract performance measures relating to the statewide QRIS. The contracts specifically require that CCR&R annually increase the number of child care providers that participate in the QRS.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or

needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

The Program for Infant Toddler Care (PITC) training is offered by all 5 CCR&R regions annually. Training on the Infant/Toddler Environment Rating Scale and Infant/Toddler EC-PBIS is also offered annually throughout the state as well as regional trainings with infant/toddler focus. In addition to the training CCR&R is funded for and required to have on staff a consultant with expertise in infant and toddler care. This consultant serves as a resource to assist all consultants in providing technical assistance to child care providers to implement best practices in infant/toddler care and coaching on the PITC and ITERS curriculums

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review

and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

Iowa's Quality Rating System currently includes the Infant Toddler Environment Rating scale. While the Quality Rating System is under revision the revised criteria will include infant/toddler components such as the Infant/Toddler Environment Rating Scale for infant/toddler classrooms, training on infant feeding practices and training on promoting social/emotional development in infants and toddlers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

Progress is measured through contract data and performance measures which are reported to Lead Agency contract managers. Program for Infant and Toddler Care (PITC) is required

to be offered in all 5 CCR&R regions as part of their annual training plan. The CCR&R contracts for each region require that they develop a training plan based on a needs assessment with input from child care providers & other local stakeholders in child care. The plan must be approved by the Lead Agency and include certain trainings, one of which is PITC. The CCR&R regions must report on attendance at these trainings as well as scores from participant evaluations at these trainings. Additionally CCR&R must provide technical assistance on the PITC training and infant and toddler care in general. They are required to report the number of TA visits/contacts provided on this topic. Infant Toddler Environment Rating Scale trainings are offered through a contract with Iowa State University Extension and Outreach (ISU-EO). The contract requires that 75 % of all ERS Workshop series participants will a) learn how to use the Environment Rating Scale as a tool to identify in adequate and minimal care b) learn how to use the Environment Rating Scale as a tool to identify good and excellent care c) learn how to identify specific strengths of their child care program d) learn how to identify specific challenges / limitations of their child care program e) learn how to prioritize needed changes f) learn how to develop a program improvement plan for making needed changes.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

The Lead Agency contracts with five Child Care Resource and Referral (CCR&R) Agencies. Some services are provided at the regional level and some services are provided on a statewide basis. For regional services each CCR&R agency serves its assigned counties. For statewide services one of the five CCR&R agencies provides the

service to the entire state. Services provided at the regional level include (1) Provider services such as training, consultation, coaching to support regulatory compliance and quality improvement and (2) Community services such as providing child care data to the community, community education and engaging the business community in child care issues. Statewide services include (1) Parent services including parent referrals and parent education regarding choosing quality child care; (2) Marketing/Communication services including managing consistent branding and marketing of CCR&R services and managing email and social media communications; (3) Statewide Training Coordinator/Curriculum developer who is responsible for all CCR&R curriculum including revising current curricula and developing new curricula and (4) operation of the Child Care Complaint Hotline. The system is coordinated by the Lead Agency's Quality Program Manager who manages all the CCR&R contracts and the 5 Regional Directors who manage each CCR&R region. The Quality Program Manager and the 5 Regional Director's meet at least monthly to coordinate services and ensure consistency in CCR&R services available throughout the State.

[7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.](#)

In the Lead Agency's contracts with CCR&R there are performance measures related to services provided. For Provider Services performance measures include: percent of non-registered child care homes that are supported to become registered child development homes; percent of providers that CCR&R supports to apply for a QRS rating, renew their QRS rating or increase their QRS rating; and percent of providers satisfied with services provided. For Community Services performance measures include: holding at least two community meetings per year in areas of high need, providing presentations to educate the community, families and child care providers on child care issues and CCR&R services. For statewide Parent Services performance measures include percentages of parents that received referrals that report satisfaction as well evaluation of the quality of the consumer education provided by assessing the parent's knowledge of Iowa's child care system. For statewide Marketing/Communication performance measures include accuracy of website, distribution of newsletters and annual reports, and ensuring the email distribution list is up to date. For the statewide Training Coordinator/Curriculum developer performance measures include completing an updated or new curriculum

annually and percentages of adult educators surveyed reporting curricula includes adult learning strategies, evidence-based content and incorporates coaching components. For the statewide Child Care Complaint Hotline performance measures include ensuring timely services for parents by tracking response times and hold time for those that call the hotline.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

The Lead Agency contracts to offer free on-line or in person pre-service/orientation to all child care providers. Additionally, the Lead Agency funds CCR&R to provide child care consultants whose responsibilities include provision of technical assistance to all providers, free of charge. CCR&R is required to meet regularly with Lead Agency compliance staff so their consultants are aware of what issues are being seen in the area of compliance with regulatory standards. The Lead Agency compliance staff will automatically refer a provider to CCR&R when there are compliance violations around safe sleep, emergency preparedness or guidance/discipline.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

Yes. If yes, which types of providers can access this financial assistance?

