

ECI Statewide Performance Measures

Tool O: Guidance Document

Approved by the ECI State Board on June 6, 2025; Guidance released Sept. 2, 2025.

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Iowa Code, 256I.4(5)

Adopt common performance measures and data reporting requirements, applicable statewide, for services, programs, and activities provided by area boards. The data from common performance measures and other data shall be posted on the early childhood Iowa internet site and disseminated by other means and shall also be aggregated to provide statewide information. The state board shall establish a submission deadline for the annual budget and any budget amendments submitted by early childhood Iowa area boards in accordance with section 256I.8, subsection 1, paragraph “d”, that allow a reasonable period of time for preparation by the area boards and for review and approval or request for modification of the materials by the state board.

Guidance Document Update 9/2/25: *This tool outlines the required data items by service type. Minor edits were made to emphasize which items within each type will be reported by Area Directors (Inputs and Outputs) versus calculated at the state level by HHS using the data collected by Directors (Quality/Efficiency and Outcomes). Feedback from Directors using the new data collection tool helped inform this guidance update.*

Data Collection Guidance Across Service Types**Age Categories for Data Collection**

For direct service types that require the collection of age of children as of September 15th of the current year receiving services, the following breakdowns are utilized.

- Prenatal (not an option for all service types)
- Children 0-1 (0-11 months)
- Children 1-2 (12-23 months)
- Children 2-3 (24-35 months)
- Children 3-4 (36-47 months)
- Children 4-5 (48-59 months)
- Children 5-6 (60-71 months)

^a Change of Condition Questions

These are the questions asking a service recipient to report on changes they experienced related to the service (e.g., increased knowledge, increased support) and/or their satisfaction with the service. Knowing how many people answered these questions—recognizing that not everyone who got a service will respond—improves data quality and allows us to more accurately represent the impact of the service.

Service Types

Car Seat Safety

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of children
- # of children by age as of September 15th
 - Prenatal
 - Children 0-1 (0-11 months)
 - Children 1-2 (12-23 months)
 - Children 2-3 (24-35 months)
 - Children 3-4 (36-47 months)
 - Children 4-5 (48-59 months)
 - Children 5-6 (60-71 months)
- ▶ # of car seats checked
- ▶ # of car seats that were installed correctly
- # of car seats that were installed incorrectly and corrected
- ▶ # of car seats disbursed due to an emergent situation

HHS Calculates—Quality/Efficiency:

- ▶ Cost per child

HHS Calculates—Outcomes:

- ▶ % of car seats that were not installed properly and corrected

Results Area:

- ▶ Healthy Children
- ▶ Safe and Supportive Communities

Designed to ensure the safe transportation of young children by providing access to properly installed car seats and educating caregivers on correct usage. Through targeted funding and additional resources, this service type enables the distribution of car seats to families in need, with special attention to emergent situations where immediate support is required. Trained professionals conduct car seat checks to assess whether seats are installed correctly, addressing common safety concerns and

correcting improper installations on the spot. This proactive approach significantly reduces the risk of injury during travel, ensuring children are secured according to safety standards. The program's effectiveness is measured by the number of car seats inspected, the percentage installed correctly, and the improvements made during check-ups. By promoting proper car seat use and supporting families with critical safety equipment, car seat safety support enhances child safety, reduces preventable injuries, and provides peace of mind for caregivers.

Dental

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of children enrolled in all programs/locations served
- ▶ # of children screened
- # of children screened by age as of September 15th
 - Children 0-1 (0-11 months)
 - Children 1-2 (12-23 months)
 - Children 2-3 (24-35 months)
 - Children 3-4 (36-47 months)
 - Children 4-5 (48-59 months)
 - Children 5-6 (60-71 months)
- ▶ # of children screened by payment source
 - Medicaid/CHIP(HAWKI)
 - Medicare
 - Tri-Care
 - Private/Other
 - None
- ▶ # of children screened that were high-risk
- ▶ # of children with decay
- ▶ # of children with demineralization
- ▶ # of high-risk children that received dental care coordination

HHS Calculates—Quality/Efficiency:

- ▶ % of children enrolled in all programs/locations who were screened
- ▶ % of children screened who were high-risk

HHS Calculates—Outcomes

- ▶ % of children screened with decay
- ▶ % of children screened with demineralization
- ▶ % of high-risk children that received dental care coordination

Results Area:

- ▶ Healthy Children

Designed to promote oral health and prevent dental issues among children through early detection, education, and coordinated care. This service type provides dental screenings to children across various programs and community locations, regardless of their payment source. Screenings assess oral health, identify high-risk children, and detect early signs of decay or demineralization, allowing for timely intervention. Children identified as high-risk receive dental care coordination to connect families with appropriate treatment and preventive services. This proactive approach helps to reduce the incidence of untreated dental issues, supporting long-term oral health and overall well-being. The program's impact is measured by the number of children screened, the identification of high-risk cases, and the successful coordination of follow-up care. By prioritizing early detection and accessible dental services, dental health support services help to prevent serious oral health problems, improve health outcomes, and promote lifelong healthy habits.

