**Evaluating Results Through Data**

ECI uses the Results-Based Accountability™ (RBA) framework for evaluating the results of the initiative. In Iowa law, the ECI Initiative has five desired results for improving the quality of life in Iowa for young children and their families. These ‘result areas’ are:

* Healthy children
* Children ready to succeed in school
* Safe and supportive communities
* Secure and nurturing families
* Secure and nurturing early learning environments

**Community-Wide Indictors**

ECI uses measures, called community-wide indicators, to determine progress made toward achieving the result areas. Community-wide indicators are population measurements and are usually collected by public agencies. ECI area boards select community-wide indicators to evaluate progress toward the five state result areas.

The information that follows provides trend data for community-wide indicators adopted by the ECIA board.

|  |  |
| --- | --- |
| **RESULT** | **COMMUNITY-WIDE INDICATORS** |
| Healthy children |  |
| Children ready to succeed in school |  |
| Safe and supportive communities |  |
| Secure and nurturing families |  |
| Secure and nurturing early learning environments |  |

**Performance Measures**

To measure the results of programs and services, the ECI State Board established state-required performance measures for programs and services ECI area boards’ fund. Performance measures focus on whether customers are better off as a result of the programs and services. These performance measures also look at the quality and efficiency of the programs and services. Results-Based Accountability™ asks three simple questions to get at the most important performance measures.

* How much did we do?
* How well did we do it?
* Is anyone better off?

Programs and services funded by ECI area boards are identified as ‘service types’ and classified under two categories, “direct services” and “indirect services.” The direct services category includes service types that directly impact the child or family. Indirect services category includes services types that indirectly impact the child or family. Below is a list of service types under each category. The information that follows provides 3-year trend data for state-required performance measures for each service type. For descriptions of each state-required performance measures, click here. [<https://earlychildhood.iowa.gov/document/instructions-statewide-performance-measures>]

ECI area boards may require additional performance measures for the programs and services the board funds. The board can add the additional performance measures to the appropriate service type table. Delete services types your board does not fund. If the board funds more than one contractor for the service type (i.e., family support/home visitation services), create a copy of the table of performance measures for that service type. Enter only one contractor’s data in each service type performance measures data table when the board funds more than one contractor for the same service type.

**Direct Services**

* Car Seats
* Crisis/Emergency Care
* Dental
* Early Care and Education Scholarships
* Early Care and Education Supportive Services
* Family Support/Parent Education
* Health Prevention
* Literacy
* Prenatal/Postnatal
* Transportation

**Indirect Services**

* Child Care Nurse Consultant
* Coordinated Intake
* Quality Improvement for Early Learning
* Preschool Scholarship Coordination
* Professional Development – Conferences
* Professional Development – Credit-bearing
* Professional Development - Training
* Public Awareness/Child Fairs
* Resource Libraries
* Technical Assistance: Consultation, Mentoring, Coaching
* WAGE$

**Note:** Funding expended includes ECI funding, as well as, other public and private funding included in the performance measures data reported.