Licensed CCDF providers

Licensed non-CCDF providers

License-exempt CCDF providers

Other

Describe:

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

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

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?
Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

N/A

b. Preschoolers

N/A

c. and/or School-age children.

N/A

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider

preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

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

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of

CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

The State's child care system, KinderTrack, creates attendance sheets (invoices) for each eligible child who has an authorized schedule with an authorized provider. Childcare providers are required to keep attendance records and parents must sign the sheet at the end of each 2-week billing period to verify that the attendance records are accurate. The child care providers may submit this attendance information to the lead agency either on a paper form, which is then scanned and the data imported to the Kinder Track system, or by entering it into a secure site on-line which puts the data into the lead agency's KinderTrack system. The system automatically compares the child's authorization to the attendance submitted. If the data matches, the payment is processed automatically. If the data does not match for some reason, lead agency staff must review the information and then processes the payments manually. On average, payments are processed in less than 2 business days from the date they are received by the lead agency.

- b. Fiscal oversight of grants and contracts

Describe:

The State Administrator and program managers in the Child Care Bureau work with a budget analyst from the Lead Agency's Division of Fiscal management to obligate and liquidate CCDF funds in contracts in accordance with CCDF regulations. Contract

managers handle daily functioning of the contractors and submitting invoices for billing. Contract managers also conduct monitoring visits to ensure contractors are delivering the contracted scope of work and that data is being reported accurately. The budget analyst reviews and tracks all CCDF funds that are expended and sends monthly updates to leadership of the lead agency.

c. Tracking systems to ensure reasonable and allowable costs

Describe:

d. Other

Describe:

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

a. Conduct a risk assessment of policies and procedures

Describe:

b. Establish checks and balances to ensure program integrity

Describe:

Staff duties are segregated so that staff who are responsible for family or provider eligibility do not also have the ability to process payments to providers. There are separate work units assigned to determine family eligibility and provider eligibility as well. This keeps the risk of internal fraud low.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Supervisors of the family and provider work units conduct ongoing case readings of staff work, especially new staff, to ensure accuracy and compliance with child care policy. The supervisors also hold regular ongoing meetings with staff to discuss QC findings(as described under "Other") of any errors found.

d. Other

Describe:

The DHS Quality Control(QC) Bureau conducts ongoing quality control reviews of Child Care Assistance cases with respect to eligibility determination, authorizations and subsidy payment using the most recent ACF-403 document. Quality control staff compile s and reports error rate information, prepares any required corrective action plan, and ensures that any error findings are shared within the department to create an opportunity for learning and system improvement. The Quality Control Bureau produces the ACF-404 report on the designated reporting schedule.

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

ii. Issue policy manual.

Describe:

Child Care providers have Communication guides that review all regulatory standards for their type of care. These guides are updated when any policy changes are made and providers are notified electronically when they are updated. Additionally for major changes to policy the Lead Agency issues standard mail communications to providers to draw their attention to the updates.

iii. Provide orientations.

Describe:

- iv. Provide training.

Describe:

- v. Monitor and assess policy implementation on an ongoing basis.

Describe:

- vi. Meet regularly regarding the implementation of policies.

Describe:

- vii. Other.

Describe:

Child Care providers can always call the CCA hotline and ask questions of Lead Agency staff if they have questions regarding CCA policies or processes. Additionally for major changes to policy the Lead Agency issues standard mail communications to providers to draw their attention to the updates.

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

- i. Issue policy change notices.

Describe:

- ii. Train on policy change notices.

Describe:

Child Care Licensing Consultants meet quarterly and receive some training. Regulatory staff working with home child care meet bi-annually and also participate in monthly calls with the state's child care regulatory program manager. Training and necessary policy and procedure updates are handled at each of these meetings as applicable. Childcare policy staff meet with the supervisors of the child care registration, payment and eligibility unit on a monthly basis to discuss procedure issues and upcoming policy changes. Supervisors then train their staff on any policy changes.

iii. Issue policy manuals.