- ▶ High-risk means a child who has signs of oral health needs as detailed in the above narrative (i.e. decay, demineralization, limited hygiene, untreated dental issues regarding oral health)
- ▶ # of children enrolled in all programs/locations served is based on all possible children (this provides a denominator number to then create a percentage based on dividing the number of children possible by the number of children funded by ECI).

Public Awareness/Child Fairs

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of activities funded
- ▶ # of families who participated
- ▶ # of estimated reach
- ▶ # of families who responded to change of condition questions^a
 - # of families reporting an increased awareness of ECI and early childhood services

HHS Calculates—Quality/Efficiency:

► Cost per activity

HHS Calculates—Outcomes

% of families with an increased awareness of ECI and early childhood services

Results Area:

► Safe and Supportive Communities

Designed to inform and empower families by increasing awareness of local services and resources that support early childhood development and family well-being. Through targeted funding and community partnerships, these events such as community fairs, informational sessions, and resource expos bring families together to learn about available programs, health services, educational opportunities, and family support networks. Activities are strategically planned to reach a broad audience, maximizing community impact and connecting families with essential resources. Participants are provided with information on local services, encouraged to engage in community programs, and educated on the benefits of early intervention and developmental support. Effectiveness is measured by the number of activities held, family participation rates, and feedback indicating increased awareness of community services. Families are also surveyed on their understanding of local resources and any changes in their ability to access support for their children. By fostering community connections and raising awareness, public awareness and community engagement events strengthen families' ability to access crucial services, contributing to healthier, more resilient communities.

Family Support Services

All data reported for family support home visitation services will be reported in DAISEY and follow the FSSD Data Dictionary. The below measures are a scope of data but DAISEY and the FSSD Data Dictionary are the source of final data requirements. <https://daiseyiowa.daiseysolutions.org/articles/iowa-data-dictionary/>

Area Directors Report—Inputs:

- Amount of funding per funding category
- Additional funding and source

Area Directors Report—Outputs:

- # of children (0-5) served during the fiscal year
 - In DAISEY, profiles are based on one primary target child
- # of families served during the fiscal year
- # of home visits completed during the fiscal year

- ▶ # of attendees at group-based parent education meetings
- ▶ Demographics of enrolled families (see FSSD Data Dictionary for definitions):
 - Race of primary caregiver
 - Ethnicity of primary caregiver
 - Marital status of primary caregiver
 - Educational attainment of primary caregiver
 - Household size
 - Household income
 - Prenatal Enrollment
 - First time Mothers

HHS Calculates—Quality/Efficiency:

- ▶ # of age eligible children (0-5) that are screened for developmental delays
 - % of children screened for developmental delays who were referred to Early Intervention services, # of children screened who were referred to early intervention services.
- ▶ # of eligible mothers screened with EPDS
 - # of mothers screened with EPDS that were referred for additional supports
 - % of mothers screened with EPDS that were referred for additional supports

HHS Calculates—Outcomes

- ▶ % of participating families that improve or maintain healthy family functioning, problem solving, and communication.
- ▶ % of families that increase or maintain social supports
- ▶ % of families that are connected to additional concrete supports
- ▶ % of participating families that increase knowledge about child development and parenting.
- ▶ % of participating families that improve nurturing and attachment between parent(s) and child(ren)

Results Area:

- ▶ Healthy Children
- ▶ Secure and Nurturing Families
- ▶ Safe and Supportive Communities
- ▶ Ready to Succeed in School

Designed to strengthen families by providing personalized guidance, education, and resources that promote healthy development and well-being. Through dedicated funding, these services support families with young children by offering home visits, group-based parent education, and developmental screenings. The program prioritizes

engagement with families from diverse backgrounds, ensuring inclusivity across different races, ethnicities, household size, and income levels. Special attention is given to prenatal enrollment and first-time mothers, providing early intervention and support during critical stages of development. Trained professionals conduct home visits that focus on enhancing parenting skills, promoting child development, and connecting families to community resources.

Group-based parent education meetings offer opportunities for shared learning and peer support, fostering stronger community connections. Developmental screenings are performed for age-eligible children, with referrals made for early intervention services when needed. Additionally, mothers are screened using the Edinburgh Postnatal Depression Scale, and referrals are provided for further support if necessary. The impact of family support services is measured through improvements in family functioning, communication, and problem-solving skills. Families also report increased social support, better access to community resources, greater understanding of child development, and stronger nurturing and attachment with their children. By focusing on education, connection, and early intervention, family support services empower families to build resilient, healthy environments that support children's growth and success.