**DIRECT SERVICES**

**Car Seats**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of children served. | **xx** children at an average cost of  **$xx** per child | **xx** children at an average cost of  **$xx** per child | **xx** children at an average cost of  **$xx** per child |
| Number of children in each age category. | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx**  prenatal  **xx**  ages birth to 1  **xx**  ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx**  ages 5 to 6 |
| Number of car seats checked. | **xx** car seats checked | **xx** car seats checked | **xx** car seats checked |
| Percent of car seats safely installed prior to the safety check as reported by the car seat safety technician. | **xx %** of car seats safely installed prior to the safety check | **xx %** car seats safely installed prior to the safety check | **xx %** of car seats safely installed prior to the safety check |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Crisis/Emergency Care**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of children. | **xx** children served in **xx** programs at an average cost of **$xx** per child | **xx** children served in **xx** programs at an average cost of **$xx** per child | **xx** children served in **xx** programs at an average cost of **$xx** per child |
| Number of children in each age category. | **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 |
| Number of families served in the program. | **xx** families served | **xx** families served | **xx** families served |
| Number of households by category of the marital status of the head of household. | **xx** Married  **xx** Single  **xx**  Widowed  **xx** Partnered  **xx** Divorced  **xx** Separated | **xx** Married  **xx**  Single  **xx** Widowed  **xx** Partnered  **xx** Divorced  **xx** Separated | **xx** Married  **xx** Single  **xx** Widowed  **xx** Partnered  **xx** Divorced  **xx**  Separated |
| Number of households in each of the household size categories. | **xx** 2 people  **xx** 3 people  **xx** 4 people  **xx** 5 people  **xx** 6 people  **xx** Greater than 6 people | **xx** 2 people  **xx** 3 people  **xx** 4 people  **xx** 5 people  **xx** 6 people  **xx** Greater than 6 people | **xx** 2 people  **xx** 3 people  **xx** 4 people  **xx** 5 people  **xx** 6 people  **xx** Greater than 6 people |
| Number of households in each of the federal poverty level categories. | **xx** 100% or below  **xx** 101-150%  **xx** 151-200%  **xx** 201-299%  **xx** 300% or greater | **xx** 100% or below  **xx** 101-150%  **xx** 151-200%  **xx** 201-299%  **xx** 300% or greater | **xx** 100% or below  **xx** 101-150%  **xx** 151-200%  **xx** 201-299%  **xx** 300% or greater |
| Number of households by category of the education level of the head of household. | **xx** Middle school or lower  **xx** Some high school  **xx** High school diploma  **xx** GED  **xx** Trade or vocational training  **xx** 2-year college  **xx** 4-year college  **xx** Master’s degree or higher | **xx** Middle school or lower  **xx** Some high school  **xx** High school diploma  **xx** GED  **xx** Trade or vocational training  **xx** 2-year college  **xx** 4-year college  **xx** Master’s degree or higher | **xx** Middle school or lower  **xx** Some high school  **xx** High school diploma  **xx** GED  **xx** Trade or vocational training  **xx** 2-year college  **xx** 4-year college  **xx** Master’s degree or higher |
| Number of households by category of the race of the head of household. | **xx** Native American or Alaskan Native  **xx** Native Hawaiian or Pacific Islander  **xx** Black or African American  **xx** Asian  **xx** White  **xx** Multiracial | **xx** Native American or Alaskan Native  **xx** Native Hawaiian or Pacific Islander  **xx** Black or African American  **xx** Asian  **xx** White  **xx** Multiracial | **xx** Native American or Alaskan Native  **xx** Native Hawaiian or Pacific Islander  **xx** Black or African American  **xx** Asian  **xx** White  **xx** Multiracial |
| Number of children that received crisis/ emergency care that were identified on the application or by the parent as Hispanic/Latino. | **xx** children identified as Hispanic/Latino | **xx** children identified as Hispanic/Latino | **xx** children identified as Hispanic/Latino |
| Number of programs meeting a quality initiative. (Note: A program may be counted in more than one quality initiative.) | **xx** NAEYC  **xx** NAFCC  **xx** Head Start/Early Head Start  **xx** IQPPS  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** NAEYC  **xx** NAFCC  **xx** Head Start/Early Head Start  **xx** IQPPS  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** NAEYC  **xx** NAFCC  **xx** Head Start/Early Head Start  **xx** IQPPS  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 |
| Number of lead teachers in each educational level category. | **xx** GED  **xx** High school diploma  **xx** CDA  **xx** AA in early childhood or child development  **xx** AA in related field  **xx** BA/BS in early childhood or child development  **xx** Holds teaching license with Early Childhood endorsement  **xx** Post graduate degree | **xx** GED  **xx** High school diploma  **xx** CDA  **xx** AA in early childhood or child development  **xx** AA in related field  **xx** BA/BS in early childhood or child development  **xx** Holds teaching license with Early Childhood endorsement  **xx** Post graduate degree | **xx** GED  **xx** High school diploma  **xx** CDA  **xx** AA in early childhood or child development  **xx** AA in related field  **xx** BA/BS in early childhood or child development  **xx** Holds teaching license with Early Childhood endorsement  **xx** Post graduate degree |
| Percent of children screened for developmental delays. (Comprehensive programs, such as Head Start, also screen for vision, hearing, and dental) | **xx%** of children screened of which **xx%** of thosechildren were referred for additional services | **xx%** of children screened of which **xx%** of thosechildren were referred for additional services | **xx%** of children screened of which **xx%** of thosechildren were referred for additional services |
| Percent of families that report decreased stress. | **xx%** of families reported decreased stress | **xx%** of families reported decreased stress | **xx%** of families reported decreased stress |
| Percent of families that are connected to additional concrete supports. | **xx%** of families connected to additional concrete supports | **xx%** of families connected to additional concrete supports | **xx%** of families connected to additional concrete supports |
| Percent of families that participate in parent education opportunities. | **xx%** of families participated in parent education opportunities | **xx%** of families participated in parent education opportunities | **xx%** of families participated in parent education opportunities |