Describe:

iv. Train on policy manual.

Describe:

The Income Maintenance Training Academy conducts policy/procedure training on childcare assistance as well as child care system training for all Child Care Registration, Payment and Eligibility staff on a regular basis. Regulatory staff are trained by their supervisors with technical assistance from the Bureau of Service Support and Training

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

vi. Meet regularly regarding the implementation of policies.

Describe:

vii. Other.

Describe:

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The Lead Agency supervisors regularly conduct case readings of all Child Care Assistance Unit (CCAU) staff. CCAU supervisors meet regularly with Lead Agency child care policy staff and if patterns are found in case readings CCAU supervisors and policy staff discuss process updates or changes to the training academy that all new CCAU workers attend. Additionally the Lead Agency's Quality Control Bureau conducts quality control reviews annually not just in reporting years so that the Lead Agency's error rate can be continuously tracked. Supervisors at the Lead Agency regularly review the error rate and if any additional internal controls need to be put in place.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency has a Memorandum of Agreement with the Iowa Department of Revenue (IDR) to share program data regarding public assistance programs. The IDR provides a summary of the data from across state agencies to the Lead Agency. This results in the lead agency being able to look up information regarding other assistance programs if needed.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Lead Agency completes two monthly reports both focusing on monitoring for overcapacity and overpayment. This results in lead agency compliance staff contacting child care providers to clarify regulatory requirements and compliance action is taken as appropriate.

- iii. Review enrollment documents and attendance or billing records

[Describe the activities and the results of these activities:](#)

The State's child care system, Kinder Track, automatically compares the child's authorization to the attendance submitted. If the data matches, the payment is processed automatically. If the data does not match for some reason, lead agency staff must review the information and then processes the payments manually. If discrepancies of concern are noted payment staff bring that to the attention of their supervisor who will consult with policy staff to decide if the provider should be investigated by the Department of Inspections and Appeals. This results in all payments that don't meet preapproved criteria being reviewed by payment staff to ensure accuracy and all concerns being investigated further.

[iv. Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe the activities and the results of these activities:](#)

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 lasts for 6 months unless the new worker is exceeding accuracy expectations (98% to 100% 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 QC findings of any errors found. For FFY2020, the percentage of total amount of payments for the same that were improper payments was at 2.5% which was well below the goal of 4.5% for the current cycle target.

[v. Audit provider records.](#)

[Describe the activities and the results of these activities:](#)

[vi. Train staff on policy and/or audits.](#)

[Describe the activities and the results of these activities:](#)

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.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency has a Memorandum of Agreement with the Iowa Department of Revenue (IDR) to share program data regarding public assistance programs. The IDR provides a summary of the data from across state agencies to the Lead Agency.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Lead Agency completes two monthly reports both focusing on monitoring for overcapacity and overpayment. This results in lead agency compliance staff contacting child care providers to clarify regulatory requirements and compliance action is taken as appropriate.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The State's child care system, Kinder Track, automatically compares the child's authorization to the attendance submitted. If the data matches, the payment is processed automatically. If the data does not match for some reason, lead agency staff must review the information and then processes the payments manually. If discrepancies of concern are noted payment staff bring that to the attention of their supervisor who will consult with policy staff to decide if the provider should be investigated by the Department of Inspections and Appeals. This results in all payments that don't meet preapproved criteria being reviewed by payment staff to ensure accuracy and all concerns being investigated further.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

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 lasts for 6 months unless the new worker is exceeding accuracy expectations (98% to 100% 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 QC findings of any errors found. For FFY2020, the percentage of total amount of payments for the same that were improper payments was at 2.5% which was well below the goal of 4.5% for the current cycle target.

v. Audit provider records.

Describe the activities and the results of these activities:

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

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.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency has a Memorandum of Agreement with the Iowa Department of Revenue (IDR) to share program data regarding public assistance programs. The IDR provides a summary of the data from across state agencies to the Lead Agency.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The State's child care system, Kinder Track, automatically compares the child's authorization to the attendance submitted. If the data matches, the payment is

processed automatically. If the data does not match for some reason, lead agency staff must review the information and then processes the payments manually. This results in all payments that don't meet preapproved criteria being reviewed by payment staff to ensure accuracy,

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

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 lasts for 6 months unless the new worker is exceeding accuracy expectations (98% to 100% 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 QC findings of any errors found. For FFY2020, the percentage of total amount of payments for the same that were improper payments was at 2.5% which was well below the goal of 4.5% for the current cycle target.

v. Audit provider records.