Infant and Early Childhood Mental Health Consultations

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of consultants providing infant and early childhood mental health consultation
- # of hours the consultants provided consultation services (direct consultation time)
- # of staff employed in participating programs (unduplicated)
- # of staff receiving direct services from the consultant (unduplicated)
- ▶ # of individual case consultation sessions with individual staff
- ▶ # of group consultation sessions
- ▶ # of staff training sessions
- ▶ # of parent or community training sessions
- ▶ # of referrals to mental health-related services
- # of staff answering change of condition questions^a (unduplicated)
 - # of staff reporting that the consultant makes time for them when they have a question or concern
 - # of staff reporting that the consultant is knowledgeable about children's typical and atypical developmental progress

- # of consultants endorsed (or in the process of becoming endorsed) in Iowa's Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health Endorsement
- # of staff reporting an increase in competency and self-confidence in addressing children's social and emotional development
- # of staff reporting an increase in job satisfaction
- # of staff reporting that the consultant works as a partner to help meet children's needs
- # of staff receiving direct services retained in their employing program for 6 months or more from start of service (unduplicated)

HHS Calculates—Quality/Efficiency:

- ▶ % of staff reporting that the consultant makes time for them when they have a question or concern
- ▶ % of staff reporting that the consultant is knowledgeable about children's typical and atypical developmental progress
- ▶ % of consultants endorsed (or in the process of becoming endorsed) in Iowa's Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health Endorsement

HHS Calculates—Outcomes

- ▶ % of staff reporting an increase in competency and self-confidence in addressing children's social and emotional development
- ▶ % of staff reporting an increase in job satisfaction
- ▶ % of staff reporting that the consultant works as a partner to help meet children's needs
- ▶ % of staff retained in the program

Results Area:

- ▶ Secure and Nurturing Early Learning Environments
- ▶ Healthy Children
- ▶ Secure and Nurturing Families
- ▶ Ready to Succeed in School

Designed to support the emotional and developmental well-being of young children by enhancing the capacity of professional, caregivers, and community members who work with them. This support strengthens staff confidence, job satisfaction, and provides an opportunity for reflection of various strategies to support children and families. This

support empowers adults to meet children's needs with confidence and empathy, building a foundation for lifelong well-being.

Professional Development

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of professional development participants
- ▶ # of professional development activities funded
- ▶ # of professional development activities by category (early learning, family support, special needs, health/mental health, and nutrition)
- ▶ # of participants who completed the change of condition questions^a
 - # of participants who reported they were satisfied with the training
 - # of participants who reported they can apply this learning in the future

HHS Calculates—Quality/Efficiency:

- ▶ % of professional development activities by category (early learning, family support, special needs, health/mental health, and nutrition)

HHS Calculates—Outcomes

- ▶ % of participants who reported they were satisfied with the training
- ▶ % of participants who reported they can apply this learning in the future

Results Area:

- ▶ Secure and Nurturing Early Learning Environments
- ▶ Healthy Children
- ▶ Secure and Nurturing Families
- ▶ Safe and Supportive Communities
- ▶ Ready to Succeed in School

Retroactive Evaluation Form Criteria

- ▶ How were you before and how are you now?
- ▶ How and when

Designed to enhance the skills, knowledge, and effectiveness of professionals working in community-based services. This service type provides opportunities for workforce

development across key categories, including early learning, family support, special needs, health and mental health, and nutrition. Funds are allocated to support a range of professional development activities, including workshops, training sessions, and continuing education programs that equip participants with best practices, evidence-based strategies, and the latest research in their respective fields. These activities are tracked by category to ensure targeted skill-building and impactful learning experiences. The effectiveness of the professional development opportunities is measured through participant satisfaction surveys, capturing feedback on the quality, relevance, and overall impact of the training received. This commitment to continuous learning not only strengthens individual competencies but also elevates the quality of services provided to families and communities. By investing in professional growth, professional development promotes a skilled, confident workforce capable of delivering high-quality, effective support.

Early Care and Education Scholarships

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of children served
- ▶ # of families served
- ▶ # of children (0-5) served by age, based on September 15th of school year
 - Children 0-1 (0-11 months)
 - Children 1-2 (12-23 months)
 - Children 2-3 (24-35 months)
 - Children 3-4 (36-47 months)
 - Children 4-5 (48-59 months)
 - Children 5-6 (60-71 months)
- ▶ # of households by marital status of primary caregiver *head of household*
 - Married
 - Single
 - Partnered
 - Separated
 - Divorced
 - Widowed
 - Family Declined to answer
- ▶ # of households by household size
 - 2 people

- 3 people
- 4 people
- 5 people
- 6 people
- 7+ people)
- ▶ # of households by Federal Poverty Level
 - FPL <=125%
 - FPL 126-185%
 - FPL 186-200%
 - FPL 201%+
- ▶ # of households by education level of primary caregiver head of household
 - Less than HS diploma
 - HS diploma/GED
 - Some college/training
 - Technical training/Certification
 - Associate's degree
 - Bachelors Degree or higher
 - Family declined to answer
- ▶ # of children by race
 - White
 - Black or African American
 - American Indian and Alaska Native
 - Asian
 - Native Hawaiian and Other Pacific Islander
 - Two or More Races
- ▶ # of children by ethnicity
 - Hispanic or Latino
 - Not Hispanic or Latino
- ▶ # of programs
- ▶ # of programs meeting a quality initiative
- ▶ # of lead teachers by education level
 - Less than HS diploma
 - HS diploma/GED
 - Some college/training
 - Technical training/Certification
 - Associate's degree
 - Bachelor's Degree or higher
- ▶ Total # of children screened, unduplicated
- ▶ # of children screened with ASQ-3
- ▶ # of children screened with ASQ:SE
- ▶ # of children screened who were referred for further evaluation, unduplicated