| Number of early care programs that are a QRS Level 3 or higher. | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Dental Services**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of children receiving dental services. | **xx** children served by the program at an average cost of **$xx** per child | **xx** children served by the program at an average cost of **$xx** per child | **xx** children served by the program at an average cost of **$xx** per child |
| Number of children screened for cavities and decay. | **xx%** of children screened of which **xx%** of those children were referred for additional services | **xx%** of children screened of which **xx%** of those children were referred for additional services | **xx%** of children screened of which **xx%** of those children were referred for additional services |
| Percent of children who needed dental treatment that went to a dentist. | **xx%** ofchildren needing treatment saw a dentist | **xx%** ofchildren needing treatment saw a dentist | **xx%** ofchildren needing treatment saw a dentist |
| Percent of children that were cavity free. | **xx%** children were cavity free | **xx%** children were cavity free | **xx%** children were cavity free |
| Number of ECI area boards funding this service. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Early Care and Education Scholarships**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of children. | **xx** children served in **xx** programs at an average cost of **$xx** per child | **xx** children served in **xx** programs at an average cost of **$xx** per child | **xx** children served in **xx** programs at an average cost of **$xx** per child |
| Number of children in each age category. | **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 |
| Number of households by category of the marital status of the head of household. | **xx** Married  **xx** Single  **xx** Widowed  **xx** Partnered  **xx** Divorced  **xx** Separated | **xx** Married  **xx** Single  **xx** Widowed  **xx** Partnered  **xx** Divorced  **xx** Separated | **xx** Married  **xx** Single  **xx** Widowed  **xx** Partnered  **xx** Divorced  **xx** Separated |
| Number of households in each of the household size categories. | **xx** 2 people  **xx** 3 people  **xx** 4 people  **xx** 5 people  **xx** 6 people  **xx** Greater than 6 people | **xx** 2 people  **xx** 3 people  **xx** 4 people  **xx** 5 people  **xx** 6 people  **xx** Greater than 6 people | **xx** 2 people  **xx** 3 people  **xx** 4 people  **xx** 5 people  **xx** 6 people  **xx** Greater than 6 people |
| Number of households in each of the federal poverty level categories. | **xx** 100% or below  **xx** 101-150%  **xx** 151-200%  **xx** 201-299%  **xx** 300% or greater | **xx** 100% or below  **xx** 101-150%  **xx** 151-200%  **xx** 201-299%  **xx** 300% or greater | **xx** 100% or below  **xx** 101-150%  **xx** 151-200%  **xx** 201-299%  **xx** 300% or greater |
| Number of households by category of the education level of the head of household. | **xx** Middle school or lower  **xx** Some high school  **xx** High school diploma  **xx** GED  **xx** Trade or vocational training  **xx** 2-year college  **xx** 4-year college  **xx** Master’s degree or higher | **xx** Middle school or lower  **xx** Some high school  **xx** High school diploma  **xx** GED  **xx** Trade or vocational training  **xx** 2-year college  **xx** 4-year college  **xx** Master’s degree or higher | **xx** Middle school or lower  **xx** Some high school  **xx** High school diploma  **xx** GED  **xx** Trade or vocational training  **xx** 2-year college  **xx** 4-year college  **xx** Master’s degree or higher |
| Number of households by category of the race of the head of household. | **xx** Native American or Alaskan Native  **xx** Native Hawaiian or Pacific Islander  **xx** Black or African American  **xx** Asian  **xx** White  **xx** Multiracial | **xx** Native American or Alaskan Native  **xx** Native Hawaiian or Pacific Islander  **xx** Black or African American  **xx** Asian  **xx** White  **xx** Multiracial | **xx** Native American or Alaskan Native  **xx** Native Hawaiian or Pacific Islander  **xx** Black or African American  **xx** Asian  **xx** White  **xx** Multiracial |
| Number of children that received a scholarship that were identified on the application or by the parent as Hispanic/Latino. | **xx** children identified as Hispanic/Latino | **xx** children identified as Hispanic/Latino | **xx** children identified as Hispanic/Latino |
| Number of programs meeting a quality initiative. (Note: A program may be counted in more than one quality initiative.) | **xx** NAEYC  **xx** NAFCC  **xx** Head Start/ Early Head Start  **xx** IQPPS  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** NAEYC  **xx** NAFCC  **xx** Head Start/ Early Head Start  **xx** IQPPS  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** NAEYC  **xx** NAFCC  **xx** Head Start/ Early Head Start  **xx** IQPPS  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 |
| Number of lead teachers in each educational level category. | **xx** GED  **xx** High school diploma  **xx** CDA  **xx** AA in early childhood or child development  **xx** AA in related field  **xx** BA/BS in early childhood or child development  **xx** Holds teaching license with Early Childhood endorsement  **xx** Post graduate degree | **xx** GED  **xx** High school diploma  **xx** CDA  **xx** AA in early childhood or child development  **xx** AA in related field  **xx** BA/BS in early childhood or child development  **xx** Holds teaching license with Early Childhood endorsement  **xx** Post graduate degree | **xx** GED  **xx** High school diploma  **xx** CDA  **xx** AA in early childhood or child development  **xx** AA in related field  **xx** BA/BS in early childhood or child development  **xx** Holds teaching license with Early Childhood endorsement  **xx** Post graduate degree |
| Percent of children screened for developmental delays. (Comprehensive programs, such as Head Start, also screen for vision, hearing, and dental) | **xx%** of children screened of which **xx%** of thosechildren were referred for additional services | **xx%** of children screened of which **xx%** of thosechildren were referred for additional services | **xx%** of children screened of which **xx%** of thosechildren were referred for additional services |