Describe the activities and the results of these activities:

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

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.

vii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

Iowa Department of Inspections and Appeals (DIA)

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

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. 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:

- 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:

If CCA payment workers suspect there has been an overpayment but need additional information they will attempt to get the additional needed information from the client and/or the provider. If the client and/or the provider do not provide the needed information or if the information submitted appears, questionable a referral can be made to the Iowa Department of Inspections and Appeals (DIA) to investigate the matter further. Additionally if it is determined that an overpayment was made to a client or a provider a referral is submitted to DIA by making an entry into the Lead Agency's Overpayment Recovery System (OPR). DIA reviews the referral and decides if the case should be sent to the county attorney for prosecution or enter into the overpayment recovery process.

- iii. Recover through repayment plans.

Describe the activities and the results of these activities:

If the Iowa Department of Inspections and Appeals (DIA) determines a referred case should enter into the overpayment recovery process they send a "Notice of Child Care Assistance Overpayment" form to the client or provider with information on how to enter into a repayment plan.

- iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

- v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

If a client or provider does not enter into a repayment plan or stops making payments DIA has the option to recover overpayments through state income tax refunds.

- vi. Recover through other means.

Describe the activities and the results of these activities:

- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

- viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. 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:

- iii. 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:

If CCA payment workers suspect there has been an overpayment but need additional information they will attempt to get the additional needed information from the client and/or the provider. If the client and/or the provider do not provide the needed information or if the information submitted appears, questionable a referral can be made to the Iowa Department of Inspections and Appeals (DIA) to investigate the matter further. Additionally if it is determined that an overpayment was made to a client or a provider a referral is submitted to DIA by making an entry into the Lead Agency's Overpayment Recovery System (OPR). DIA reviews the referral and decide if the case should be sent to the county attorney for prosecution or enter into the overpayment recovery process.

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Describe the activities and the results of these activities:

If the Iowa Department of Inspections and Appeals (DIA) determines a referred cases should enter into the overpayment recovery process they send a "Notice of Child Care Assistance Overpayment" form to the client or provider with information on how to enter into a repayment plan.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

If a client or provider does not enter into a repayment plan or stops making payments DIA has the option to recover overpayments through state income tax refunds.

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

- ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. 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. N/A. the Lead Agency does not recover misspent funds due to agency errors.
- ii. 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:

- iii. 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:

If CCA payment workers suspect there has been an overpayment but need additional information they will attempt to get the additional needed information from the client and/or the provider. If the client and/or the provider do not provide the needed information or if the information submitted appears, questionable a referral can be made to the Iowa Department of Inspections and Appeals (DIA) to investigate the matter further. Additionally if it is determined that an overpayment was made to a client or a provider a referral is submitted to DIA by making an entry into the Lead Agency's Overpayment Recovery System (OPR). DIA reviews the referral and decides

if the case should be sent to the county attorney for prosecution or enter into the overpayment recovery process.

iv. Recover through repayment plans.

Describe the activities and the results of these activities:

If the Iowa Department of Inspections and Appeals (DIA) determines a referred case should enter into the overpayment recovery process they send a "Notice of Child Care Assistance Overpayment" form to the client or provider with information on how to enter into a repayment plan.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

If a client or provider does not enter into a repayment plan or stops making payments DIA has the option to recover overpayments through state income tax refunds.

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

ix. Other

Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

If a provider fails to follow child care rules, their CCA Provider Agreement (which allows them to be paid by the CCA Program for eligible families) may be terminated, and the department may refuse to enter into new agreements with the provider. The department may refuse to enter into or may revoke the Child Care Assistance Provider Agreement, Form 470-3871 or 470-3871(S), if any of the following occur: a. The department finds a hazard to the safety and well-being of a child, and the provider cannot or refuses to correct the hazard. b. The provider has submitted claims for payment for which the provider is not entitled. c. The provider fails to cooperate with an investigation conducted by the department of inspections and appeals to determine whether information the provider supplied to the department regarding payment for child care services is complete and correct. Once the agreement is revoked for failure to cooperate, the department shall not enter into a new agreement with the provider until cooperation occurs. d. The provider does not meet one of the applicable requirements to be a provider. e. The provider fails to comply with any of the terms and conditions of the Child Care Assistance Provider Agreement, Form 470-3871 or 470-3871(S). f. The provider submits attendance documentation for payment and the provider knows or should have known that the documentation is false or inaccurate. g. An overpayment of CCA funds with a balance of \$3,000 or more exists for a provider and that provider fails to enter into a repayment agreement with the department of inspections and appeals (DIA) or does not make payments according to the repayment agreement on file with DIA. h. The provider is found to have more children in care at one time than allowed for the provider type. If a Child Care Assistance Provider Agreement, Form 470-3871 or 470-3871(S), is terminated for any of the reasons above, the agreement shall remain terminated for the time periods set forth below: a. The first time the agreement is terminated, the provider may reapply for another agreement at any time. b. The second time the agreement is terminated; the provider may not reapply for another agreement for 12 months from the effective date of termination. c. The third or subsequent time the agreement is terminated, the provider may not reapply for another agreement for 36 months from the