- ▶ # of children screened with ASQ-3 and referred for follow up services/treatment
- ▶ # of children screened with ASQ:SE and referred for follow up services/treatment
- ▶ # of children demonstrating age-appropriate skills as assessed by the ASQ-3
- ▶ # of children demonstrating age-appropriate skills as assessed by the ASQ:SE
- ▶ # of times one-time funds were used to cover scholarship amount for up to 3 months while family awaits results for CCA or other funding resources
- ▶ # of temporary scholarships (3 months or less) who moved towards CCA per CCA approval

HHS Calculates—Quality/Efficiency:

- ▶ % of children screened with ASQ-3
- ▶ % of children screened with ASQ:SE
- ▶ % of children screened with ASQ-3 and referred for follow up services/treatment
- ▶ % of children screened with ASQ:SE and referred for follow up services/treatment
- ▶ Cost per child
- ▶ % of programs participating in each quality initiative

HHS Calculates—Outcomes

- ▶ % of children demonstrating age-appropriate skills as assessed by the ASQ-3
- ▶ % of children demonstrating age-appropriate skills as assessed by the ASQ:SE
- ▶ % of temporary scholarships (3 months or less) who moved towards CCA per CCA approval

Results Area:

- ▶ Secure and Nurturing Early Learning Environments
- ▶ Healthy Children
- ▶ Secure and Nurturing Families
- ▶ Safe and Supportive Communities
- ▶ Ready to Succeed in School

Designed to expand access to quality early learning opportunities for children and families who face financial barriers. Through dedicated funding and additional support, scholarships are provided to help cover the cost of early education programs, enabling families to access safe, nurturing, and developmentally appropriate environments.

These scholarships prioritize children from diverse backgrounds, taking into account household size, federal poverty level, marital status of the primary caregiver, and the education level of the head of household to ensure equitable access to early learning. Participating programs are encouraged to meet quality initiatives and maintain high standards. Scholarships also support developmental screenings, helping to identify

children who may benefit from further evaluation or services. Data collected from these screenings ensure that children are meeting age-appropriate milestones and receiving the support they need to thrive.

As a funder of last resort, the scholarships require documentation of Child Care Assistance decline to confirm eligibility. Programs that receive back pay from CCA eligible family, may apply EC scholarship for the tuition rate difference.

All families who are at 160% Federal Poverty Level (FPL) or below must apply for Child Care Assistance (CCA). The state has dedicated staff trained to help families navigate CCA questions. <https://www.iowa.gov/how-do-i-apply-child-care-assistance>

ECI's will develop a local application to verify the family is not eligible for other financial support for this care and reason why no other financial support eligibility was met. The local ECI will develop a board policy to document their scholarship rates/ranges and eligibility for a scholarship to be made payable to the child care or preschool program on the family's behalf. If an ECI chooses to pay the tuition difference between CCA and their program's tuition rate, the ECI will need to include their scholarship plan for rates and eligibility in their board approved policy.

To ensure continued eligibility and program alignment, scholarship recipients are required to complete a follow-up review annually. This process verifies ongoing participation in quality programs and assesses any changes in eligibility status, promoting accountability and effective use of resources.

By reducing financial barriers and promoting high-quality early learning experiences, these scholarships empower families, enhance child development, and contribute to long-term educational success. ECI may provide funding for scholarships to programs who are eligible to accept CCA and do accept CCA, but requesting families have a verified income outside of current CCA eligibility (i.e. 161% up to 200% FPL).

ECI may provide funding for scholarships to programs who are authorized by the Iowa Department of Education as a preschool program without child care licensure. ECI cannot provide funding for scholarships for time paid for by Statewide Voluntary Preschool Program (SWVPP) or Head Start. Time beyond these funding streams may be supported by a scholarship if there is a need (200% FPL or below) and no other funding source is available.

A scholarship should not be provided to an early learning program (i.e. child care or preschool) that is not officially associated with either the Iowa Department of Education or the Iowa Department of Health and Human Services.