| Number of programs using each type of assessment. | **xx** GOLD  **xx** Creative Curriculum  **xx** Brigance  **xx** ASQ  **xx** IGDIs  **xx** High Scope  **xx** Ireton Developmental Checklist  **xx** Saxton Math  **xx** Locally Developed assessment tool | **xx** GOLD  **xx** Creative Curriculum  **xx** Brigance  **xx** ASQ  **xx** IGDIs  **xx** High Scope  **xx** Ireton Developmental Checklist  **xx** Saxton Math  **xx** Locally Developed assessment tool | **xx** GOLD  **xx** Creative Curriculum  **xx** Brigance  **xx** ASQ  **xx** IGDIs  **xx** High Scope  **xx** Ireton Developmental Checklist  **xx** Saxton Math  **xx** Locally Developed assessment tool |
| Percent of children demonstrating age appropriate skills. | **xx%** of children demonstrated age appropriate skills | **xx%** of children demonstrated age appropriate skills | **xx%** of children demonstrated age appropriate skills |
| Number of early care programs that are a QRS Level 3 or higher. | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Early Care and Education Supportive Services**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of children receiving supportive services. | **xx** children served in **xx** programs at an average cost of **$xx** per child | **xx** children served in **xx** programs at an average cost of **$xx** per child | **xx** children served in **xx** programs at an average cost of **$xx** per child |
| Number of children in each age category. | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 |
| Number of programs meeting a quality initiative. (Note: A program may be counted in more than one quality initiative.) | **xx** NAEYC  **xx** NAFCC  **xx** Head Start/Early Head Start  **xx** IQPPS  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** NAEYC  **xx** NAFCC  **xx** Head Start/Early Head Start  **xx** IQPPS  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** NAEYC  **xx** NAFCC  **xx** Head Start/Early Head Start  **xx** IQPPS  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 |
| Percent of children screened for developmental delays. (Comprehensive programs, such as Head Start, also screen for vision, hearing, and dental) | **xx%** of children screened of which **xx%** of thosechildren were referred for additional services | **xx%** of children screened of which **xx%** of thosechildren were referred for additional services | **xx%** of children screened of which **xx%** of thosechildren were referred for additional services |
| Number of programs using each type of assessment. | **xx** GOLD  **xx** Creative Curriculum  **xx** Brigance  **xx** ASQ  **xx** IGDIs  **xx** High Scope  **xx** Ireton Developmental Checklist  **xx** Saxton Math  **xx** Locally Developed assessment tool | **xx** GOLD  **xx** Creative Curriculum  **xx** Brigance  **xx** ASQ  **xx** IGDIs  **xx** High Scope  **xx** Ireton Developmental Checklist  **xx** Saxton Math  **xx** Locally Developed assessment tool | **xx** GOLD  **xx** Creative Curriculum  **xx** Brigance  **xx** ASQ  **xx** IGDIs  **xx** High Scope  **xx** Ireton Developmental Checklist  **xx** Saxton Math  **xx** Locally Developed assessment tool |
| Percent of children demonstrating age appropriate skills. | **xx%** of children demonstrated age appropriate skills | **xx%** of children demonstrated age appropriate skills | **xx%** of children demonstrated age appropriate skills |
| Number of early care programs that are a QRS Level 3 or higher. | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Family Support/Parent Education**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of children. | **xx** children served in **xx** families | **xx** children served in **xx** families | **xx** children served in **xx**families |
| Number of home visits completed. | **xx** home visits completed | **xx** home visits completed | **xx** home visits completed |
| Number of attendees at group parent education meetings. | **xx** attendees at group parent meetings | **xx** attendees at group parent meetings | **xx** attendees at group parent meetings |
| Percent of households by category of the marital status of the head of household. | **xx%**  Married  **xx%** Single  **xx%** Widowed  **xx%** Partnered  **xx%** Divorced  **xx%** Separated | **xx%**  Married  **xx%** Single  **xx%** Widowed  **xx%** Partnered  **xx%** Divorced  **xx%** Separated | **xx%**  Married  **xx%** Single  **xx%** Widowed  **xx%** Partnered  **xx%** Divorced  **xx%** Separated  **xx%** Unknown |
| Percent of households in each of the household size categories. | **xx%** 1 person  **xx%** 2 people  **xx%** 3 people  **xx%** 4 people  **xx%** 5 people  **xx%** 6 people  **xx%** Greater than 6 people | **xx%** 1 person  **xx%** 2 people  **xx%** 3 people  **xx%** 4 people  **xx%** 5 people  **xx%** 6 people  **xx%** Greater than 6 people | **xx%** 1 person  **xx%** 2 people  **xx%** 3 people  **xx%** 4 people  **xx%** 5 people  **xx%** 6 people  **xx%** Greater than 6 people  **xx%** Unknown |
| Percent of households in each of the federal poverty level categories. | **xx%** 100% or below  **xx%** 101-150%  **xx%** 151-200%  **xx%** 201-299%  **xx%** 300% or higher | **xx%** 100% or below  **xx%** 101-150%  **xx%** 151-200%  **xx%** 201-299%  **xx%** 300% or higher | **xx%** 125% or below  **xx%** 126-185%  **xx%** 186-200%  **xx%** 201% or higher  **xx%** Unknown |
| Percent of households by category of the education level of the head of household. | **xx%** Middle school or lower  **xx%** Some high school  **xx%** High school diploma  **xx%** GED  **xx%** Trade or vocational training  **xx%** Some college  **xx%** 2-year college  **xx%** 4-year college  **xx%** Master’s degree or higher | **xx%** Middle school or lower  **xx%** Some high school  **xx%** High school diploma  **xx%** GED  **xx%** Trade or vocational training  **xx%** Some college  **xx%** 2-year college  **xx%** 4-year college  **xx%** Master’s degree or higher | **xx%** Middle school or lower  **xx%** Some high school  **xx%** High school diploma or GED  **xx%** Trade or vocational training  **xx%** Some college  **xx%** 2-year college  **xx%** 4-year college  **xx%** Master’s degree or higher  **xx%** Unknown |
| Percent of households by category of the race of the head of household. | **xx%** Native American or Alaskan Native  **xx%** Native Hawaiian or Pacific Islander  **xx%** Black or African American  **xx%** Asian  **xx%** White  **xx%** Multiracial | **xx%** Native American or Alaskan Native  **xx%** Native Hawaiian or Pacific Islander  **xx%** Black or African American  **xx%** Asian  **xx%** White  **xx%** Multiracial | **xx%** Native American or Alaskan Native  **xx%** Native Hawaiian or Pacific Islander  **xx%** Black or African American  **xx%** Asian  **xx%** White  **xx%** Multiracial  **xx%** Unknown |
| Percent of households that identified the head of household as Hispanic/Latino. | **xx%** identified as Hispanic/Latino | **xx%** identified as Hispanic/Latino | **xx%** identified as Hispanic/ Latino  **xx%** Unknown |