effective date of termination. d. The department shall not act on an application for a childcare assistance provider agreement submitted by a provider during the sanction period. If a child care provider is convicted of fraudulently receiving Child Care Assistance (CCA) funds, they are also subject to sanctions from the CCA program. There are three levels of sanctions that may be imposed:

- Review of the provider's claims for payment from the CCA program.
- Suspension from receipt of CCA payments for six months.
- Ineligibility to receive further CCA payments.

The type of sanction imposed on the provider depends upon the nature of the fraudulent practice. The Department's central office staff will consider the following factors in determining what type of sanction to impose:

- Prior violations or sanctions.
- Seriousness of the violation.
- Extent of the violation.
- Whether a lesser sanction will be sufficient to remedy the problem because the provider has received education or instruction and is willing to follow program rules in the future.

Lead Agency staff take the following steps when imposing a provider sanction:

1. Upon notification by the Department of Inspections and Appeals (DIA) that a provider has been convicted of fraudulently receiving CCA funds, the Department's central office staff will determine which level of CCA sanction will be imposed.
2. Once the Department's central office has determined the type of CCA provider sanction that will be imposed, the Department's child care staff for the county where the provider is located will be notified by e-mail to send the provider a Notice of Decision: Child Care Assistance to cancel the Child Care Assistance Provider Agreement and impose the sanction. The Department's central office will also send this e-mail to the state level PROMISE JOBS coordinator who will notify the appropriate PROMISE JOBS county offices. The effective date of the Notice of Decision: Child Care Assistance imposing the sanction shall be the first of the month following timely and adequate notice requirements. A copy of this notice should be sent to the corresponding PROMISE JOBS county office. If a provider attempts to reapply to receive CCA funding for child care before the sanction has ended, send the provider a Notice of Decision: Child Care Assistance to deny the request for a new Child Care Assistance Provider Agreement. NOTE: This sanction does not affect the provider's ability to remain registered or licensed. The sanction affects only eligibility to receive CCA funding from the Department. A provider has the right to file an appeal if they disagree with any Department decision. They do not have to pay to file an appeal. The provider must appeal in writing by doing one of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, or
- Write a letter telling us why they think a decision is wrong, or
- Fill out an Appeal and Request for Hearing form. They can get this form at any county DHS office. The provider then sends or takes the appeal

to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If the provider needs help filing an appeal, they may ask their county DHS office for assistance. The provider must file an appeal: • Within 30 calendar days of the date of a decision or • Before the date a decision goes into effect. If they file an appeal more than 30 but less than 90 calendar days from the date of a decision, they must tell us why their appeal is being filed late. If the provider has a good reason for filing the appeal late, the Appeals Section will decide if they can get a hearing. If the provider files an appeal 90 days after the date of a decision, a hearing cannot be given. The provider may keep receiving payment until an appeal is final or through the end of their certification period if they file an appeal: • Within 10 calendar days of the date of a decision or • Before the date a decision goes into effect Any payment received while the appeal is being decided may have to be paid back if the Department's action is correct. If the applicant is granted a hearing before an administrative law judge and does not agree with the final decision of the hearing, he or she may request a re-hearing. The Director of the Department of Human Services determines if a rehearing will be granted. If a Director's review is requested, and the individual is dissatisfied with the final decision, the individual may file for judicial review in district court.

c. Prosecute criminally.

Describe the activities and the results of these activities:

If it is determined that an overpayment was made to a client or a provider a referral is submitted to the Iowa Department of Inspections and Appeals (DIA) by making an entry into the Lead Agency's Overpayment Recovery System (OPR). DIA reviews the referral and decides if the case should be sent to the county attorney for prosecution or enter into the overpayment recovery process.

d. Other.

Describe the activities and the results of these activities:

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.