*Quality Initiative defined as a child care or preschool program meeting a relative quality system (i.e. IQ4K – Iowa's Quality 4 Kids, IQPPS – Iowa's Quality Preschool Program)

Standards, NAEYC – National Association for the Education of Young Children, or a Head Start grantee)

Scholarship Coordination

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of applications processed
- ▶ # of scholarships awarded
- ▶ # of scholarships not awarded because of (list reasons)
- ▶ # programs with a scholarship awarded to a child
- ▶ # of programs meeting a quality initiative

HHS Calculates—Quality/Efficiency:

- ▶ Cost per scholarship

HHS Calculates—Outcomes

- ▶ % of scholarships awarded
- ▶ % of scholarships not awarded because of (list reasons)

Results Area:

- ▶ Secure and Nurturing Early Learning Environments
- ▶ Healthy Children
- ▶ Secure and Nurturing Families
- ▶ Safe and Supportive Communities
- ▶ Ready to Succeed in School

Designed to expand access to high-quality programs by managing and distributing financial support to eligible families. Scholarships are made available to ease the financial burden of participating in community-based programs that promote learning, development, and well-being. The coordination process includes managing applications, determining eligibility, and awarding scholarships to qualified recipients. The effectiveness of scholarship coordination services is measured by the number of applications processed, scholarships awarded, and the reach of funding across community programs. Reasons for non-awarded scholarships are documented to inform

improvements in outreach and eligibility criteria. To ensure continued eligibility and program alignment, scholarship recipients are required to complete a follow-up review annually. This process verifies ongoing participation in quality programs and assesses any changes in eligibility status, promoting accountability and effective use of resources. By streamlining access to financial assistance and promoting high-quality services, this initiative helps bridge gaps in affordability and increases opportunities for families to access vital community programs.

Health Services

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- # of children offered screening, either individually or in a group setting (total combined)
- ▶ # of children that participated in the screening(s) offered (unduplicated)
- # of children served by age as of September 15
 - Children 0-1 (0-11 months)
 - Children 1-2 (12-23 months)
 - Children 2-3 (24-35 months)
 - Children 3-4 (36-47 months)
 - Children 4-5 (48-59 months)
 - Children 5-6 (60-71 months)
- ▶ # of children referred for follow-up services across all screening types (unduplicated)
- ▶ # of children who received follow-up services/treatment (unduplicated)
- # of screenings provided, by type (list) (unduplicated)
- # of referrals by type (unduplicated)
 - # of follow-up services/treatments by type
- # of children screened by another payment source (list) (anything other than ECI)

HHS Calculates—Quality/Efficiency:

- ▶ % of screenings provided by type (list)
- ▶ % of children screened and referred for follow-up services/treatment
- ▶ % of children referred for follow up who received services/treatment
- ▶ Cost per child (ECI funds)
- ▶ Cost per child by other payment sources

HHS Calculates—Outcomes

- ▶ % of children screened
- ▶ % of screened children who were referred
- ▶ % of screened children who receive follow-up
- % of screenings leading to a referrals
- % of referrals leading to follow-up

Results Area:

- ▶ Ready to Succeed in School
- ▶ Healthy Children
- ▶ Secure and Nurturing Families

Designed to ensure children receive essential health screenings and follow-up care, prioritizing early detection and intervention. As a funder of last resort, this service only provides support when no other funding options are available, ensuring that critical health needs are met without duplicating existing resources. Through dedicated funding and community partnerships, comprehensive health screenings such as hearing, vision, developmental, and other critical health concerns early, enabling timely referrals for follow-up services or treatment. This proactive approach helps prevent minor issues from becoming significant health barriers, supporting long-term well-being. The program's impact is measured by the number of children screened, the age of children served, and the effectiveness of follow-up care. Data is also collected on the number of referrals made and the percentage of children who successfully receive treatment. By acting as a safety net when other funding is not available, health services support ensures that every child has access to vital health services, promoting healthier outcomes and stronger community well-being.

- ▶ High-risk means a child who displays need for further screening (i.e. vision, hearing)

Literacy

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of children served
- # of children served (0-5) by age as of September 15th
 - Children 0-1 (0-11 months)
 - Children 1-2 (12-23 months)
 - Children 2-3 (24-35 months)
 - Children 3-4 (36-47 months)
 - Children 4-5 (48-59 months)
 - Children 5-6 (60-71 months)

- ▶ # of families participating
- ▶ # of families reporting on change in condition^a
 - # of families that report an increase in reading to their child each day
 - # of families that report an increase in talking with their child about new words in stories

HHS Calculates—Quality/Efficiency:

- ▶ Cost per child

HHS Calculates—Outcomes

- ▶ % of families that report an increase in reading to their child each day
- ▶ % of families that report an increase in talking with their child about new words in stories

Results Area:

- ▶ Secure and Nurturing Early Learning Environments
- ▶ Ready to Succeed in School
- ▶ Secure and Nurturing Families

Designed to foster a love of reading and strengthen early language development in children by empowering families with the tools and knowledge to engage in literacy activities. Through targeted funding and community partnerships, this service provides resources and educational support to families, encouraging daily reading habits and interactive storytelling. Families participating in the program receive guidance on effective reading techniques and the importance of discussing new words and concepts during story time. By promoting these interactive literacy practices, children are exposed to richer language experiences, enhancing their vocabulary, comprehension, and overall readiness for learning. The program's effectiveness is measured by the number of children and families served, as well as the reported increase in daily reading and language-building activities. Families share feedback on changes in their reading habits and their engagement with children during storytelling. The cost per child is tracked to ensure efficient use of resources while maximizing impact. By equipping families to create strong literacy foundations, literacy support services help children develop critical language skills that are essential for future learning and academic success.