| Number and percent of children screened for developmental delays. | **xx** children screened (or xx%) of which **xx** children (or xx%)were referred for additional services | **xx** children screened (or xx%)of which **xx** children (or xx%)were referred for additional services | **xx** children screened (or xx%) of which **xx** children (or xx%) were referred for additional services |
| Percent of participating families that improved or maintain healthy family functioning, problem solving and communication. | **xx%** of families improved or maintained healthy family functioning, problem solving and communication | **xx%** of families improved or maintained healthy family functioning, problem solving and communication | **xx%** of families improved or maintained healthy family functioning, problem solving and communication |
| Percent of participating families that increase or maintain social supports. | **xx%** of families increased or maintained social supports | **xx%** of families increased or maintained social supports | **xx%** of families increased or maintained social supports |
| Percent of participating families that are connected to additional concrete supports. | **xx%** of families connected to additional concrete supports | **xx%** of families connected to additional concrete supports | **xx%** of families connected to additional concrete supports |
| Percent of participating families that increase knowledge about child development and parenting. | **xx%** of families increased knowledge about child development and parenting | **xx%** of families increased knowledge about child development and parenting | **xx%** of families increased knowledge about child development and parenting |
| Percent of participating families that that improve nurturing and attachment between parent and child. | **xx%** of families improved nurturing and attachment between parent and child | **xx%** of families improved nurturing and attachment between parent and child | **xx%** of families improved nurturing and attachment between parent and child |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Health Prevention**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of children receiving health prevention services. | **xx** children served by the program at an average cost of **$xx** per child | **xx** children served by the program at an average cost of **$xx** per child | **xx** children served by the program at an average cost of **$xx** per child |
| Number of children in each age category. | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 |
| Number of children screened. | **xx%** of children screened of which **xx%** of those children were referred for additional services | **xx%** of children screened of which **xx%** of those children were referred for additional services | **xx%** of children screened of which **xx%** of those children were referred for additional services |
| Percent of children that needed follow up services/treatment that received the service/treatment. | **xx%** ofchildren needing treatment received treatment | **xx%** ofchildren needing treatment received treatment | **xx%** ofchildren needing treatment received treatment |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Literacy**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of children served. | **xx** children at an average cost of  **$xx** per child | **xx** children at an average cost of  **$xx** per child | **xx** children at an average cost of  **$xx** per child |
| Number of children in each age category. | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 |
| Number of families served. | **xx** families served | **xx** families served | **xx** families served |
| Percentage of families that report an increase in reading to their children each day. | **xx%** of families report an increase in reading to their children each day | **xx%** of families report an increase in reading to their children each day | **xx%** of families report an increase in reading to their children each day |
| Percentage of families that report an increase in talking with their children about new words in stories. | **xx%** of families report an increase in talking with their children about new words in stories | **xx%** of families report an increase in talking with their children about new words in stories | **xx%** of families report an increase in talking with their children about new words in stories |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Prenatal/Postnatal**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of children receiving prenatal/postnatal services. | **xx** children served at an average cost of **$xx** per child | **xx** children served at an average cost of **$xx** per child | **xx** children served at an average cost of **$xx** per child |
| Number of children in each age category. | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** prenatal  **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 |
| Number of mothers/children screened. | **xx%** of mothers/ children screened of which **xx%** of those mothers/children were referred for additional services | **xx%** of mothers/ children screened of which **xx%** of those mothers/children were referred for additional services | **xx%** of mothers/ children screened of which **xx%** of those mothers/children were referred for additional services |
| Percent of mothers/children that needed follow up services/treatment that received the service/treatment. | **xx%** ofchildren needing treatment received treatment | **xx%** ofchildren needing treatment received treatment | **xx%** ofchildren needing treatment received treatment |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Transportation**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of children receiving transportation services. | **xx** children at an average cost of  **$xx** per child | **xx** children at an average cost of  **$xx** per child | **xx** children at an average cost of  **$xx** per child |
| Number of children in each age category receiving transportation. | **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 | **xx** ages birth to 1  **xx** ages 1 to 2  **xx** ages 2 to 3  **xx** ages 3 to 4  **xx** ages 4 to 5  **xx** ages 5 to 6 |
| Number of days transportation provided. | **xx** days transportation provided | **xx** days transportation provided | **xx** days transportation provided |
| Percent of days transported based on the total days needing transportation. | **xx%** of the days children received transportation | **xx%** of the days children received transportation | **xx%** of the days children received transportation |
| Number of ECI area boards funding this service. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**INDIRECT SERVICES**

**Child Care Nurse Consultant Services**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of consultation visits to an early care program. | **xx** consultation visits to **xx** early care programs at an average cost of **$xx** per program | **xx** consultation visits to **xx** early care programs at an average cost of **$xx** per program | **xx** consultation visits to **xx** early care programs at an average cost of **$xx** per program |
| Number of programs receiving services by category. (Note: A program may be counted in more than one category.) | **xx** Non-registered  **xx** DHS registered  **xx** DHS licensed  **xx** DE regulated/ license exempt  **xx** QRS Level 1  **xx** QRS Level 2  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** Non-registered  **xx** DHS registered  **xx** DHS licensed  **xx** DE regulated/ license exempt  **xx** QRS Level 1  **xx** QRS Level 2  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** Non-registered  **xx** DHS registered  **xx** DHS licensed  **xx** DE regulated/ license exempt  **xx** QRS Level 1  **xx** QRS Level 2  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 |
| Number of children with special health care needs. | **xx** children had a special health care need | **xx** children had a special health care need | **xx** children had a special health care need |
| Number of technical assistance contacts provided to programs. | **xx** technical assistance contacts | **xx** technical assistance contacts | **xx** technical assistance contacts |
| Percent of children with special health care needs with a special needs care plan in place at the facility. | **xx%** of children with special health care needs had a special health care plan in place | **xx%** of children with special health care needs had a special health care plan in place | **xx%** of children with special health care needs had a special health care plan in place |
| Percent of programs receiving onsite assessment and consultation that improve health and safety conditions in their early learning environment. | **xx%** of programs improved health and safety conditions | **xx%** of programs improved health and safety conditions | **xx%** of programs improved health and safety conditions |
| Number of early care programs that are a QRS Level 3 or higher. | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher |
| Number of ECI area boards funding this service. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Coordinated Intake**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of intakes processed. | **xx** intake requests at an average cost of **$xx** per request | **xx** intake requests at an average cost of **$xx** per request | **xx** intake requests at an average cost of **$xx** per request |
| Number of families that received a referral. | **xx** families | **xx** families | **xx** families |
| Percent of intake requests that received a referral. | **xx%** of received a referral | **xx%** of received a referral | **xx%** of received a referral |
| Percent of families that received a referral and enrolled in a local program. | **xx%** of families referred enrolled in a program | **xx%** of families referred enrolled in a program | **xx%** of families referred enrolled in a program |
| Percent of families that received a referral and did NOT enroll in a local program. | **xx%** of families referred did NOT enrolled in a program | **xx%** of families referred did NOT enrolled in a program | **xx%** of families referred did NOT enrolled in a program |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Quality Improvements for Early Learning**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of programs. | **xx** programs | **xx** programs | **xx** programs |
| Number of programs at each QRS level participating. | **xx** QRS Level 1  **xx** QRS Level 2  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** QRS Level 1  **xx** QRS Level 2  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** QRS Level 1  **xx** QRS Level 2  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 |
| Number of early care programs that are a QRS Level 3 or higher. | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher |
| Percent of programs that improved or maintained at the highest level their QRS rating. | **xx%** of programs increased or maintained highest level in QRS | **xx%** of programs increased or maintained highest level in QRS | **xx%** of programs increased or maintained highest level in QRS |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Preschool Scholarship Coordination**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of scholarship applications processed. | **xx** applications processed at an average cost of **$xx** per applications | **xx** applications processed at an average cost of **$xx** per applications | **xx** applications processed at an average cost of **$xx** per applications |
| Number of programs that enrolled children that received tuition assistance. | **xx** programs that enroll children that receive scholarships | **xx** programs that enroll children that receive scholarships | **xx** programs that enroll children that receive scholarships |
| Number of programs at a QRS level 3 or higher. | **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 |
| Percent of children applying for a preschool scholarship who actually received a scholarship. | **xx%** of children received a scholarship | **xx%** of children received a scholarship | **xx%** of children received a scholarship |
| Percent of children applying for a preschool scholarship that did NOT receive a scholarship. | **xx%** of children did NOT receive a scholarship | **xx%** of children did NOT receive a scholarship | **xx%** of children did NOT receive a scholarship |
| Percent of programs rating a QRS Level 3 or higher. | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Professional Development - Conferences**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of participants at the conference. | **xx** participants funded to attend a conference | **xx** participants funded to attend a conference | **xx** participants funded to attend a conference |
| Number of conferences supported (either general funding or person attending). | **xx** conferences funded | **xx** conferences funded | **xx** conferences funded |
| Number of conferences funded by category. | **xx** Early Learning  **xx** Family Support  **xx** Special Needs  **xx** Health, Mental Health, Nutrition | **xx** Early Learning  **xx** Family Support  **xx** Special Needs  **xx** Health, Mental Health, Nutrition | **xx** Early Learning  **xx** Family Support  **xx** Special Needs  **xx** Health, Mental Health, Nutrition |
| Percent of conferences funded by category. | **xx%** Early Learning  **xx%** Family Support  **xx%** Special Needs  **xx%** Health, Mental Health, Nutrition | **xx%** Early Learning  **xx%** Family Support  **xx%** Special Needs  **xx%** Health, Mental Health, Nutrition | **xx%** Early Learning  **xx%** Family Support  **xx%** Special Needs  **xx%** Health, Mental Health, Nutrition |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Professional Development – Credit-bearing**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of participants. | **xx** participants received academic credit at an average cost of **$xx** per participant | **xx** participants received academic credit at an average cost of **$xx** per participant | **xx** participants received academic credit at an average cost of **$xx** per participant |
| Number of classes attended for academic credit. | **xx** classes attended | **xx** classes attended | **xx** classes attended |
| Number of credit-bearing classes attended for academic credit by category. | **xx** Early Learning  **xx** Family Support  **xx** Special Needs  **xx** Health, Mental Health, Nutrition | **xx** Early Learning  **xx** Family Support  **xx** Special Needs  **xx** Health, Mental Health, Nutrition | **xx** Early Learning  **xx** Family Support  **xx** Special Needs  **xx** Health, Mental Health, Nutrition |
| Percent of credit-bearing classes attended for academic credit by category. | **xx%** Early Learning  **xx%** Family Support  **xx%** Special Needs  **xx%** Health, Mental Health, Nutrition | **xx%** Early Learning  **xx%** Family Support  **xx%** Special Needs  **xx%** Health, Mental Health, Nutrition | **xx%** Early Learning  **xx%** Family Support  **xx%** Special Needs  **xx%** Health, Mental Health, Nutrition |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Professional Development – Training**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of trainings. | **xx** trainings at an average cost of **$xx** per training | **xx** trainings at an average cost of **$xx** per training | **xx** trainings at an average cost of **$xx** per training |
| Number of trainings by category. | **xx** Early Learning  **xx** Family Support  **xx** Special Needs  **xx** Health, Mental Health, Nutrition | **xx** Early Learning  **xx** Family Support  **xx** Special Needs  **xx** Health, Mental Health, Nutrition | **xx** Early Learning  **xx** Family Support  **xx** Special Needs  **xx** Health, Mental Health, Nutrition |
| Percent of trainings by category. | **xx%** Early Learning  **xx%** Family Support  **xx%** Special Needs  **xx%** Health, Mental Health, Nutrition | **xx%** Early Learning  **xx%** Family Support  **xx%** Special Needs  **xx%** Health, Mental Health, Nutrition | **xx%** Early Learning  **xx%** Family Support  **xx%** Special Needs  **xx%** Health, Mental Health, Nutrition |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Public Awareness/Child Fairs**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of activities. | **xx** activities at an average cost of **$xx** per activity | **xx** activities at an average cost of **$xx** per activity | **xx** activities at an average cost of **$xx** per activity |
| Number of families. | **xx** families participated | **xx** families participated | **xx** families participated |
| Number of individuals the public awareness activity reached (estimated). | **xx** individuals reached | **xx** individuals reached | **xx** individuals reached |
| Percent of families with an increased awareness of ECI and early childhood services available to their child. | **xx%** families with increased awareness of ECI and early childhood services | **xx%** families with increased awareness of ECI and early childhood services | **xx%** families with increased awareness of ECI and early childhood services |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Resource Libraries**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of times resource materials were checked out. | **xx** materials checked out at an average cost of **$xx** per checkout | **xx** materials checked out at an average cost of **$xx** per checkout | **xx** materials checked out at an average cost of **$xx** per checkout |
| Number of programs that utilized the resource library by checking out materials. | **xx** programs checked out materials | **xx** programs checked out materials | **xx** programs checked out materials |
| Percent of programs that increased their knowledge of early childhood growth and development because of the resource library. | **xx%** programs increased their knowledge | **xx%** programs increased their knowledge | **xx%** programs increased their knowledge |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**Technical Assistance: Consultation, Mentoring and Coaching**