Community-Based Supportive Housing

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of households served with children age prenatal through age five
- ▶ # of individuals housed
- ▶ # of households that spend more than 30 percent of their income for rent
- ▶ # of clients actively enrolled in support groups and/or counseling services
- ▶ # of eligible individuals who are referred to additional supportive services
- ▶ # of families who enrolled in additional state and community resource services
- ▶ # of Faith-based entities involved
- ▶ # of Non-profit status/Community Based Organizations (not Faith-based) entities involved
- ▶ # of households that received a social determinants of health (SDOH) assessment
- ▶ # of households that received additional state or community resource services
- ▶ # of households that received support to avoid eviction
- ▶ # of households without a home that received short-term housing for less than 180 days in a shelter service
- ▶ # of households without a home that received long-term housing stabilization for 180 or more days in a shelter service
- ▶ # of households that retained stable housing for 6 or more months
- ▶ # of households unknown if housing stabilization was achieved at 180 days or longer
- ▶ # of families who stay in permanent housing
- ▶ # of households that were supported to complete applications for additional supportive services beyond initial housing intake
- ▶ # of families responding to change of condition questions^a
 - # of families who reported they increased their income in supportive housing by obtaining benefits and/or employment
 - # of families who reported they developed connections to their community and build social support networks

HHS Calculates—Quality/Efficiency:

- ▶ % of households that received a social determinants of health (SDOH) assessment
- ▶ % of families referred to local community supports
- ▶ % of households receiving support to avoid eviction
- ▶ % of households receiving short-term shelter
- ▶ % of households receiving long-term shelter defined as at least 180 days
- ▶ % of households receiving application support for additional supportive services

HHS Calculates—Outcomes

- ▶ % of families who enrolled in additional state and community resource services
- ▶ % of families who stay in permanent housing
- ▶ % of families who increased their income in supportive housing by obtaining benefits and/or employment
- ▶ % of families who developed connections to their community and build social support networks
- ▶ % of families who retained stable housing for 6 or more months

Results Area:

- ▶ Healthy Children
- ▶ Secure and Nurturing Families
- ▶ Safe and Supportive Communities
- ▶ Ready to Succeed in School

Designed to provide stable, secure housing for families with children from the prenatal stage through age five, while connecting them to essential community resources and supportive services. Through targeted funding and collaborative partnerships, this service type addresses housing instability by offering short-term and long-term housing solutions, eviction prevention, and access to community-based support networks. Families participating in the program receive not only housing assistance but also support in addressing broader social determinants of health that impact long-term stability, such as access to healthcare, employment opportunities, and educational services. Households are assessed for their specific needs, and referrals are made to community resources, faith-based organizations, and non-profit agencies to address gaps in services and promote holistic well-being. To further stabilize families, the program provides counseling, support groups, and assistance with applications for additional services, ensuring that families are connected to long-term solutions that extend beyond housing. Tracking measures include the number of households served, days of housing stability, eviction prevention outcomes, and successful connections to state and community services. The effectiveness of community based supportive housing is demonstrated by families maintaining stable housing for six months or longer, increasing their income through employment or benefits, and building stronger community connections.

Essential Needs

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of times assistance was provided for first time (unduplicated households who were helped)

- ▶ # of returning households (unduplicated)
- ▶ # of times assistance was provided in total (duplicated households)
- ▶ # of children in the household age five or younger (unduplicated)
- ▶ # of visits where a household gained access to food
- ▶ # of visits where a household gaining access to clothing
- ▶ # of visits where a household gained access to diapers for their children
- ▶ # of visits where a household gained access to other essential needs
- ▶ # of households who met eligibility criteria for additional services (unduplicated)
- ▶ # of applications/forms that clients were assisted in completing
- ▶ # of households who received assistance completing an application for additional services and met eligibility criteria (unduplicated)
- ▶ # of households who received assistance completing an application for additional services and did not meet eligibility criteria (unduplicated)
- ▶ # of Faith-based entities providing assistance
- ▶ # of non-profit status/Community Based Organizations (not Faith based) providing assistance.
- ▶ # of contracted entities/organization(s) providing assistance
- ▶ # of families who reported on change of condition questions^a
 - # of families that report an increased awareness of services that can provide additional support

HHS Calculates—Quality/Efficiency:

- ▶ % of households served who were eligible for further assistance
- ▶ % of households eligible for further assistance who received assistance completing an application for additional services

HHS Calculates—Outcomes

- ▶ % of families that report an increased awareness of services that can provide additional support

Results Area:

- ▶ Secure and Nurturing Early Learning Environments
- ▶ Healthy Children
- ▶ Secure and Nurturing Families
- ▶ Safe and Supportive Communities
- ▶ Ready to Succeed in School

Designed to provide immediate relief and support to families facing economic challenges by addressing fundamental necessities such as food, clothing, diapers, and

other critical household items. Through strategic funding and community partnerships with faith-based organizations, non-profits, and contracted service providers, this program ensures families can meet their basic needs while stabilizing their living situations. Families accessing this service receive assistance through community-based networks that offer essential items during times of crisis or need. Support is provided both to first-time visitors and returning households, ensuring continuity and reliability. Special attention is given to families with children aged five and under, recognizing the importance of stability during early development. Beyond meeting immediate needs, essential needs support services also connect families to additional community resources, providing guidance and assistance in completing applications for further support services. This wraparound approach not only addresses urgent necessities but also fosters long-term resilience by increasing awareness of local services and strengthening community connections. Program effectiveness is measured by the number of households served, the frequency of visits for essential items, and the successful linkage of families to broader support networks. By addressing basic needs and connecting families to extended services, essential needs support services help promote stability, well-being, and self-sufficiency within communities.

Transportation

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of children served
- ▶ # of families served
- # of children served by age as of September 15
 - Children 3-4 (36-47 months)
 - Children 4-5 (48-59 months)
 - Children 5-6 (60-71 months)
- ▶ # of days transportation provided (see example in narrative below)
- ▶ # of days children with transportation utilized transportation and attended

HHS Calculates—Quality/Efficiency:

- ▶ Cost per child

HHS Calculates—Outcomes

- ▶ % of days children attended preschool and transportation provided

Results Area:

- ▶ Secure and Nurturing Families
- ▶ Safe and Supportive Communities
- ▶ Ready to Succeed in School

Designed to remove barriers to access by providing reliable transportation for children to essential programs and services. This service ensures that children have consistent, safe transportation options that promote attendance and engagement in critical learning and support programs. The program serves children of preschool ages by offering scheduled transportation on key service days. This consistent access helps children maintain regular attendance, which is crucial for learning and development.

Transportation support is tracked by the number of days services are provided, the number of children served, and the frequency of utilization. For example, if 4 kids are receiving service and service is available 100 days, then $4 \times 100 = 400$ days of transportation provided. The effectiveness of transportation support services is measured by the cost per child, attendance rates, and the number of days children participate in programs due to accessible transportation. By addressing logistical barriers, this service ensures that more children can access vital community programs, supporting children's development.

Quality Improvement for Early Childhood

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of children impacted by the funding
- # of children served by age as of September 15
 - Prenatal
 - Children 0-1 (0-11 months)
 - Children 1-2 (12-23 months)
 - Children 2-3 (24-35 months)
 - Children 3-4 (36-47 months)
 - Children 4-5 (48-59 months)
 - Children 5-6 (60-71 months)
- ▶ # of programs served
- ▶ # of programs by program type (community-based programs, family support initiatives, and early learning providers)

- ▶ # of programs provided one time funding for materials
- ▶ # of programs that reported on change of condition questions^a
 - # of programs that report an increase in improving knowledge and/or improve their quality

HHS Calculates—Quality/Efficiency:

- ▶ % of programs meeting a quality initiative (evidence-based, accreditation, or group-based strategy)

HHS Calculates—Outcomes

- ▶ % of programs that report an increase in improving knowledge and/or improve their quality

Results Area:

- ▶ Secure and Nurturing Early Learning Environments
- ▶ Healthy Children
- ▶ Secure and Nurturing Families
- ▶ Safe and Supportive Communities
- ▶ Ready to Succeed in School

Intent of Service Type:

- ▶ Mini grants could be issued to the early learning environment (family support or early learning program)
- ▶ Definition of materials: Items or contribution of funds for items
- ▶ Group-based strategy
- ▶ Mini grants could be issued to provide professional services to guide community planning efforts

Designed to enhance the standards and effectiveness of programs that serve young children and their families. This service supports a wide range of community-based programs, family support initiatives, and early learning providers. The initiative emphasizes strengthening program quality through evidence-based strategies, accreditation support, and group-based learning opportunities. Programs are encouraged to achieve and maintain high standards, contributing to better outcomes for children and families. Mini grants may be used to help programs purchase materials or receive professional services focused on feasibility studies tailored to strategies focused on improving learning environments and service delivery. By investing in quality improvement, this service helps programs elevate their standards, expand their impact, and help children receive high-quality care and education in their earliest years.