Enter a description of the program/service the board funds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of consultation visits to an early care program. | **xx** consultation visits to **xx** early care programs at an average cost of **$xx** per program | **xx** consultation visits to **xx** early care programs at an average cost of **$xx** per program | **xx** consultation visits to **xx** early care programs at an average cost of **$xx** per program |
| Number of programs participating by category. (Note: A program may be counted in more than one category.) | **xx** Non-registered  **xx** DHS registered  **xx** DHS licensed  **xx** DE regulated/ license exempt  **xx** QRS Level 1  **xx** QRS Level 2  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** Non-registered  **xx** DHS registered  **xx** DHS licensed  **xx** DE regulated/ license exempt  **xx** QRS Level 1  **xx** QRS Level 2  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** Non-registered  **xx** DHS registered  **xx** DHS licensed  **xx** DE regulated/ license exempt  **xx** QRS Level 1  **xx** QRS Level 2  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 |
| Number of technical assistance contacts. | **xx** technical assistance contacts | **xx** technical assistance contacts | **xx** technical assistance contacts |
| Percent of programs receiving technical assistance by category. | **xx%** Early Learning  **xx%** Family Support  **xx%** Special Needs  **xx%** Health, Mental Health, Nutrition | **xx%** Early Learning  **xx%** Family Support  **xx%** Special Needs  **xx%** Health, Mental Health, Nutrition | **xx%** Early Learning  **xx%** Family Support  **xx%** Special Needs  **xx%** Health, Mental Health, Nutrition |
| Percent of programs that participated that met the goals established for the service. | **xx%** of programs met their goals | **xx%** of programs met their goals | **xx%** of programs met their goals |
| Percent of early care programs that are a QRS Level 3 or higher. | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher |
| Number of ECI area boards funding this service. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |

**WAGE$ IOWA Program**

WAGE$® IOWA (WAGE$®) is a salary supplement program. As with T.E.A.C.H. IOWA, WAGE$® is a licensed program of Child Care Services Association. WAGE$® offers salary supplements (also called stipends) to the early care and education workforce, based on the individual's level of formal education and commitment to their program. To be eligible to receive a WAGE$® stipend, the individual must work in a eligible early care and education program in a funded county, earn below the income cap (this varies by county, the standard cap is $15/hour), have one of the educational levels listed in the supplement scale from a regionally accredited school, work at least six months in the same child care program and be employed at the same child care program when a final confirmation has been completed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SFY’xx** | **SFY’xx** | **SFY’xx** |
| Number of recipients participating in the WAGE$ Program. | **xx** recipients in **xx** early care programs | **xx** recipients in **xx** early care programs | **xx** recipients in **xx** early care programs |
| Number and percent of recipients that retained employment at the same early care program. | **xx** or **xx%** of recipients remained employed | **xx** or **xx%** of recipients remained employed | **xx** or **xx%** of recipients remained employed |
| Number of recipients at temporary award levels. | **xx** recipients | **xx** recipients | **xx** recipients |
| Number and percent of recipients at temporary award levels that earned additional college credits. | **xx** or **xx%** of recipients earned additional college credits | **xx** or **xx%** of recipients earned additional college credits | **xx** or **xx%** of recipients earned additional college credits |
| Number of six-month stipends paid. | **xx** six-month stipends paid | **xx** six-month stipends paid | **xx** six-month stipends paid |
| Number of recipients that received at least one six-month stipend. | **xx** recipients received at least one stipend at an average cost of **$xx** per stipend | **xx** recipients received at least one stipend at an average cost of **$xx** per stipend | **xx** recipients received at least one stipend at an average cost of **$xx** per stipend |
| Total cost of the six-month stipends paid. | **$xx** | **$xx** | **$xx** |
| Average cost per recipient for the WAGE$ program. | **$xx** average cost per recipient for the program | **$xx** average cost per recipient for the program | **$xx** average cost per recipient for the program |
| Number of programs at each QRS level participating. | **xx** QRS Level 1  **xx** QRS Level 2  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** QRS Level 1  **xx** QRS Level 2  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 | **xx** QRS Level 1  **xx** QRS Level 2  **xx** QRS Level 3  **xx** QRS Level 4  **xx** QRS Level 5 |
| Number of programs meeting other quality initiatives. (Note: A program may be counted in more than one quality initiative.) | **xx** NAEYC  **xx** NAFCC  **xx** Head Start/Early Head Start  **xx** IQPPS | **xx** NAEYC  **xx** NAFCC  **xx** Head Start/Early Head Start  **xx** IQPPS | **xx** NAEYC  **xx** NAFCC  **xx** Head Start/Early Head Start  **xx** IQPPS |
| Number of early care programs that are a QRS Level 3 or higher. | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher | **xx%** of programs were a QRS Level 3 or higher |
| Number of ECI area boards funding this program. | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** | **xx** ECI area boards expended **$xx** |