Wage Enhancements for the Early Childhood Workforce

Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of recipients/individuals who received a wage enhancement
- ▶ # of programs participating per type (family support home visitation, providers, community group)
- ▶ # of programs meeting a quality initiative (evidence-based, accreditation, or group-based strategy)
- ▶ # of childcare program businesses who participate
- ▶ Enhancement amounts received.
 - Report any hourly enhancements:
 - Each amount of hourly wage enhancement provided (in dollars)
 - the # of employees who received each amount
 - Example: 10 employees received \$1 more per hour; 8 received \$1.50 more per hour
 - Any bonuses/stipends:
 - Each amount of bonus/stipend provided (in dollars)
 - The # of times the amount was awarded during the fiscal year
 - The # of full-time and part-time employees who received that amount
 - Example: 5 full-time employees received a \$1000 bonus 4 times; 2 part-time employees received a \$500 bonus 1 time
- # of recipients who retained employment in their program who were employed for 6 or more months from start of wage enhancement program (unduplicated)

HHS Calculates—Quality/Efficiency:

- ▶ Cost per recipient/individual
- ▶ Average amount of enhancement per individual

HHS Calculates—Outcomes

- ▶ % of recipients who retained employment in their program

Results Area:

- ▶ Secure and Nurturing Early Learning Environments

- ▶ Healthy Children
- ▶ Secure and Nurturing Families
- ▶ Safe and Supportive Communities
- ▶ Ready to Succeed in School

Designed to strengthen program stability and improve the quality of services by investing directly in the individuals who deliver critical support to communities. Wage enhancements are provided to eligible staff across various program types, including family support, community-based providers, and other service organizations. These enhancements may include direct hourly wage increases, stipends, or bonuses, intended to recognize the value of the workforce, reduce turnover, and promote long-term retention. Programs participating in quality initiatives such as evidence-based practices, accreditation, or structured group-based strategies are prioritized, ensuring that investments support high-impact services. Wage enhancements are measured by average amounts distributed, frequency of payment, and the resulting increases in hourly wages. These investments not only improve financial stability for workers but also elevate job satisfaction, contributing to a stronger, more committed workforce. By valuing the contributions of those who deliver essential community services, wage enhancement for the workforce fosters program continuity, quality improvement, and enhanced outcomes for the communities served. A wage enhancement should not be provided to an early learning program (i.e. child care or preschool) that is not officially associated with either the Iowa Department of Education or the Iowa Department of Health and Human Services.

Coordinated Intake (Community Partnerships for Facilitated Referrals) Area Directors Report—Inputs:

- ▶ Amount of funding per funding category
- ▶ Additional funding and source

Area Directors Report—Outputs:

- ▶ # of unduplicated households served
- ▶ # of households intakes processed
- ▶ # of households served with children, age five or younger (unduplicated)
- ▶ # of expectant moms (unduplicated)
- ▶ # of dads served singly with children, age five or younger (unduplicated)
- ▶ # of households referred by a past recipient
- ▶ # of households referred by a community partner
- ▶ # of households *referred* for food supports
- ▶ # of households *referred* for housing supports

- ▶ # of households *referred* for medical/dental supports
- ▶ # of households *referred* for domestic violence/sexual assault supports
- ▶ # of households *referred* for mental health/substance abuse supports
- ▶ # of households *referred* for Early Learning Environment supports
- ▶ # of households referred to one or more programs/services (unduplicated)
- ▶ # of households with identified risk factors utilizing a risk/determinant tool
- ▶ # of Non-profit status/Community Based Organizations
- ▶ # of Faith-based entities
- ▶ # of households referred to and enrolled in a long-term family support program (unduplicated)
- ▶ # of households referred that did not enroll in a family support program (unduplicated)
- ▶ # of households that responded to change of condition questions^a
 - # of households that report an increased awareness of concrete supports
 - # of households that report an increased awareness of additional informal supports
- ▶ # of households who utilized additional concrete supports (unduplicated)

HHS Calculates—Quality/Efficiency:

- ▶ % of households referred to a program/service
- ▶ Cost per household

HHS Calculates—Outcomes

- ▶ % of households referred to and enrolled in a long-term family support program
- ▶ % of households referred that did not enroll in a family support program
- ▶ % of households that report an increased awareness of concrete supports
- ▶ % of households that utilized additional concrete supports
- ▶ % of households that report an increased awareness of additional informal supports

Results Area:

- ▶ Secure and Nurturing Early Learning Environments
- ▶ Healthy Children
- ▶ Secure and Nurturing Families
- ▶ Safe and Supportive Communities

Designed to streamline access to vital community resources and support services for households with children aged five and under, as well as expectant mothers and single fathers. Through dedicated funding and collaborative partnerships, this service provides

a single point of entry where households can receive guided assistance in identifying and connecting with programs that address their specific needs, such as food, housing, medical care, mental health services, and more. The intake process begins with a comprehensive assessment to identify household needs and risk factors. From there, households are connected to appropriate community-based organizations, faith-based entities, and service providers that can deliver targeted support. This facilitated referral system strengthens pathways to essential services, ensuring that households are linked with long-term support options when necessary. Program effectiveness is measured by the number of households served, the range of referrals made, and the successful enrollment of households into ongoing support programs. Data is also gathered on the source of referrals, demonstrating strong community partnerships and trust in the intake process. Households participating in coordinated intake services report increased awareness of community resources, greater access to informal supports, and improved stability through concrete assistance. By simplifying access to critical services and strengthening community linkages, coordinated intake services enhance household resilience and well-being, creating stronger, more connected communities.

*If there are data elements for an ECI funded Coordinated Intake that are not measurable, these would be entered as zero (0).